



Angunochchiya Gram Sevaka Division (AGSD)

6 - Month Project

Proposal



Date: February 2017 – July 2017

Implementing Agency

Human Development Foundation

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Sponsoring Agency

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Acknowledgements:

The contributions of the previous SLCT Field Director Bella Hodgkinson should be acknowledged in the development and finalisation of this proposal.

Acronyms

CBO	Community Based Organisation
CC	Children's Club
CD	Community Development
CKD	Chronic Kidney Disease
ECCD	Early Childcare Development
FGD	Focus Group Discussion
GBV	Gender Based Violence
GSD	Gram Sevaka Division
HDF	Human Development Foundation
NGO	Non-Governmental Organisation
PHI	Public Health Instructor
PRA	Participatory Rural Appraisal
SLCT	Shining Life Children's Trust
SSO	Social Services Officer
STD	Sexually Transmitted Disease
WDO	Women's Development Officer
WS	Welfare Society

1. Details of Implementing Organisation

Name of Organisation: Human Development Foundation
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Board Members and Programme Coordinators

Mr D.M.L. Gunarathne	-	President
Dr G.P.P. Silva	-	Secretary General
Mr Shantha Jayaratne	-	Treasurer
Major Shirley Silva	-	Vice President
Mr Dayarathna Pathirana	-	Auditor
Mr. Sarath Weerasinghe	-	Board Member
Mr G.D. Dayarathna	-	Board Member
Mr W.D. Tissera	-	Board Member
Mrs Malkanthi Gunarathne	-	Programme Director

Registration Details

NGO Registration Number: N (A) 82
Social Service Registration Number: L 4910

Bank details

Bank Name: Hatton National Bank
Account Name: Human Development Foundation
Bank Address: Moratuwa Road, Pilyandala
Account Number: 038010004622
Swift Code: HBLILKLX.

Profile of Implementing Organisation

2.1 Status

The Foundation for Human Development was started in 1982 by a group of professionals in the field of community development who trained a single batch of volunteers to carry out our activities. It has now expanded its range of programmes as well as the geographical area of its operations up to a national level.

The Foundation for Human Development is a Non-Governmental Organisation registered in the Ministry of Social Services (Registration No: N (A) 82) and with the Registrar of Companies under the act No 17 (1982) in the Democratic Socialist Republic of Sri Lanka.

2.2 Objectives of the Organisation

- To stabilise man's means of livelihood, promote harmonious living, establish future security, ensure environmental protection and national integration.
- Develop a human society free from national, ethnic, religious cast or colour discrimination that is based on people's mutual respect for one another.
- To develop and upgrade the underprivileged, assist the disabled and those in distress and provide them security and virtue.
- To develop the concept that man's posting in society is not based on money and power but on human values and love.
- To build a peace loving fraternal righteous human society based on the United Nation's Charter of Human Rights.
- To establish peace through the development of a dignified social order.

2.3 Past and Present Projects

	District	Project area	Project	Duration	Budget	Donor /Assistance	Nature of Involvement
1	Gampaha	Mirigama	Social mobilization	1991-2004	8,050,000	World Bank through Janasaviya programme	Social mobilization ,Selection of beneficiaries ,Trainings, Disburse credit & management
2	Matale	Yatawatte	Nutrition Improvement	1992-1997	6,500,000 .00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
3		Pallepola	Nutrition Improvement	1992-1997	5,300,000 .00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting

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4		Galewela	Nutrition Improvement	1992-1997	6,100,000.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
5	Nuwara Eliya	Kothmale	Nutrition Improvement	1992-1997	5,600,000.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
6		Walapane	Nutrition Improvement	1992-1997	4,456,721.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
7	Kandy	Gangawata korale	Nutrition Improvement	1992-1997	5,231,356.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
8.	Anuradhapura	Galenbindunuwewa	Nutrition Improvement	1992-1997	6,234,671.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
9	Anuradhapura	Kekirawa	Nutrition Improvement	1992-1997	6,251,956.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
10		Mihintale	Nutrition Improvement	1992-1997	5,445,979.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
11	Badulla	Bibila	Nutrition Improvement	1992-1997	6,769,280.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
12	Moneragala	Buttala	Nutrition Improvement	1992-1997	5,245,226.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring

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							,end line survey ,Reporting
13	Ratnapura	Kollonne.	Nutrition Improvement	1992-1997		World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
14		Embilipitiya	Nutrition Improvement	1992-1997	5,344,979.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
15	Gampaha	Mirigama	Nutrition Improvement	1992-1997	6,824,365.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
16	Matara	Malimboda	Nutrition Improvement	1992-1997	4,996,875.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
17	Colombo	Kesbewa	Nutrition Improvement	1995-1997	5,169,400.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
18		Hanwella	Nutrition Improvement	1992-1997	6,144,830.00	World Bank through Janasaviya program	Social mobilization, baseline Survey, Training of volunteers and beneficiaries, Obtain proposals from the poor & implementation of projects, Monitoring ,end line survey ,Reporting
19	Ratnapura	Ayagama	Community Water supply	1995-1998	5,457,211.00	World bank through the Ministry of Urban development	Identification of water beneficiaries, Social mobilization ,Implementation of projects strengthening of CBOs ,Monitoring and Reporting.
20		Kollonne	Community Water supply	1995-1998	5,673,211.00		Identification of water beneficiaries, Social mobilization ,Implementation of projects , strengthening of CBOs ,Monitoring and Reporting
21	Hambantota		Capacity building of famer organizations	1998-2000	6,245,672.00	World food Programme (WFP)	Conduct training programmes for the Leaders of Famer organizations to build their capacities .
22	Moneragal		Capacity building of famer organizations	1998-2000	5,960,241.00	World food Programme (WFP)	Conduct training programmes for the Leaders of Famer organizations to build their capacities .
23	Matale		Capacity	1998-	5,566,047	World food	Conduct training programmes

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			building of famer organizations	2000	.00	Programme (WFP)	for the Leaders of Famer organizations to build their capacities .
24	Kalutara	Bandaragama	Rural water supply & sanitation project	2003-2008	6,139,856 .00	World bank through the Ministry of Urban development	Identification of water beneficiaries, Social mobilization , strengthening of CBOs Implementation of projects ,Monitoring and Reporting.
25		Kalutra (north)	Rural water supply & sanitation project	2003-2008	5,123,496 .00	World bank through the Ministry of Urban development	Identification of water beneficiaries, strengthening of CBOs Social mobilization ,Implementation of projects ,Monitoring and Reporting.
36		Dodangoda	Rural water supply & sanitation project	2003-2008	6,671,345 .00	World bank through the Ministry of Urban development	Identification of water beneficiaries, Social mobilization , strengthening of CBOs Implementation of projects ,Monitoring and Reporting.
27	Matale	Yatawatte	Second community water supply project	2003-2008	5,324,980 .00	World bank through the Ministry of Urban development	Identification of water beneficiaries, Social mobilization , strengthening of CBOs Implementation of projects ,Monitoring and Reporting
28	Ratnapura	Pelmadulla Niwithigala	Gemidiriya 1	2005-2006	2,985,252 .00	Ministry of samurrdhi	Strengthening of CBOs, trainings, livelihood development ,Infrastructure development (Constructions)
29		Pelmadulla Kiriella	Gemidiriya 2	2006-2007	6,900,000 .00	Ministry of rural Livelihood Development .	Strengthening of CBOs, trainings, livelihood development ,Infrastructure development (Constructions)
30	Galle	Yakkalamulla					
31		Niwithigala	Gemidiriya 3	2007-2008	3,697,509.00	Ministry of rural Livelihood Development .	Strengthening of CBOs, trainings, livelihood development ,Infrastructure development (Constructions)
32	Ratnapura	Rtanapura	Gemidiriya 4	2008-2009	3,764,210 .00	Ministry of rural Livelihood Development .	Strengthening of CBOs, trainings, livelihood development ,Infrastructure development (Constructions)
33		Imbulpe					Strengthening of CBOs, trainings, livelihood development ,Infrastructure development (Constructions)
34	Colombo	Moratuwa	Community development	2004-2007	5,00,000.00	Shining Life children's trust	Base line survey ,Need assessment ,Infrastructure Development ,training , creating CBOs,capacity building of CBO s,
35	Galle	Hikkaduwa	Capacity building of development of tsunami Victims	2005-to date	4,885,519 .00	Shining Life children's trust	Base line survey ,Need assessment ,Infrastructure Development ,training , creating CBOs,capacity building of CBO s,
36	Matale	Galewela	Community development	2009-2012	4,716,695 .20	Shining Life children's trust	Base line survey ,Need assessment ,Infrastructure Development ,training , creating CBOs,capacity building of CBO s,
37	Kalutara	Beruwala	Cash for	2006-	16,859,25	Asian	Infrastructure Development,

2.3 Past and Present Projects

		,kalutara, Aluthgama,	work programme	2007	0.00	Development Bank (JFPR 9076)through Local Government & Provincial councils.	capacity building of CBOs. training of CBO leaders,
38	Galle	Bentota, Ambalangod a,balapitiya .Galle Kggala	Cash for work programme	2006- 2007	22,482,00 0.00) Asian Development Bank (JFPR 9076)through Local Government & Provincial councils	Infrastructure Development, capacity building of CBOs. training of CBO leaders,
39	Badulla	Kandaketiya, Rideemaliya dda,Passara, Mahiyangana ya.	Improvement of Rural access roads for the poor project	2008- 2010	82,769,66 1.51	Asian Development Bank (JFPR 9076)through Local Government & Provincial councils	Livelihood development ,infrastructure development, trainings ,capacity building of CBOs,

Source: HDF 2016

2.4 Previous Programmes in Project Areas

This will be the first time HDF has implemented a project in the Medawachchiya Divisional Secretariat.

3. Profile of Project Area

3.1. Geography

The project targets three villages- Angunochchiya, Lena Divulwewa, Mailagaswewa- within one Gram Nildari Division known as Angunochchiya Gram Sevaka Division (AGSD), of Medawachchiya Divisional Secretariat which is on the edge of the Anuradhapura District. It is surrounded by Vavuniya District to the north, Kebithigollewa Division to the East, Kahatagaskigiliya Division to the South East, Rambewa Division to the South and Nuwaragampalatha Central Division to the North-West.

The Medawachchiya Division consists of 418.79 square kilometres. There are 37 Gram Nildari Divisions and 104 villages belong to this Division.

3.2. Demography

Within the Division, there are a total of 386 families, all of which are Sinhala Buddhists. These 386 families comprise a total of 1123 persons.

Village	Families	Female	Male	Total
Angunochchiya	110	171	110	281
Lena Divulwewa	91	133	93	226
Mailagaswewa	185	316	300	616
	386	620	503	1123

3.3. Socio-economic context

Angunochchiya

According to folk tales the village name was formed as Amu-Nachchiya in 1815 as it gave meaning to the dam that was built across a stream to collect water. At the inception there were 4 families and there are now 110 families in the village. The dam has been renovated and is 1.5 kilometres long. It provides enough water to cultivate around 170 acres of land. In Angunochchiya, the main occupation is agriculture which depends on consistent supplies of water. There is a local school and a water storage tank, both have been constructed with contributions from the community.

Lena Divulwewa

This village started with two families in 1950 after a small tank was built for the cultivation of 13 acres of land. There are currently 91 families in the village and they are engaged in various income generating activities.

Mailagaswewa

This village was formed in 1935 with three families. After the tank was renovated, 13 families came from the adjoining village and settled down in Mailagaswewa area. At present there are 180 families in the village. Agriculture and animal husbandry are the main income generating activities. This village had a reputation as having good drummers (Hevisi) but political tensions combined with a lack of drums and teachers meant the

art faded away. Most villagers are in debt to financial institutions. Often, loans are taken from one institution to pay back the loan of another, resulting in an unstable economy for the village of Mailagaswewa.

Note: The proposed project will collect further information regarding the profile of each village, including the socio-economic status.

4. Project Identification

4.1. Introduction

The 6-month project was identified through a Participatory Rural Appraisal (PRA) facilitated by the Human Development Foundation (HDF) in July 2016. A PRA was carried out in each of the three villages by the HDF, giving an opportunity for residents to identify the problems they faced, both individually, and as communities. The PRA and its findings are discussed in further detail in the section below.

The findings from the PRA have been used to inform the proposed interventions and activities for the proposed 6-month project. The 6-month project has been designed as an introduction phase to a longer 30-month project. Typically, SLCT runs initial 6-month projects in new areas to establish a strong base in the community before embarking on a larger and longer 30-month project.

The implementation of an initial project enables a connection to be formed with the community that will then allow for a more in-depth analysis of the community's issues, cultures and attitudes, to better inform the work of a longer project. It also enables time for a stronger sense of community to be developed to help drive and sustain the work of the 30-month project. The initial six-months enables time for relationships to be formed amongst community members and with the work of the project, embedding a sense of commitment and ownership. It also allows the project to support the development of leadership and organisational skills amongst community members, to help identify activists from within the community who will help to champion the development of the 30-month project.

4.2. Participatory Rural Appraisal Feedback (PRA)

The following is an overview of the PRA and its findings collected by HDF in Angunochchiya, Lena Divulwewa and Mailagaswewa in July 2016.

The following PRA methodologies were used to gather details from the villagers:

- Mapping
- Venn diagram
- Bag exercise

Focus group discussions and workshops were also held at the Medawachchiya Divisional Secretariat with local government officers and with children aged 12-17 from across the three villages; health data was also collected that specifically looked at the number of Chronic Kidney Disease (CKD) patients within the three villages.

Each PRA activity has been briefly described and the key findings noted. Themes that have come out of the PRA activities are then discussed at the end of the section. The findings from the PRA have been used to inform the proposed interventions and activities for the 6-month project, outlined in section 5.

4.2.1 Mapping

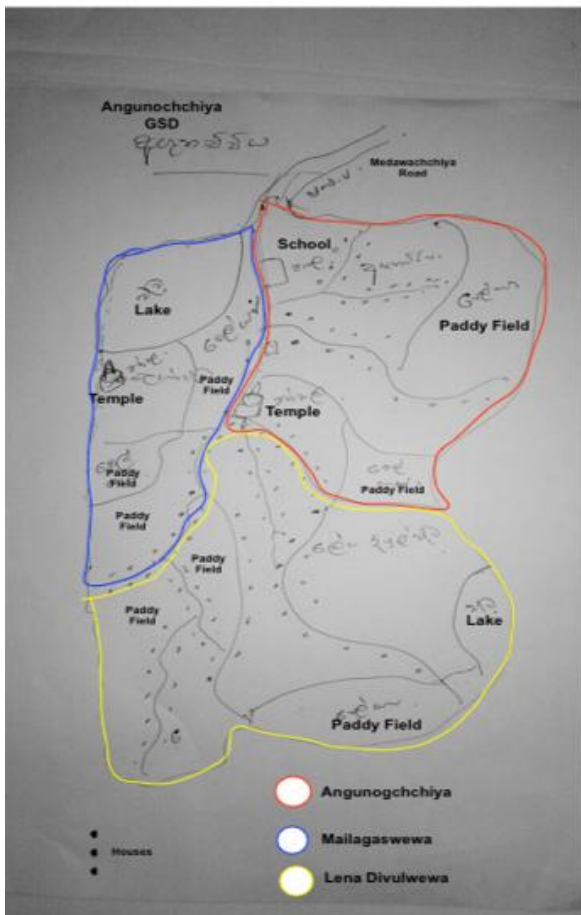
The communities discussed and then mapped out the geography of their village onto the ground using available materials, highlighting key resources. This information was then captured and transferred onto paper (see Figure 4.2.1a below).

This activity is used to initiate discussion amongst members of the community about the resources that exist within their area. The exercise also allows for identification of different perceptions between members which can then be addressed/discussed.



The map developed by participants identified agricultural land, houses, roads, the school. Men and women worked collaboratively for the activity

Figure 4.2.1a Results of Mapping Exercise

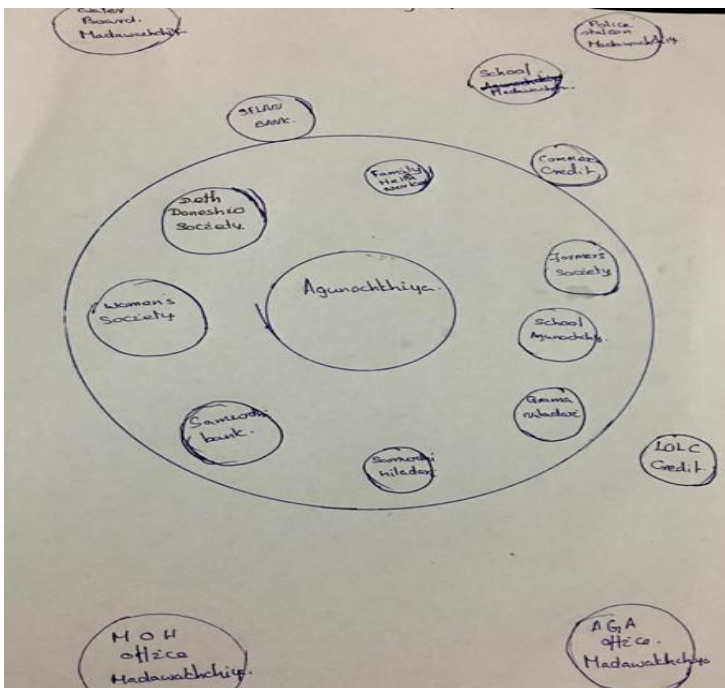


It was noted that the geography and demographics of Lena Divulwewa and Angunochchiya would allow the delivery of some 'joint' project activities e.g. training, classes, group meetings to be shared across the two areas. The village of Mailagaswewa is more remote and would benefit from individual project activities to take place within the village for community members.

4.2.2 Venn Diagram

Participants were then supported to produce a Venn Diagram. The Venn Diagram shows the relationship between villagers and important institutions or officers who are meant to provide services and resources to the community. The different circles represent the varying institutional relationships with Angunochchiya GSD. These relationships relate to the inputs and outputs of different offices as well as their officers. Accordingly, all resources and services available were listed and placed in circles prioritising the satisfactions in relation to the villagers' perspective. The most satisfactory components were placed closer to the village and the least satisfactory components, further away. These are described in detail below, identifying the villagers' reflections of the services and resources that are available/accessible. Villagers then discussed the key issues that came out of the Venn Diagram and put forward suggestions of how these could be addressed by the project.

Figure 4.2.2a Angunochchiya Gram Sevaka Division (AGSD) Venn Diagram



Satisfactory (inner circle):

The most satisfactory institutions and offices can be found at a physically closer proximity. These include; the Maranadara Samitiya (a society that assists families when a member dies), the Family Health Worker, Farmer's Society, the Angunochchiya School, the Grama Nildari, Samurdhi Nildari, Samurdhi Bank and Women's Society.

Strictly Unsatisfactory (periphery of Venn Diagram):

The Water Board of Medawachchiya, the Medawachchiya School, Police Station and both the Assistant Government Agents (AGA) and Ministry of Health (MOH) Offices for Medawachchiya.

Unsatisfactory (just outside of second circle):

Unsatisfactory providers are local banks who provide credit services to members of the villages. These are Seylan Bank, Commercial Credit and LOLC Credit.

Analysing the Venn diagram and discussions amongst participants it is possible to conclude that certain finance, water, security, education and health services have had a limited presence with the district; particularly regarding the Waterboard and the MoH, police and AGA. Although it is promising that the Grama Nildari has a strong presence, many other services are inaccessible for Angunochchiya GSD. The peripheral presence of a range of commercial banks indicates the financial vulnerability the community faces

During discussions, it was suggested that HDF could function as a mediator to access the services of the unsatisfactory institutions mentioned above as well as to formulate and implement plans to obtain necessary resources that villagers are struggling to access. This will help to establish an improved system where community members have direct access to state service providers for the future.

4.2.3 Bag Exercise

The bag exercise allows participants to categorise and prioritise the key issues affecting them. Firstly, the participants worked together to agree on a set of key issues that they felt needed to be addressed for each village. Participants were then given a set number of stones and asked to divide them between the issues they had chosen. Participants were told to allocate the stones according to how big a problem they thought it was. The bigger the problem, in their perspective, the more stones put next to the issue.



The results are shown below, for each village, with the key issues ordered in priority according to the number of stones placed by participants. E.g. number 1 was given the most stones, so ranked the biggest problem.

Angunochchiya

1. Wild elephant invasions disturb the lifestyle of the community
2. No facilities for drinking water
3. Tanks of the village not renovated
4. No self-employment for the women

5. Increase in the use of alcohol & drug addicts in the village as they brought from outside
6. No street lamps
7. No facilities for medicinal services in emergency situations
8. No road development
9. No proper transport facilities
10. No pre-school
11. Not enough water for cultivation
12. Forest Conversation department restrict cutting of trees
13. No toilet facilities

Lena Divulwewa

1. Not enough water for cultivation
2. More Kidney patients due to no facilities for drinking water
3. No toilet facilities
4. Invading wild elephants disturb the lifestyle of the community
5. No road development
6. No proper transport facilities
7. No pre-school
8. No alternative income sources
9. Tanks of the village not renovated
10. No self-employment for the women
11. Increasing amounts of alcohol & drug addicts in the village
12. No street lamps

Mailagaswewa

1. Not enough water for cultivation
2. Silted tanks which make it difficult to retain water
3. Youth and adults are addicted to alcohol & drugs
4. Cultivated land destroyed by wild elephants
5. Traditional customs & rituals fading away e.g. Hevisi drummers
6. No pre-school
7. Broken culverts lead to terrible flooding in rainy season
8. Youth unemployment
9. No sports ground
10. No electricity for 14 families
11. Debt

Access to safe drinking water and adequate water storage, alcohol and drug use and access to employment were ranked highly as key issues to address across all three villages. Discussions also

focused on lack of pre-school education, opportunities for young people and self-employment for women.

The lack of government support and infrastructure was also highlighted as a key concern across the three villages noting inadequate access to medical care, transport and road development. It was also linked to the problems identified with facilities for drinking water.

The environmental issues around agriculture practices such as the invasion of elephants and the unstable water supply for cultivation, were highlighted across all three villages as they often represented a threat to the primary sources of income, and so a cause of great concern.

4.2.4 Focus Group Discussion

In order to have greater awareness on the prevailing issues within the community, focus group discussions were held amongst the community and other relevant stakeholders within the community. Participants were first told about the ways in which SLCT and HDF work and the projects they have worked on in the past before inputting with their thoughts and experiences. Two focus groups were held, these shall be referred to as Focus Group A and Focus Group B.

Focus Group A:

The first focus group discussion was held at the AGA office in Medawachchiya. There were 13 participants including: two police officers (one officer has a focus on children's and women's rights), two members of the Medawachchiya Waterboard, Gram Sevaka, Child Rights Officer, Economic Development Officer, Women's Development Officer, Counsellor, Early Childhood Development Officer, the HDF Project Coordinator- Rupa, the HDF Director- Malkanthi and SLCT's Field Director- Bella.



Participants were invited to discuss in groups the various issues they feel to be pertinent amongst the proposed communities. Participants were asked to categorise the challenges faced, describe the key issues and share proposed short term and long term solutions.

The results of their discussions have been captured below:

1) Child Rights and Development

Issues were identified by participants around a lack of basic child rights across the three villages identifying a lack of engagement in extra-curricular activities and the absence of an Early Childcare Development (ECCD)

as potential causes for this.

Solutions:

- Officers suggested developing Children's Clubs in the Angunochchiya GDS, one in each village; Angunochchiya, Mailagaswewa and Lena Divulwewa. These children's clubs can be provided with musical instruments such as drums and sporting equipment to help mobilise and engage children and to bring the community together to celebrate special festivities such as Sinhalese New Year.
- The area used to be known for Hevisi drumming and performing, but unfortunately due to a lack of drums and teachers the tradition has lost its way. There could be opportunities for the Children's Clubs to re-introduce this back into communities, helping to bring people together at local events and celebrations.
- Government officers strongly felt that additional support should be offered to children whose families are suffering from CKD through provision of school equipment.
- Police explained the need for programmes in the prevention of child abuse addressed at women and children for the community. They believe there is also a short term need for awareness training programmes against domestic violence, these need to be addressed to parents.

2) Health and Nutrition

Poor health and nutrition was identified as a key issue along with the prevalence of CKD. In discussing potential causes drinking water and its safety was the biggest concern along people's awareness of good sanitation and healthy living practices.

Solutions:

- Government officers suggested conducting a CKD clinic with the MoH officers of the area. Conducting a clinic will give access to all villagers to be tested for the disease as well as to learn how to manage symptoms and take precautions against potential causes of CKD.
- Sanitation programmes have been recommended to improve cleanliness and hygiene amongst families to improve long term health, as well as general training around health awareness and malnutrition.
- The Waterboard want to introduce safe drinking water to the Angunochchiya GDS. The Waterboard disclosed that it not been present in the area so they suggested to develop a presence with the community to help improve the situation. In order to make sure that drinking water is safe, the Waterboard put forward the suggestion of giving a water sample to the Anuradhapura Waterboard in order to test the water to make sure it's clean and not a source of disease.

3) Finance and Employment

Safe drinking water was discussed as a key concern in the area but this was closely followed by the difficulty

in storing water and droughts which affect farming and subsequent income. The Waterboard supported this and explained that Angunochchiya GDS, often faces terrible drought in the dry season which seriously affects the primary sources of income and livelihoods of the community. Without alternative sources of income this then places the community into an unstable position

The limited capacity of the community to establish links with government agencies to improve access to resources and facilities was noted, with no clear leadership and lack of a 'sense of community'.

Solutions:

- Government officers recognised that women should be trained in leadership so they can be more vocal in establishing links with outside agencies to gain better access to resources and facilities. Establishing groups such as Women's Societies will help to develop this and to mobilise the community and give them an active voice. It was noted that one Women's Society did already exist for the AGSD area.

Focus Group B

The second focus group discussion took place with children between 12-17yrs. Participants were invited to discuss in groups the various issues they feel to be pertinent amongst the proposed communities. Participants were asked to categorise the challenges faced and share proposed short term and long term solutions.

Many different issues were brought about but one of the main problems complained of was that as a result of economic family hardship, the children often have to work in the home or supporting in agricultural activities for livelihoods therefore neglecting their school work.

Other key issues were:

1. Special Health clinics for children are required e.g. ENT, kidney, nutrition
2. Facilities for safe drinking water
3. Sanitation facilities
4. Healthy food
5. Facilities for extra tuition
6. Facilities for recreation e.g. sports, music, drama
7. Vocational training
8. A pre-school
9. Library facilities
10. Playground

Solutions:

- Formation of Children’s Clubs that allow planning and participation in cultural and religious events for their villages such as the Sinhalese New Year; and access to participation in extra-curricular activities such as sport or music, so that they can be involved in team activities with their peers.
- Access to clinics and health programmes, including programmes on how to improve sanitation facilities within their local areas.

4.2.5. Health

This proposal sees the inclusion of a separate section on health to address the number of CKD patients in the Angunochchiya GDS area. Medawachchiya has the highest amount of people with Chronic Kidney Disease (CKD) in all of Sri Lanka with almost 4,000 sufferers. One of the reasons the HDF and SLCT have chosen to work with this community is due to the high levels of poverty. So many CKD sufferers can be linked to levels of poverty. 1,143 families suffering with the disease receive LKR 3,000 per month from the government which is GBP 16. One of the biggest problems for children with parents who suffer from CKD is dropping out of school as they need to support their families. The Divisional Secretariat said there are currently around 50 school drop outs within Medawachchiya.

Village	CKD Patients	Male	Female	Public Assistance Granted	Public Assistance Not Granted	Children going to school	Deaths in the past three years
Angunochchiya	14	9	5	14	0	8	3
Lena Divulwewa	15	7	8	15	0	16	2
Mailagaswewa	25	7	18	20	5	13	1
	54	23	31	49	5	37	6

According to the PRA, just over 90% of villagers testing positive with Chronic Kidney Disease are receiving government health benefits. Amongst the 54 patients in the area, 37 have children. These children live in stressful conditions and suffer both mentally and physically as a result of their parent’s illness. Financial hardship as well as a stressful home environment causes huge pressure on the child. Suggestions have been put forward by participants of the PRA to improve support for these individual children through involving them in Children’s Clubs, monitoring their progress in school and providing them with school materials if required.

4.3 Summary of Findings: Emerging Themes: Issues and Solutions

The PRA presents a range of issues that need to be addressed along with ideas for solutions. Poverty was a clear driver for many issues.

The issues can be grouped into three distinct themes.

1) Child Protection, Development and Participation

The PRA highlighted that there are concerns regarding the lack of structures and support that enable children to develop and live by their rights. There are little opportunities for participation with a lack of extra-curricular activities in areas such as sport and music. Problems also exist around access to education, particularly early childcare development. In addition to this, levels of poverty created by unstable economies and the prevalence of CDK is putting added pressure on children to support their families, with many children dropping out or not regularly attending education. Fears have been expressed by the community from all three villages for young people regarding the lack of opportunities for education and employment, isolation and associated problems with alcohol and drug addiction.

Suggestions for improvement focused on the formation of a Children's Club to enable access to extra-curricular activities and involvement in cultural community events and celebrations; an awareness/training programme regarding health for children and sanitation and access to clinics for all children. The community expressed a wish for children to have access to sporting equipment and musical instruments, particularly the drum, due to its cultural and historical links to the area.

Suggestions were also put forward for an Early Child Care Development Centre (ECCD) for the three villages, as well as delivery of an awareness programme to be delivered to the community on child abuse and domestic violence and individual support for certain children to access to all levels of education.

2) Health and Wellbeing

Activities undertaken by the PRA showed concerns with health for both adults and children. Data collected during the PRA and discussions with members of the community and government officials highlighted a growing concern with the prevalence of CDK in the area. There are specific concerns over the lack of identification of the disease amongst individuals and the subsequent lack of treatment, access to support and management of the condition; along with concerns of the wider community's awareness of how to prevent the disease.

Limited access to safe drinking water was a consistent issue raised across all PRA activities along with problems around lack of good sanitation and healthy living practices. The presence of the Waterboard has been limited in the area, the community has expressed wide discontent with their water supplies, storage and facilities, explain that it is having an adverse impact on their livelihoods and health. Through the activities of the PRA the Waterboard has recognised the need to have a stronger presence in the community and has agreed to work with the project to help address the raised water issues that are within their remit.

Suggestions focused on a CDK clinic for all members of the community. Introduction of good sanitation programmes to improve cleanliness and hygiene amongst families to improve long term health; and education around promoting good health and wellbeing and preventing malnutrition.

3) Mobilising the community

There is a lack of leadership and community cohesion amongst the area making it difficult to drive change/improvement and approach various external agencies and organisations to ask for needed support and assistance.

The PRA has identified a lack of presence and community engagement with various government agencies and private organisations which has resulted in a restricted access to various resources and facilities. Certain finance, water, security, education and health services have had a limited presence with the district; particularly the Waterboard, the MoH, police and AGA making many services inaccessible for Angunochchiya GSD.

During discussions it was noted that it would take time for a sense of community to be established and that the project would have to work with community to develop this. It was suggested that during the initial 6-months HDF could function as a mediator to access the services of required institutions whilst working with the community to develop a more sustainable plan to obtain resources for the future.

When discussing solutions for improvement it was recognised that women have a key role to play in the mobilisation of a community, often being at the heart of family units. It was recognised that a Women's Society already existed for the AGSD area. Additional discussions were held with the community, and it was requested that each village set up their own Welfare Society, open to both men and women, to encourage cohesion and drive change/improvement for the area. It was identified that there could only be a maximum of two Women's Societies registered per Gram Sevaka Division. The community therefore felt it best that the existing Women's Society continue and work with the three villages through the set-up of Welfare Societies.

Suggestions were put forward for members of the community to undertake leadership training to help them mobilise the community and become more vocal in establishing links with outside agencies, to gain better access to resources and facilities. It was suggested that development of Welfare Societies could help facilitate this. These Societies could offer further opportunities to mobilise the community for the future, to think more cohesively rather than individually. They would enable a space for discussions on improvements for their community and issues they would like to take to external agencies for support, such as water supply, access to health facilities, transport or environmental concerns.

Levels of unemployment and lack of income were also expressed as key concerns amongst all three villages. Environmental pressures such as drought, and poor health were discussed in relation to the adverse impact they were having on income generating activities.

It is envisaged that mobilising the community, empowering them to lead on improvements, will help to tackle levels of poverty and associated issues raised in the PRA.

4.4 Role of PRA in the 6-month project

SLCT's use of the PRA and data collection is central to the design of this project as it informs and directs the proposed community improvement interventions. The PRA allows stakeholders and the implementing organisation to collect and reflect on information on all areas of community development including: child rights, income generation, external support, and access to education and community health. This information is then used to inform project planning to address deficits identified in these areas.

However, it must be highlighted that it is unrealistic to suggest that the 6-month project would be able to

effectively address all of the issues raised by the PRA. Some issues will need further evidence gathering to explore their need and the capacity to implement, or further time for relationships and trust to be established, or may not be within the scope of the implementing organisation. The 6-month project will allow time for these issues to be explored further to assess their suitability and explore implementation for the longer project.

The 6-month project therefore seeks to identify those issues raised by the PRA that can be effectively implemented within the timespan, that will directly benefit the community and create a platform for change to enable improvements and further work to take place for the 30-month project; whilst simultaneously exploring further into community issues, attitudes, and cultures to better inform the activities of 30-month project.

5. Project Implementation

5.1 Aim and Objectives

The 6-month project has been designed as an introduction to a longer 30-month project. Typically, SLCT runs 6-month pilot projects in new areas to establish a strong base in the community before embarking on a larger and longer project. This initial phase will help us to identify and develop a deeper analysis of the community's issues, cultures and attitudes, which will guide the work of the longer project.

The proposed outcomes and activities for the 6-month project have been informed by the work of the PRA (Section 4). These have been outlined below.

Aims and expected outcomes for 6-month project

The long term aim for the work in Angunochchiya will be to alleviate poverty.

To work towards this aim the 6-month project will focus on delivering the following outcomes:

- Aim:** To alleviate poverty in the Angunochchiya Gram Sevaka Division
- Outcome 1:** Improved rights of children through supportive structures that enable child development, protection and participation
- Outcome 2:** Improved capacity of community to protect and promote their own health and wellbeing
- Outcome 3:** Individuals are empowered to lead and help establish a community that is mobilised active and vocal
- Outcome 4:** Proposal submitted for 30-month project that builds upon the learnings and findings from the initial 6-month project

In order to achieve these outcomes, a set of activities will need to be implemented. These are outlined in the section below.

5.2 Activities

Overview:

To introduce the project and to help initiate relationships amongst the community and with the work of the project, an entry point has been planned via a short series of events to celebrate shared values and cultures

and to introduce and explain the work of the project.

The PRA has shown that there has been limited community development and leadership. Much of the activity in the 6-month project will be centred around building capacity and leadership within the community through the establishment and development of Children's Clubs and Welfare Societies. These groups will enable opportunities for both individual and community development, community cohesion, leadership and engagement with local government agencies.

This will serve to strengthen a sense of community, and aid development of structures whereby the 30-month project can be implemented in as effective and sustainable a way as possible. For example, training and awareness programmes will hold a greater significance and have a better impact when given to an established group rather than to individuals. During the 6-month project we will work to identify and support key individuals whose capacities can be used to develop and sustain the goals of the long-term 30-month project.

Activities will seek to improve relationships, building confidence and trust amongst the communities and with the work of the project and implementing agencies; encouraging members to put forward their ideas and concerns. This will enable a more in-depth analysis of the community issues, cultures and attitudes to inform the work of the 30-month project. This analysis will form part of the activities planned for the 6-month project.

The PRA highlighted a lack of government presence and effective engagement with the area, that was preventing access to various resources and having an adverse impact on the health and wellbeing of the community. The implementing agency will initially act as a mediator to access the services of the relevant government intuitions connected to the issues of health, sanitation and safe water highlighted in the PRA, working with the relevant government bodies/agencies to improve their presence in the area. They will work collaboratively with the community and government bodies to implement a series of clinics and awareness programmes to tackle some of the pertinent issues raised by the community. This will not only help to alleviate some of the pressures and problems faced by the community, but will help to establish relationships between agencies and the community. HDF will then work with the community to formulate and implement plans to obtain necessary resources. This will help to establish an improved system where community members have direct access to state service providers.

The activities undertaken by the PRA highlighted that the geography and demographics of Lena Divulwewa and Angunochchiya would allow the delivery of some 'joint' project activities e.g. training, classes, group meetings to be shared across the two areas. The village of Mailagaswewa is more remote and would benefit from separate project activities to take place within the village for community members. The proposal has taken this into consideration when planning activities, and will work with the communities during the initial six months to ensure project activities are appropriate and maximise engagement from all three areas.

The activities set out in Figure 5.2a will work to deliver the proposed outcomes of the 6-month project. They have been informed by the findings of the PRA, put forward by members of the community, partner organisations, external agencies and government bodies.

Figure 5.1.a Key Activities 6- month project

Reference	Key Activities for Outcomes	Participants Children(C) Women (W) Men (M)
Entry Point (EP)	Introduction event to celebrate shared values and cultures and introduction of project – open to all	C W M
Outcome 1	Improved rights of children through supportive structures that enable child development, protection and participation	
1.1	Set up 3 Children’s Clubs	C
1.2	Enable children to run and lead these clubs	C
1.3	Equip Children’s Clubs with sporting and musical equipment	C
1.4	Drum lessons for children	C
1.5	Children’s Clubs to host Sinhalese New Year celebrations	C
Outcome 2	Improved capacity of community to protect and promote their own health and wellbeing	
2.1	2 CKD Clinics with MOH	C W M
2.2	4 Sanitation training programmes	C W
2.3	2 Training sessions on safe drinking water from Water Board	W
2.4	Water Board conducts safety tests of drinking water in all 3 areas	-
Outcome 3	Individuals are empowered to lead and help establish a community that is mobilised active and vocal	
3.1	Set up 3 Welfare Societies	W
3.2	Enable women to run and lead Societies	W
3.3	Training sessions on leadership to Welfare Societies	W
Outcome 4	Proposal submitted for 30 month project that builds upon the learnings and findings from the initial 6 month project	
4.1	Resource person to conduct PRA to inform 30 month project	-
4.2	Production of final PRA report for HDF and SLCT	-

4.3	Programme of ongoing evaluation and monitoring of 6 month activities to inform 30 month project	C W M
4.4	Development of 30-month proposal	-

Entry Point:

At the start of the project HDF and SLCT will hold a series of events to introduce the work of the project.

Outcome 1: Improved rights of children through supportive structures that enable child development, protection and participation

Key Activities: 1.2 1.3 1.4 1.5

The 6-month project will seek to support the set-up and establishment of three Children’s Clubs, one in each village. Participation is the fourth fundamental right according to the UN Convention on the Rights of the Child. Children’s Clubs whilst certainly promoting an educational aspect, will be designed to be an empowering and secure space for children to collectively participate in issues they feel to be important. The clubs will be open to all children, will provide access to extra-curricular activities and enable children to participate in celebratory events within their community.

In terms of activities, the PRA highlighted a concern around the lack of cultural activities available to children, with a particular emphasis on drumming. The area used to be known for Hevisi drumming and performing but this died out due to lack of available drums and teachers. The six-month project will facilitate the supply of drums and a teacher to the three Children’s Clubs. It is hoped that children will then be able to re-introduce drumming and performing back into the community by playing at local festivals, ceremonies and celebrations. Children and adults also requested sporting equipment to be distributed amongst the Children’s Clubs to encourage participation in team events with their peers, and access to extra-curricular activities.

These Children’s Clubs will take an active role in the planning and running of community celebrations including the Sinhalese New Year in April 2017, engaging and working with members of their community. It is hoped that this will also encourage wider community cohesion and participation.

The project will work with the children to support and identify leadership and structures for the running of the clubs; with plans to then implement required training amongst children in areas guided by them and further data collection during the six months. It is envisaged that these clubs will act as a platform and vehicle for change, to drive forward the work of the 30-month project.

Outcome 2: Improved capacity of community to protect and promote their own health and wellbeing

Key Activities: 2.1 2.1 2.3 2.4

During the PRA, government officers and community members voiced concerns about health of adults and children. One of the biggest health issues in Angunochchiya GSD is the CKD issue (mentioned above in the PRA). For this reason, during the beginning of the project, 2 CKD clinics will be conducted with the MoH officers. This clinic will be a way for community members to be tested for the disease as well as hear advice on how to prevent and / or manage the disease. Once numbers are collected as to how many participants have CKD those suffering with it can register with the Divisional Secretary to receive LKR 3,000 per month as a stipend.

4 Sanitation programmes will be conducted (2 with the Children's Club and 2 with the Welfare Society) to help improve basic hygiene. This was a big request of the children during the PRA, they would like to improve sanitation facilities within their environments. The programmes will focus on empowering members with information and practices that will encourage collaborative action to improve the health and well-being of their community. Members will work to share these practices with their families and peers.

During the focus group discussion with the government officers, the Waterboard stated that they needed to be more active in the Angunochchiya GSD. They will conduct 2 programmes on safe drinking water to the Welfare Society. This will help to establish connections between the Waterboard and the Welfare Society improving relations for the future, as well as empowering women with information to help improve their and their family's health. The Waterboard will also test the current safety of the drinking water at a laboratory in nearby, Anuradhapura. Much of the community already buys 'filtered' drinking water at between LKR 1 or 2 per litre. The Waterboard would like to also test this water to make sure that it is being well filtered.

Outcome 3: Individuals are empowered to lead and help establish a community that is mobilised active and vocal

Key Activities: 3.1 3.2 3.3

The project aims to establish 3 Welfare Societies in each of the three villages. Much of the activity in the first 6-month period of the project will be centered around developing and strengthening these societies. These Societies will facilitate group formation, to empower and mobilise members in order to identify and apply appropriate solutions to the prevalent issues within the community. They will enable a space for discussions on improvements for their community and issues they would like to take to external agencies for support, such as water supply, access to health facilities, transport or environmental concerns.

There are not currently any identified leaders within the community as there haven't been previous development activities in the area. This leadership will need to be fostered in the development of the groups. Both men and women from the Welfare Society will be trained in leadership skills so that they can be empowered within the community. Leadership training will be of benefit in the short-term but also support the drive and implementation of future work in the community. These leaders will be vital for the implementation of the 30-month project and sustainability of outcomes.

The leadership training will help to facilitate the mobilisation of the community, promoting an active voice in driving improvement and establishing links with government bodies and external agencies to gain access to needed resources. As previously mentioned, HDF will support the engagement with external agencies and government bodies by acting as an initial mediator and then work with the community, through Welfare Societies to help implement a plan for the future.

The work of the project will be seeking to improve community mobilisation and establish effective networking between community stakeholders and local government bodies. The Implementing agencies will work to develop and build relationships with AGA officers and resource officers within the Division, promoting good governance practices at all times. This will be in part achieved, through the introduction of the Waterboard Officer and an increased presence of the MoH within the GDS. Work will focus on building effective working relationships and confidence between the GSD and the offices to work collaboratively on solving problems.

Outcome 4: Proposal submitted for 30-month project that builds upon the learnings and findings from the initial 6-month project

Key Activities: 4.1 4.2 4.3 4.4

The initial project will enable time for relationships and trust to be developed amongst peers, community and establish trust and confidence with the work of the project and implementing agencies. Through increased confidence and trust members are more likely to come forward to share their ideas and concerns. The establishment of Welfare Societies and Children's Clubs provide a vehicle for members to share their ideas collectively, when they might not have been able to before. This will enable a further PRA to be undertaken with the community to explore in more detail the issues and attitudes of the community and how they could be addressed; exploring the social-cultural, economic, education, health, demographical and geographical aspects of the community. This in turn will help to inform the work of the 30-month project. As this will require an extensive amount of data collection, the decision has been made to recruit a professional to conduct this additional PRA.

Along with conducting a PRA, the 6-month pilot project will constantly be looking towards ways the 30-month project can be of benefit to the community. The use of monthly reporting, field visits, case studies, activity reports, rapid appraisals, collection of feedback will be employed to help inform the future direction of the project. They will also seek to gain feedback on the activities of the 6-month project and measure their impact this will help to direct the work of the 30-month project and future work for HDF and SLCT. This is further explored in section 6.

5.3 Activity Timeline

No.	Activities	No. of Programmes and Target group						
			Feb	Mar	Apr	May	Jun	Jul
Entry Point	Introduction event to celebrate shared values and cultures and introduction of project		X					
1	Improved rights of children through supportive structures that enable child development, protection and participation							
1.1	Set up Children's Clubs	3 Clubs (1 per village) 75% attendance from all children of respective area	X	X				
1.2	Enable children to run and lead these clubs	4 meetings per Children's Club Children supported to identify leadership and structures for their Clubs		X	X	X	X	X
1.3	Equip Children's Clubs with sporting and musical equipment	Each Children's Club given a set of drums and sporting equipment of their choice, dependent on allocated budget.		X	X			
1.4	Drum lessons for children	2 drum lessons per Children's Club		X	X	X		
1.5	Children's Clubs to host Sinhalese New Year celebrations	Each Children's Club host events for Sinhalese New Year celebrations for their respective villages (75% attendance rate 200 – 400 participants dependent on village)			X			
2	Improved capacity of community to protect and promote their own health and wellbeing							
2.1	CKD Clinics with MOH	2 clinics open to all villages			X	X		

2.2	Sanitation training programmes	4 sanitation training sessions 2 with Welfare Societies 2 with Children's Clubs		X		X	X	
2.3	Training sessions on safe drinking water from Water Board	2 training sessions for members of Welfare Societies				X		
2.4	Water Board conducts safety tests of drinking water	Water Board to share results as required with project partners and community			X	X		
3	Individuals are empowered, to lead and help establish a community that is mobilised active and vocal							
3.1	Set up Welfare Societies	Set up and establish 3 Welfare Society (1 per village). 75% attendance of respective area	X	X				
3.2	Enable Women to lead and run Societies	4 meetings per Welfare Society Women supported to identify leadership and structures for their Societies		X	X	X	X	X
3.3	Training sessions on leadership to Welfare Societies	2 training programmes		X				
4	Proposal submitted for 30 month project that builds upon the learnings and findings from the initial 6 month project							
4.1	Resource person to conduct PRA to inform 30 month project	1 person to conduct PRA with all 3 areas				X	X	
4.2	Production of final PRA report to inform 30 month project	1 final PRA report to be provided to HDF and SLCT					X	
4.3	Programme of ongoing evaluation and monitoring of 6 month activities to inform 30 month project	Programme of evaluation and monitoring will be open to all villagers relevant to activities this will include a mid-point and end of project review with community.	X	X	X	X	X	X
4.4	Development of 30-month proposal	SLCT with support from project partner will develop 30 month project proposal at the end of the 6 month project.					X	X

5.4 Staff

There will be one Project Co-ordinator for this project, Mrs Malkanthi Gunaratne. There will be one Senior Project Co-ordinator, Rupa who will oversee the Project Co-ordinators in the villages. In order to ensure

activities are being implemented the project will require two Project Co-ordinators as the distance between one of the villages and the other two makes it difficult. One project co-ordinator will be for Angunochchiya and Lena Divulwewa and the other for Mailagaswewa. The project co-ordinators will be identified on site and will be leaders from Welfare Societies.

5.5 Project Scope

As discussed in section 4 it is important to recognise that there is a need to prioritise identified problems presented in the PRA data collected to date, that can be tackled most effectively during the initial 6-month pilot project and that are within the capacities of the wider missions of both the supporting and implementing agencies. As previously highlighted a key focus of the initial 6-month project will be to address capacity building within the community and further identify and develop a deeper analysis of the community's issues, cultures and attitudes, which will help guide the activities of the long-term project.

The initial project will enable time for relationships and trust to be developed amongst peers, community members and with the work of the project. It will allow for the identification of leaders and activists that will help to drive the work of the 30-month project. It will also allow an opportunity to explore further issues identified by the PRA that could be developed as part of the 30-month project; for example, further analysis into the capacity and need for and Early Child Care Development Centre, supporting individuals with access to education and required training programmes for children, further awareness and training programmes for the community.

There are issues that SLCT and HDF will not be able to help with directly due to the scope and capacity of their organisations, such as, invading wild elephants. However, it is envisaged that as the project progresses, and the capacity of community has been developed, Angunochchiya GSD residents may feel empowered to ask their local government officers to help them with this particular issue and others as required.

6. Monitoring and Evaluation

6.1. Monitoring and Evaluation

Monitoring is necessary to ensure that the project is progressing in the right direction so as to achieve its objectives. In the instance of this project, monitoring is also crucial to the development of the 30-month project as it is through developing relationships with the communities here that we will be able to better know and understand their long-term needs. Monitoring allows for discussion, feedback and changes to occur. Consistent monitoring throughout the project will allow strengths and weaknesses in the project design to become apparent and for informed decisions to be made throughout the project to ensure it is as effective as possible. Monitoring and evaluation will be particularly important during this project, as it is a 6-month pilot project with a view to being expanded and continued over the longer time frame of two and a half years.

The project will use monthly reporting and field visits as monitoring techniques. Case studies, activity reports, meeting minutes and photographs will also be used. In the villages we will set up a means where beneficiaries can feedback their reactions and suggestions about the project anonymously. This will be important as sometimes beneficiaries don't want to make comments directly. At the end of the project a comprehensive quantitative and qualitative analysis of each objective and activity delivery will be carried out. This will allow all stakeholders to analyse and reflect on the actions and activities and to address identified issues for the future. All stakeholders, including direct beneficiaries, the implementing agency, the supporting agency, local government officers and other key stakeholders will input into the data collected for this report. This will then be further built on and developed for the next project.

The logical framework provides further information regarding the monitoring and evaluation of the activities of the 6-month project (section 8).

6.2 Sustainability

1. Group formation for community mobilisation: The focus of this 6-month project is bring about a stronger sense of community and action through community mobilisation from Children's Clubs and Welfare Societies. Through the formation of these groups and the trainings they will receive, a greater sense of collective care and pride should emerge in the community. This will also help to establish a sense of confidence in the work of the project and with HDF and SLCT, so they can come forward through the established groups and share their ideas on their own community.

2. Networking with state actors: By facilitating improved engagement between community stakeholders and local government officers, this project will develop and strengthen local planning, decision-

making, monitoring and accountability in Medawachchiya for the future.

The 6-month project will take forward the enthusiasm shown during the PRA to mobilise the community to feel more empowered in their own environment and to develop the capacities at an individual level and a community one in order to promote a higher and sustainable standard of living. For purposes of sustainability the project is designed to ensure transferral of capacity to be delivered from the SLCT and HDF project staff to community stakeholders

To view the budget and logical framework please see Appendices A1 and A2.