

Journey of Aawaaj

Breaking the silence

Jwenty years of
Journey to make
Peaceful, Justice,
Prosperity and
Better society

AAWAAJwww.aawaaj.org.



Aawaaj Focused Program

Breaking the silence on sexual abuse and exploitation through social mobilization (working with children, youth and women network)

Establish community support mechanism (CSM) against gender based violence of children and women, working with community groups

Vocational Training, economic empowerment and Micro enterprenureship program for marginalised community

Child Protection- Child help line, Child friendly space (Interim Care, fostering, Social Integration of Children, Play acitvities with children, access health and education)

Temporary emergency shelter support and social integration for women and children that faced violence, abuse and exploitation

Community and family mediation for the minor degree of violence

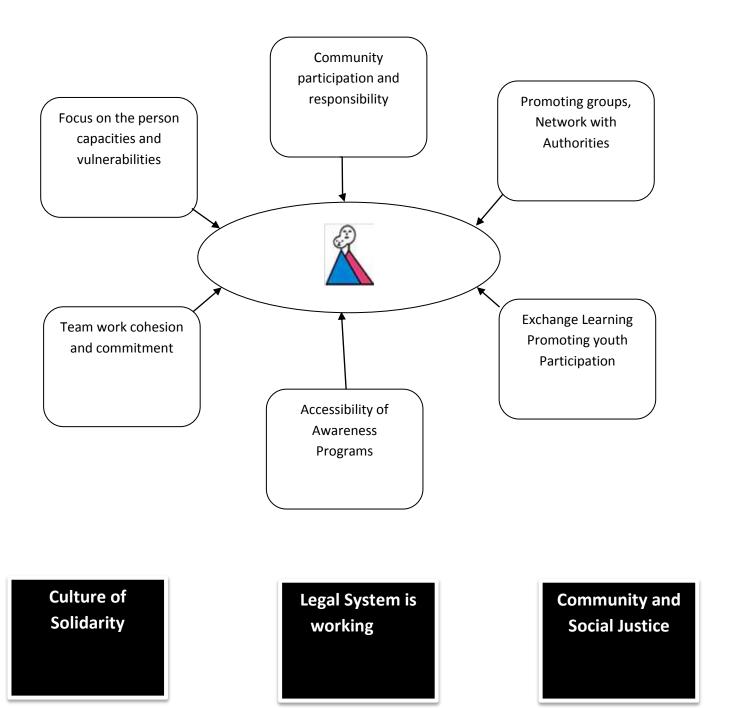
Counseling, Care and Emergency shelter support (psychosocial, legal, medical, education and economic support)

Advocacy and Campaigning against gender based violence, corporal punishment, child marriage and trafficking

Facilitation of local governence - Municipality and VDCs



KEY ASPECTS FOR GOOD PRACTICES IN PROGRAMMING





Aawaaj



Registration number – SKT 180/056/057, SWC – Affiliation 13616

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Foreword of President

Aawaaj was established in 1999 with joint initiatives of professionals with strong hope to demonstrate capacity against violence and discrimination of women in Karnali Province. Aawaaj has strong presence in Mid-West and registered in district administration office, Surkhet with registration number: 180-056-057 and PAN number is 301819051. We are also affiliated to the Social Welfare Council (SWC) and its number is 13616. Over the years since developing the Aawaaj which is already 20 years, I have been heartened to see the steady successes of our work toward rights for women and children in holistic way.



We have capacity for a social change. Staffs are very competent to build, maintain networks and to work in collaboration with government authorities, local groups and communities. Aawaaj has always been mainstreaming gender equality and social inclusion in its programs keep gender disaggregated data of our beneficiaries and stakeholders. Our organization team has been led by the representation of women, (90%) and 10 % are men.

Community groups are coming together at local levels to address all kind of gender based violence, strengthening education system at local level, social taboos on reproductive health, STI, discrimination and child sexual abuse. Aawaaj efforts made a huge difference in the lives of children and women by mobilizing and activating the existing forums, local government, and through effective networking. Social mobilization has been proven an effective vehicle to prompt action and to establish social respect and dignity for the children and women.

As an organization there are great challenges to meet the increasing demand to respond services with given limited resources. We urge all the partners to allocate more resources to access justice at grassroots level in Karnali Province, Province -5, Province - 3 and seek commitment of concern authorities to ensure that program results will be sustained for children, youth and women.

It is crucial to acknowledge and be grateful to all international, national and local partners, individuals, volunteers, executive board members, dedicated staff, and general members who supported Aawaaj from the beginning and stand for your solidarity.

Thank you for making a generous year- 2019. Your small support allow us to reach more and for a better and safer future. Hope we learn to grow in strength, resilience, and collectiveness in the year ahead.

With warm wishes and much appreciation.

Irada Gautam President Aawaaj

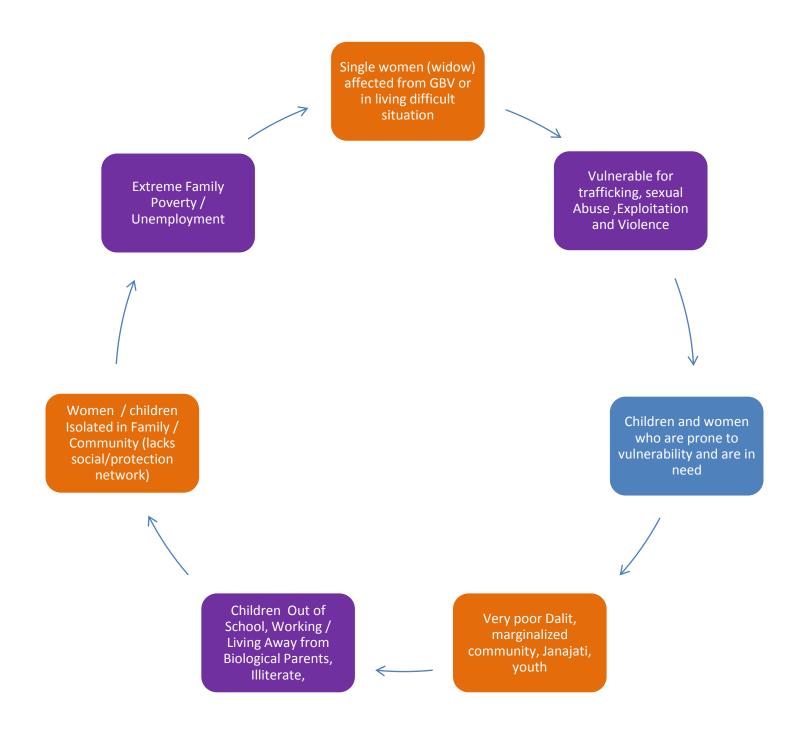


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Target Beneficiaries:





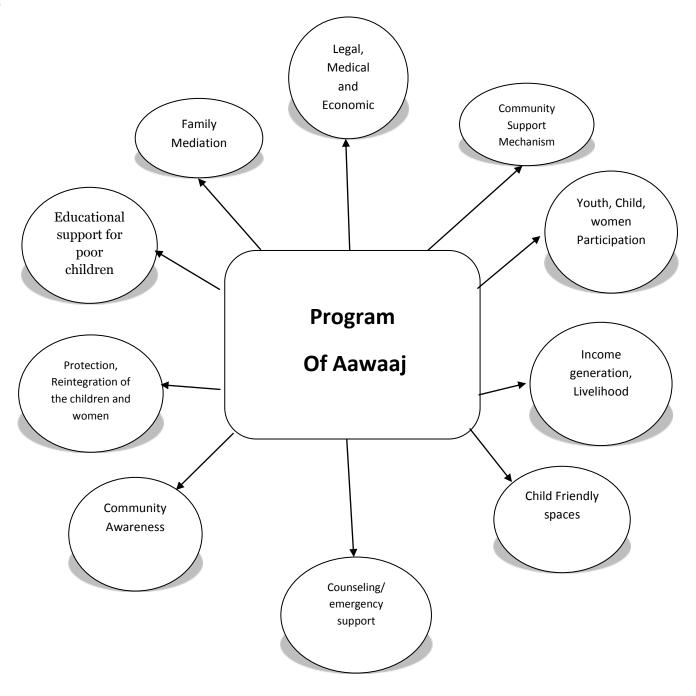


Figure: Program module of Aawaaj



Background of Aawaaj

Aawaaj was established in 1999 by the Irada Gautam who is the founder chair with joint initiatives of professionals with strong hope to demonstrate capacity against violence and discrimination of women in Midwest, Nepal. Aawaaj has strong presence in Mid-West and registered in district administration office, Surkhet with registration number: 180-056-057 (PAN number is 301819051). We are also affiliated to the Social Welfare Council (SWC) and its number is 13616. It has been addressed all forms of gender based violence through social mobilization, campaigning, establishing community support mechanism, lobbying, advocacy, networking, training, income generation, community mediation, psycho social counseling services, educational support and operating temporary crisis shelter for severe degree of GBV victims.

Aawaaj is working with boys and men along with girls and women to prepare better manhood and socialized against such wrong behavior as problems of violence that mostly comes from boys and men at large. It focused on three important aspects of human rights "Safe, Strong and Free." Everyone has these rights and they are indispensable for human life. The basic and the most effective tricky ways of protecting rights are "Say No"; "Go Away" and "Talk to someone". CRC and CEDAW are the guiding principles of Aawaaj for the policies, practices and programs related to fight against the violence. Aawaaj is the voices of those women and children who are living with violence, vulnerability and at risk, and who have no access in social and legal justice. Aawaaj used the concept of resilience to open new paths for the prevention and response against violence and discrimination. Girls and women when faced devastating trauma and adversity how they are able to develop their inner capacity in a harmonious and positive way? This question is at the starting point of work. Aawaaj is facilitating Rural Communities to Combat the Violence and Discrimination of Children and Women. Despite all adversities children and women didn't lose hopes and started fighting with the abuse, violence, discrimination and exploitation. Now more than 500 change makers are actively involved in helping others at community.

Aawaaj has developed a very good relationship with the local stakeholders since last 20 years. The active participation and networking of local groups, stakeholders, and communities are consulted and take consensus before doing any program. These groups are strengthened and their interest are respected and ensured the smooth running of program. We are sensitive with vulnerable group and seek the values of their participation throughout the process while at the same time explain the benefit for them. The focus will be brought back to the main issue of violence free society where children, girls and women feel peace through positive dialogue with police administration, district child welfare board, health personnel, legal authorities, municipal body, district development committee, political leaders and teachers in non-violent way.

It has capacity for a social change. Staffs are competent to build, maintain networks and to work in collaboration with government authorities, local groups and communities. Aawaaj has always been mainstreaming gender equality and social inclusion in its programs keep gender disaggregated data of our beneficiaries and stakeholders. Our organization team has been led by the representation of women, (90%) and 10 % is men.



At Karnali Province; we are coordinating women human rights defenders, also played secretarial role for 2nd election of constitutional assembly in Surkhet, and member of various human rights alliance. At national level, we are member of national child protection alliance, AATWIN, Women security pressure group, campaign for rights network. At regional level; Aawaaj is member of we can campaign of south Asia and globally Aawaaj is also member of global alliance against trafficking and network member of child sexual abuse.

The decision around strategy and program development is the product of beneficiaries, stakeholders and actually reflected by social audit, general assembly, monitoring visit and program evaluation. Aawaaj acts merely as a facilitator in the process of project implementation and developing the capacity in the management of violence at all levels to effectively monitor and manage the violence (not only identifying cases). We believe that every member of community can be an active change agent in process and encourage them to fulfill their responsibilities on social issues.

Aawaaj has been focused on education, health, child rights, women rights, child protection, and livelihoods through community empowerment programs. Aawaaj mobilize communities to ensure access justice, and quality of services in package i.e. health, education, and livelihoods. Likewise, Aawaaj ensure that children and women are protected against all forms of discrimination, violence, abuse and harmful practices by creating awareness, strengthening systems and mechanisms at the community level, district level and do advocacy for better policies to protect child rights and women rights.

Aawaaj facilitate to access government services easily and also strengthen and enhance the capacity of citizen especially the marginalized, vulnerable, Dalit, ethnic and women to ensure easy and equitable access in public good and services. Aawaaj believes that ensuring engagement with communities and among parents will lead to better health, education and violence free society. If you have social hearts then please join our mission, we salute and admired everyone co-operation.



AAWAAJ- 2019

Forms of Gender Based Violence (GBV) Registered from Jan to Dec 2019

Year	Rape	Sexual assault	Physical assault	Denial of resources/ opportunity or services	Psychological/emotional abuse	Trafficking	Polygamy	Early child marriage	Divorce	Total
2019	24	12	64	25	98	9	23	41	32	328

Service provided from Jan to December 2019

		Mediation		Transportation and economical support	Application Writing	egal Support	Case register in court	Emergency Shelter								
Year	Psycho social counseling	Office						Women	Girls	Boys	otal	Case preparation	Referral	eintegration	Scholarship	Total case
2019	300	34	22	<u>24</u>	44	61	54	88	100	39	227	54	22	194	71	328



SECTION A

Program Summary:

I. Project Name: Facilitation of protecting mechanism and access gender justice in western Surkhet, Karnali Province since 2016

Main Objective: To empower, sensitize, mobilize communities and influence duty-bearers to reduce and respond to violence, abuse and exploitation of children and women

Working Area: Panchapuri Municipality 1 to 6 ward (Babiyachaur and Salkot), Karnali Province

Implementing Local organization: Aawaaj with Support of AEIN / TDH Germany

Beneficiaries of Program till 2019

S.N.	Activities / groups	Unit	Total M	Grand total	
			Female	Male	
1.	Women groups	18	359	0	359
2.	Youth groups	18	194	157	376
3.	Children groups	18	219	157	376
4.	Parents group	4	83	10	93
5.	Ward level Child network	6	50	41	91
6.	Ward level Women network	6	121	0	121
7.	Ward level Youth network	6	39	53	92
8.	ECM survivor group	4	42	0	42
9.	Child Friendly Space	4	88	37	125
10.	Education support to student	90	56	34	90
11.	Poly house support to youth	20	11	9	20
12.	Economic support to youth	38	20	18	38
13.	Economic support to Survivor	72	72	0	72
14.	Emergency Support to	232	198	34	232
	vulnerable Children, Women				
15.	Legal Support to vulnerable	97	97	0	97
	Children, Women				
16.	Reintegration of Children	58	48	10	58
17.	Family/community mediation	67	67	0	67



Services and Achievements provided by child help-line 1098

S.No.	Service Provided	Girls	Boys	Total
1	1098 service 24hours	1196	817	2013
2	No. of calls by children's for service	497	378	875
3	Telephone counselling and directing services	1400	725	2125
4	Family consultation	59	43	102
5	Primary Health Services	39	14	53
6	Rescue and re-habitation using ambulance or other modes of transportation	5	9	14
7	Emergency of children hazardous situation	75	45	120
8	Aid provided for emergency rescue during hazardous situation	77	47	124
9	family reunion, reintegration and re-habitation after emergency rescue from hazardous situation	112	35	147
10	Family reunion, reintegration and re-habitation of lost	20	16	36
11	family reunion, reintegration and re-habitation of children found unaided	9	5	14
12	Conservation of emergency shelter home	145	56	201
13	placement in shelter homes for protection	6	2	8
14	Field visit and follow-up	7	5	75
15	legal services	22	1	23
16	Education support	138	93	231
17	Rescue and restoration of street children	0	27	27
18	Rescue and restoration of child labors	2	1	3
19	Rescue and restoration of children who underwent human crisis	1	0	1
20	rescue and restoration of trafficked children	8	0	8



Major focused Program and its Results

1. Community Mobilization Results

- Understand local situation of violence, early child marriage and corporal punishment its trend, why and how they children affected. We understand we can play vital role and form immediate actions group to end violence, child marriage and CP related behaviors at school, household and community level.
- Beneficiaries work as change agents and sensitize on the issues.
- Reporting, listening, make immediate emotional support for children and women who have gone through corporal punishment, early child marriage
- Children and women receive appropriate support services at the family and community levels.
- Communities are initiated for the legal process for reporting, child sexual abuse, child marriage including report to (CSM member, child club, youth club, children network, teachers, CPC members, Aawaaj, Police, DCWB), and aware on reporting detail and when to report
- Children and parents understand a) 3 importance of delaying marriage and b) 3 reasons why it is important to report of child marriage and corporal punishment
- Participants observed positive changes in the attitudes and/or behavior of their parents /peers / siblings since they joined the group
- Mass Awareness Materials are attractive, interesting and easy to understand
- Train parents association, SMC in each school are ready to fight against severe punishment in schools and make code of conducts for both teachers, parents and children and realize his/her mistake and not to repeat it again.
- Strengthen relationship between various groups, service providers and maintain protocols within school, VCPC, and district Child Protection Committee for reporting and work as watch dog and strengthen groups
- There is enabling environment and the community people take action in holistic way to support survivors by mobilizing children, youth and helped for sharing, caring to get justice in the target communities and schools.
- The group monitor, reporting and manage for the prompt response
- Children take help line and access for counseling if children face problems
- The children, youth group and its network at VDC and district level work with high motivation and taking ownership of the project

2. Capacity Building Training

Results:

- Concern staff understand the project concept, process, and implement smoothly
- After receiving temporary and legal services; beneficiaries report satisfaction with a) attitude and treatment of staff and b) quality of services
- CFS facilitators are more sensitive for reporting, listening, make immediate emotional support for children and teachers value the child friendly learning.
- Aware on consequences of early child marriage, corporal punishment such as non-violent teaching, on alternatives ways and use the media to make the public aware.



- Monthly review, planning with staff help for sharing experiences and changing strategies as per need and situation
- Targeted group and communities, rights-holders and their supporters actively engaged in promoting awareness and create support mechanism for children.
- Survivors, families, stakeholders and concerned community members are willing to take a public stance against violence, early child marriage, and corporal punishment

3. Management and respond to children and women affected from violence:

Results:

- Vulnerable children have improved access and quality of educational recreational services and their families are less arguing and more supportive to children
- Rights-holders and related stakeholders take collective action and started reporting
- Survivors are willing and able to access counseling services and legal services
- Survivors of early child marriage and corporal punishment have improved emotional, social, and family functioning and able to join support groups
- Survivors support group are effective for the referral, mediation, emotional support, advocacy and for the solidarity of early child marriage
- Parents/children receiving mediation services, improved attitudes and behaviors towards each other after completing mediation (e.g. listening, respect,
- Children do a) complete daily homework, b) achieve 80% school attendance c) pass final school exams d) explain ways of delaying marriage and safety measures
- CFS children regularly joining extra-curricular activities and can describe 3 ways that they
 have benefited from their activities
- 100% of drop-out/unschooled children receiving scholarships have 80% school attendance and ensure safety.
- After family mediation its easy to do social integration and facilitate beneficiaries to work as change agents and sensitize on the issues.
- Increase children enrolment and retention in school and have safe place to meet and share consequences and skills to deal with the challenges, take normal life.
- They bring positive feelings and build up self-confidence, self-esteem, self-respect and continue education.
- Marginalized populations have reduced vulnerability via increased social, educational and economic resources

4. Meeting, Interaction and Discussion with duty bearers

Results:

- Key stakeholders demonstrate positive attitudes and practices related to the prevention, reporting, rescue and reintegration of children and women
- Mainstreaming issues with Key Duty-Bearers and local authorities
- Duty bearers are active and fulfilling their responsibilities to rights-holders.
- Local duty-bearers develop improved mechanism / policies to stop corporal punishment and for the prevention of child marriage and services to benefit
- It's easy to integrate within a development plan of district development plan and with participation and empowerment of communities in mass awareness.
- Good Co-ordination & Collaboration with authorities and increase ownership, easy to linkages with government (Municipality, Police, women and children office, doctors, Lawyers, district court) for prompt action.



- The Local government, all political parties at VDC, and related stakeholders work with high motivation and taking ownership of the project
- Child Protection Committee are formed at schools and engaged against corporal punishment and early child marriage.
- DCPC mandates and procedures have been developed to respond all forms of abuse and exploitation, including child marriage and corporal punishment.
- 80% of members are in school and allow CPCs are operated
- Duty-bearers, service providers, leaders are sensitive and responsive to the needs and demands of survivors.

II. Prevention of Pelvic Organ Prolapsed in Karnali Province

Do you know? A silent tragedy has been unfolding in Nepal, where more than one in ten women suffer from pelvic organ prolapse (POP). Untreated, this condition can lead to serious health complications in mothers, and thus impact the whole community. With this in mind, Aawaaj has started Partnership with Karuna-Shechen in 2013, a new program in the remote villages of Surkhet and Bardiya to raise awareness about POP.

POP occurs when the pelvic muscles and connective tissues weaken. The uterus can then collapse, sometimes causing the descent of other organs. Repeated pregnancies, followed by deliveries without medical assistance and hard work in the fields without post-partum rest, significantly contribute to the prevalence of POP among rural women in Nepal. According to a study by the United Nations Population Fund, among those affected, 82% find it difficult to sit, 79% to walk and 89% to lift heavy loads.

In most cases, POP can be prevented. But, because of shame and ignorance, most Nepalese mothers suffer in silence. "Nepal is a very patriarchal society, explains Irada Gautam, Executive President of Aawaaj. Talking about woman's personal health is still taboo. This is why we decided to train female Community Health Volunteers from the villages, rather than outsiders. It is easier for women to talk to someone from their community."

In each village, a female community health volunteer has been selected and trained in basic screening and various preventive techniques, such as pelvic floor muscle training. When a case is detected, the volunteer refers the patient to the appropriate local medical staff for complete screening and, if required, adequate treatment. In most cases, this prevents a partial or full collapse of the uterus and, therefore, the use of surgery.

Thanks to Karuna Schechen for their support, we are able to improve the lives of thousands of Nepalese women and prevent further tragedies in rural part of Karnali province and Bardiya district.

Shanti suffered for 30 years from uterine prolapse, a condition in which the womb drops into the vagina and, in severe cases, slides out of the body. The story of Shanti is one shared by many women in deprived families of rural Nepal. Immediately after the birth of her two children three decades ago, Shanti had to return to work in the fields without time to recuperate from the deliveries. For years, she continuously experienced severe pain in her lower abdomen and nausea and lived in constant pain.



In April, during a screening organized by Aawaaj implementing partner, her condition was identified and surgery in a government hospital was recommended. Now, the pain she experienced for so long is gone and she can walk around comfortably and lift heavy objects.

As a result of the 3 screening camps organized in the Surkhet and Bardiya district in 2019; 320 women have been identified with various degrees of this condition. Of them, 43 women suffered from a severe case of uterine prolapse like Shanti. In less severe cases, other methods of cure and relief are prescribed.

It is estimated that 25% of Nepali women suffer from Uterine Prolapse, or Pelvic Organ Prolapse (POP), a condition with serious consequences on women's health.

Aawaaj has partnered with Karuna-Shechen to develop and implement awareness and screening programs in 5 villages of rural districts of Nepal: Surkhet and Bardiya,

We teach women how to care for themselves in order to prevent POP. We also provide screening for women at risk through camps and home visits, and offer treatment when needed.

In the districts where we work, ignorance and stigma often hold women back from seeking treatment and help. This is why we work to change people's attitude towards this problem through the organization of events and information sessions.

As a result of our hard work, from 2013 – 2019; . Pelvic Organ Prolapse (POP) in Nepal save the lives of thousands of rural women in karnali province.

Basically we do community approach followed by Interaction and Orientation meeting with VDC level stakeholders; mass awareness with women, men, FCHV, Women Network, Mother Groups, New Couple and other groups/community level people, orientation with adolescent boys and girls of community/schools orientation with adolescent boys and girls of community/schools, Interaction, discussion and orientation with HP/PHC of MC/MT/staffs about POP and their responsibilities, Street Drama Training and Presentation, , widely distribution of Pamphlet, Posters, Brosure, Hoarding Board, National/International Women Day celebration, Mela, Technical skills training for ANM/MCHW about insertion of the Ring pessary, Formation of Reproductive Health Right Watch Group, Nutrition Fare (Mela) and Screening Camp.

III Combating Early/Forced Child Marriage

Project has started from 1stAugust 2017 in 2 districts (Dullu Municipality-ward Number 4, 5 and 10 of Dailekh and Badhaiyataal Village (Gaunpalika) ward number 2, 3, and 6 of Bardiya), in province 6 and 5 of Nepal by Aawaaj with support of ECPAT Luxembourg in order to eradicate all sorts of early and forced child marriage. During this period, mainstreaming interactions are held with key duty-bearers, key stakeholders and right holders to support our project by demonstrating positive knowledge, attitude and practices for eradicating all sorts of child marriage. We established six CFS (3 in Dailekh and 3 in Bardiya district) in very poor and marginalized community, where interaction, meeting and competition have been conducted with children, management committee and CFS parents in order to provide qualitative education as well as to make aware on child protection, sexual abuse, child marriage and other social issues. By the coordination and collaboration with key stakeholders and ward office, we formed Ward Child Protection Committee; 3 in Dailekh and 3 in Bardiya district. Also, we formed 2 youth groups; one in Bardiya and one in Dailekh. Similarly, 6 Brothers groups; 3 in Bardiya and 3 in Dailekh, and 6 survivors groups; 3 in Bardiya and 3 in Dailekh. We did support to ECM Survivors by rescuing, counseling/psychosocial counseling, legal counseling,



and emergency support (local travel and medical support) to vulnerable children from early marriage as per need.

Aawaaj designed and published IEC materials with ECPAT Luxembourg's logo; poster, sticker leaflet, and flex-print (*Ma Dulahi Hoina* Poster @ 2000, *Cycle of Child Marriage (Bal Bibahako Gibanchakra)* 2000 Posters and 1000 Stickers as well as causes of Uterus Prolapse poster 1500 and Prevention of Uterus Prolapse poster 1500

We conducted meeting with Nepal Police, Journalists, Women and Children Office, and existence groups as well as other concerned NGOs/CBOs in order to cross-fertilizing between or among different activities along with we conducted meeting with SMC/PTA and interaction programs with teachers, parents and students. Also we conducted sensitization session and discussion with school students. We conducted 2 press releases one in Dailekh and another in Bardiya.

• Target Groups

- ✓ Vulnerable children and marginalized community
- ✓ Brother groups, youth groups, women Groups, survivors Groups
- ✓ Religious leaders
- ✓ SMC/PTA, students and teachers and existing groups

• local project partner

- ✓ Local FM Radio, News-paper,
- ✓ Sub-health post, District Health post, Nepal Police and Child Helpline Agency
- ✓ Women and Child Network, Brothers, youths and survivors groups
- ✓ Women child Office, Municipality/Village Municipality, Ward Office, Saving and credit organization, civil society
- ✓ Governmental and non-governmental organization working on child right issues.
- ✓ VCPC/WCPC

• Beneficiaries

- ✓ Students and Parents
- ✓ Brother, Youth and Survivor groups of child marriage
- ✓ VCPC/ WCPC
- ✓ Children and parents of CFS
- ✓ Children out of school
- ✓ Vulnerable children from Child Labor, Child marriage, trafficking and sexual abuse.

Achievement

- Established project Identity along with taking child marriage as the sensitive issue by events/programs participants.
- Reformed Youth, brother, survivors groups as well as VCPC and Village/Municipality level
 child network. Six CFS are established and running smoothly to ensure quality education of
 vulnerable children whereas community people initiated to establish Sahara CFS and it has
 been running and next one in process to be established.
- Established strong relationship with district and local level government and non-governmental organizations.
- Local level authority, duty bearers are sensible to eradicate all sorts of ECM. There is Sound environment for prevention/rescue and sensitization.
- ECM cases are rescued, provided psychosocial counseling, legal counseling and emergency support.
- Priest (religious person) started asking age of grooms and brides in cultural marriage while they are invited to held marriage ceremony.



- Participants are aware on child marriage, its negative impacts and consequences. Children have started to raise voice against misbehavior when occur with them.
- Cases of Child Marriage started reporting at Nepal Police office, Women and child office, Village/Municipality office and ward office as well as Aawaaj. 19 cases of early child marriage reported at Aawaaj as well as 3 cases of rape reported.
- Survivors are benefitted from economic support activities and are aware on ECM issues and sensitive now.





Figure: Domestic income generating

:





Figure: Building Resilience and support education



IV. RESILIENCE TRAINING:

Aawaaj organized training on the concept of RESILIENCE, in collaboration with BICE International from 8-11 April 2019 in Kathmandu Nepal. Aawaaj worked with BICE more than 13 years in Midwest Nepal. Since 2018 we are building partnership with BICE for the Facilitating a child friendly space for supporting education and stimulating children's resilience in Kapan -10, Budhanilkantha Municipality, Nepal.

RESILIENCE is defined as the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. Tutor of RESILIENCE contributes in this sense to promote resilient processes in children victims of traumatic experiences. Recognizing and responding to children's needs, creating a secure, warm and stimulating environment, make the vulnerable children more resilient and lead him to overcome the difficulties, the anxieties and traumas and to restart again their growth path. "Tutors of resilience" is an intervention which aims to orient the work and transmit practical resilience tools of all who work with children in vulnerable contexts.

Objective:

Provide training's participants with tools and methods that encouraged them to assume the role of tutors of resilience for children who had experienced traumatic situations of different kinds (natural disasters, war, violence, forced displacement, sexual abuse)

The participants were from organization that includes NGO social workers, counsellors, psychologists, and educational staff who are involved in the care of children victims of traumatic experiences through natural disasters or abuse exploitation and to inspire them in their daily work. The participants were highly motivated and have already a good experience in the field, which take part in the training is considered very enriching.

For adult participants: It was focused on acquisition and development of theoretical and clinical knowledge about resilience process, risk factors and protective factors of children victims of traumatic experiences. Maturation of operational skills in promoting the resilience process in children victims of traumatic experiences.

For Children: Increased psycho physical well-being, strengthening of self-identity and identify child's internal resources, consolidation of external resources, group, peers and families and strengthening formulation capacity of traumatic experiences.

The training was focused on theoretical and followed by 2 days practicum with children and parents. Total 22 participants from different organizations were benefitted.

V. Improving Livelihood through Empowerment" at Pataljharna (previously Thirpu and Ramnakot VDCs) in Kalikot district, Karnali Pradesh Nepal:

Aawaaj has been worked in partnership with Fastenopfer Since 2014 in very remote Village Development Committees Thirpu and Ramnakot of Kalikot district. The project has been focused to enable to access basic health, education facilities and strengthen locally available natural resources like forests, water, wind, and land. The project has been implemented in an integrated approach of basic education, health, agriculture and ensure especially on improve quality of service on health, education and agriculture through awareness, empowering couple and community awareness.

In the proposed district child marriage prevalence rate is very high - 47% in Kalikot, and its impact on education of girls and health is measurable. There is High infant and maternal mortality rates due to a lack of basic health services and high malnutrition, low literacy rate, insufficient school



facilities and limited access to quality education; Lack of transport facilities and road networks across the districts. There is lack of employment and high seasonal migration to India and high prevalence of HIV/AIDs among migrants. There is low agricultural productivity and poor rural infrastructure (e.g. roads, irrigation) that limits production and markets.

Program achievements:

of households (HHs) of women establish all season kitchen gardens and groups actively function to promote kitchen garden in community. 80HHs visit nearest agriculture sub centers. Every couple has established small kitchen garden, give attention in personal hygiene, mange dish wash place, garbage management and sanitation.

Network and group members strongly empowered and active for promoting participation in decision making process and raising voice against women and girls' issues. 12% increase reporting of women violence cases in police and 1 case registered in sub police station, 3% referring to district police or court among reporting cases. 25% women increase active represent in school management and health post management committee as executive members and 15% HHS of group members remove menstrual sheds

Community people and network members are actively working to supportive and encourage to regular check-up. 66% visit for antenatal checkup, 46% delivery in birthing center. DHO provides financial support to run birthing center in Thirpu and Ramnakot; At least one district level duty bearers (DHO, DADO, DEO or WDO) visit Thirpu or Ramnakot and interact with the community. In recent days, birthing center is establish well management and also trying to give 24 hours service after our regular meeting, discussion with staffs, management committee and technical support, now they are managing mothers to keep at least 4/5 hours after delivery.

Parents, teachers, students and school management committee actively functioning to create good teaching and learning environment. 4 schools conducted social audit, 102 girls enrolled in 5, 8 and 12 grades and appear in final exam

Couple and community people have submitted 15 proposals in VDC council that was for fruit plants purchase, health camp, awareness on early marriage / menstruation and birthing center management. They motivate own neighbor for kitchen gardening, sending children at school and regular heath checkup of pregnant women and lactating mother. Couples' have been slowly developing their sharing and talking habit with community people and also they are introducing as the community couple in their own area (ward).

After training and meeting with School and health post management committee, they are doing regular meeting, trying to get more scholarship schemes for students and make rules/ policies like these; teachers and health post staffs are not allowed to take leave without permission from MC or at least need to inform. In case if they do not follow the rule, the authorized post will be bound to disagree to accept their leave and also deduct from the salary equivalent to the number of leave taken days.

Kitchen Garden and Seeds: The kitchen garden in Aawaj's working area reflect its commitment to work. Just to make it better, local vegetables that are already in place or even vanishing like Koiro (sweet choti) can be incorporated in the present kitchen garden. Result chain also mentions atleast two indigenous/local vegetables.

Groups: The work that Aawaaj has done in mobilizing groups has been a herculean task. The results have also been significant. However, groups total to 72 in the working area. This is definitely too big



to manage for three staff. It was informed that some groups are less active and if possible groups can be discontinued, if not appropriate. Less groups can mean better engagement as well. This will also reduce unnecessary staff burden.

Including much needy people who are left by the group, such as the single old women we met who complained that she didn't receive seeds is important. Currently, women in Lapha village say that they are already part of around 8 groups and they have to save around NRs 500 per month to keep their association alive in these groups. People who will be left out need to be identified and ways to support them incorporated.

Birthing Center: Birthing center in Pataljharna was observed to be working quite well. In terms of Aawaj's engagement they could serve as the epicenter. For example, birthing center in Nanikot had an average of 2/3 daily delivery. Information dissemination as well as advocacy could be effective through this channel.

LRP orientation: Different LRPs had different perspective on what 'success' meant for them. For one, his believed his primary role was to establish dish washing stands (*Chyang*). There was one LRP was was coaxing the single lady who had not received seeds through Aawaj to convey to us that she had received. LRPs need to be oriented to understand their expectation as well as understand their limitations. Failures and groups planning especially when LRP are highly educated (even having bachelors) are part of the team can facilitate ownership and enhance work.



Figure: A room is allocated for women and now it's no more buffalo shed





Figure: A pregnant women stays in a cleaned shed in Nanikot. On the right is buffalo shed. Since a girl was born no celebration will happen.



Figure: A utensil drying stand below which are some vegetables. The land is arid but the will strong





Figure: Soil was carried to build this small plot of vegetable garden in rocky Thara village

VI. Child Helpline (1098)

Aawaaj has been operated free child helpline (1098) in Surkhet district in collaboration and with co-ordination with Ministry of women and child social welfare, central child welfare board, district child welfare board, district development committee and Nepal Tele-communication since 2010. A child helpline is a phone and outreach service for children. It is accessible to all children whenever they require assistance or just need someone to talk to. A child helpline places children and their protection as its core principle, providing emergency assistance and linking children to long term services. A child helpline is accessible to children and young people around the clock, free of cost and enables them to contact someone in any emergency situation. It provides children and young people with an opportunity to express their concerns and talk about the issues directly affecting them. A child helpline is founded on the belief that children and young people have rights, and that they can identify their problems. Phone calls from children are received in contact centers, where helpline staff and volunteers attend to the calls.





The helpline team member will go out, meet the child and help the child to safety. The helpline will have to act immediately to get the child out of the dangerous or emergency situation and after that make sure the child is linked to the appropriate services for long term follow up.

Government of Nepal, Working Procedure of Child Helpline-2064 (2007) defines the term 'children at risk' indicate the following children.

- Street children
- Children at high risk labour
- Lost and abandoned children
- Children in bonded labour or forced labour
- Children who are victims of physical and mental torture, discrimination, exploitation of labour and misbehaviour
- Children who are suffered from severe illness, accident and disaster
- Children of arrested or imprisoned parents or children in conflict with law
- · Children living under difficult situations
- Children who are victims or are prone to sexual harassment, sexual abuse and trafficking
- Children seeking psycho-social counselling.
- Children affected by armed conflict and wars
- Children who are victim of insolence



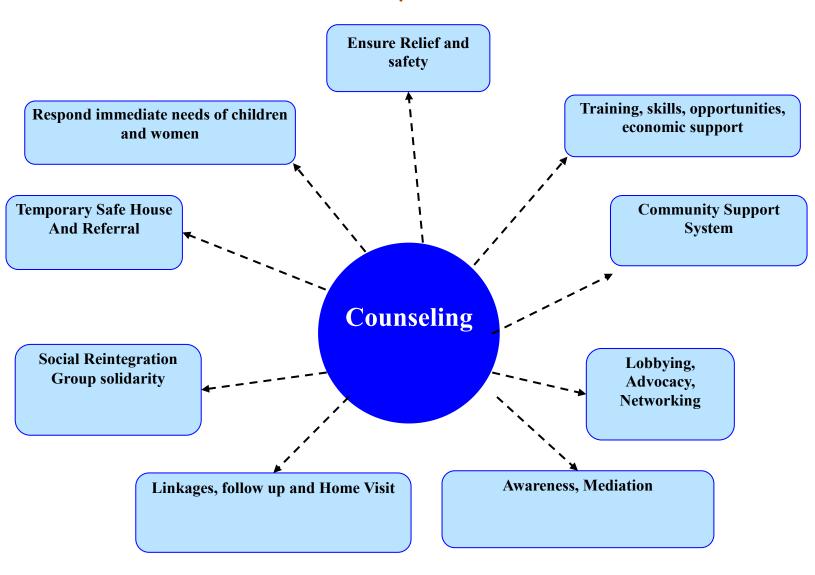


Figure: Art by the children



VII. Counselling

How Positive Impacts for Survivors



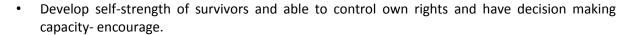


Aawaaj has been providing counseling care and support to people who are in need especially to violence survivor, vulnerable women and children. Aawaaj has an experienced and trained counselor who provides counseling to the sufferers of violence hence helping to build their self-confidence; self-esteem, self -respect, self-reliance and bring positive feelings in their own life and help them live in the society with dignity.

Working Strategies that we believe and Important for the Positive Impact to Survivors

1. Respect and Dignity

- To find their own identity, aware on self-respect I have full right over my body, it's not my fault, I am not alonedrawing
- Active Listening in a way s/he feels that we are caring you
- Raising voice to get justice continuously with allies, family
- Believe what's the survivor said and understand her sense,



- Work together; let them understand and recognize the problems; together think and explore the ways to address the problems and respect survivor's views, participation.
- Maintain confidentiality throughout the process.

2. Empowerment

Counselling strategies

- Give opportunity for skills, fun, play, song, game, dance
- Ensure her / his safety and look after short term basic needs
- Positively influence Men's and Boys who are change makers
- Give information on legal rights, women and children rights, legal procedure and services provided by Aawaaj, authorities
- Active participation in development activities through awareness, training and skills for good results





- Exploring resources for solving their own problem through linkages and Support economically self-sustained activities
- Support school fees, personal safety training/peer education and follow-up meetings to protect survivors.
- Engage to play the supportive role in community to manage and referral the affected person, monitoring and follow up of economic and education support, and identify those children and women who are living in violence and Abuse.
- Sharing feelings and problems among survivor network
- Vocational Skills training, business entrepreneurship and life skills, Job placement in local area or start self-employment

3. Partnership of Survivors

- Facilitate family and community mediation and seek survivors participation for their own or while it happened to others
- Engage them at community for the immediate reporting, involve them in various awareness program, emotional support to other children and women who have similar problems
- Visit on the spot after reporting and interaction with people to whom survivor's feel important;
- Facilitate the survivors to work as change makers at community, and schools to end violence, abuse, neglect
- Creative Arts (drawing, song, dance, street drama, Events (competitions, campaign, media/press releases)

4. Partnership and Sustainability

- Working on what local resources, skills is available at community for long-term emotional and social recovery to promote protection and survival, development rights and to restore dignity of survivors
- Work with authorities for justice, Application Assistance, friends for legal process, birth registration, lobby to compensate Half salary, food and fees for children education
- Working with private sectors and their support to provide job.
- Build capacity of existing groups, Establish Support System, linkages with CSM, child group, Creating Conducive Environment through coordination and collaboration with authorities, civil society and various groups
- Support the strength of families, communities and work with them to support survivors as per need.



5. What we do in 1st session of counselling?

- Greetings and welcome, allow to drink water, tea
- Pre information Name, from where it come, why they visited at Aawaaj
- Again welcome politely and emotional support in counseling room, see the situation, Rapport building, introduce each other
- Relaxation -allow to take rest, sleep,
- Listening the affected person, make immediate plan by counselor

Staff Preparation

- The place for counseling, level of sitting
- News print, colors, play materials, flip chart,
- Drinking water, emergency kit-
- Level of closeness, -talking, sitting in L shape
- Care the dress up of counselor
- Time preparation,

What we do not do in counseling

- Not discrimination based on caste/ ethnicity, gender, age, disability, status, geography,
- Not raising any expectation and not promising things which we can't do
- Not pressurized to give information if they are not ready and make ensure to prevent from re-victimized
- Do not disclose with their status without consent of her / his
- Not increased fear, humiliation, or sadness, not labeled, blame, guilt
- Do not ask too many questions at a time and don't show the power

Working with family

- Regular home visit, family counseling ask them not to leave children alone,
- Inform parents what to talk, what shouldn't talk and how to talk with children. Do telephone or contact in case of emergency
- Invite them in our program, training or send parents to attend meeting, workshop organized by others
- Legal information, economic support and scholarship support
- Ask them to join in network, women group, CSM.



VIII. Strengthening local governance and community development in Surkhet

Aawaaj has been implementing LGCDP program in 15 VDCs and Birendranagar municipality since last 4 years in Surkhet district. The Program has brought all local actors, institutions, and local donors within a framework of network, collaboration, coordination mechanisms. The Programme envisaged to improve systems, procedures, structures, tools and capacities to improve local governance for effective service delivery and citizen empowerment. The program focuses on social mobilization, service delivery and resource mobilization, local economic development and livelihood improvement aspects. The core development principles of LGCDP II are sector-wide approach, equity, subsidiary, harmonization and alignment, participation and collaboration, sustainability and value for money.

Goal: The overall goal of the LGCDP II is to contribute towards poverty reduction through better local governance and community development. To achieve the goal, the Program has identified local governance as an essential element which is directly linked to people in their day-to-day life. Accountable governance, quality infrastructure and efficient service delivery, public financial management, economic development and community development are major areas of the Program.

Purpose:

The purpose of the program is to improve local governance for effective service delivery and citizen empowerment. The program has adopted a framework to strengthen decentralization, devolution and accountable local governance system which makes basic service delivery effective and efficient and empowers citizens mainly women, children and disadvantaged groups.

Program Components: LGCDP II comprises of four key components of intervention that include:

- 1. Citizen's empowerment (demand side improvements);
- 2. Service delivery and capacity development (supply side improvements);
- 3. Socio-economic and infrastructure development (local development)
- 4. Governance reform (policy).

Outcomes and Outputs:

LGCDP II has aimed to achieve four outcomes in the areas of downward accountability, (Local body) LB responsiveness, effective local services and policy strengthening. In total, there are nine outputs within the four outcome areas.

Outcome 1: Citizens and Communities hold their local governance actors accountable: In this outcome, LGCDP aims to achieve results in the areas of citizens' empowerment including women, children, disadvantaged groups and their institutions through social mobilization processes. The outcome also intends to achieve results in the areas of local governance particularly holding LB accountable toward disadvantaged groups including women and children by engaging people in planning process, monitoring and oversights activities. This outcome contains two outputs

Output 1: Citizens and community organizations are empowered to participate actively and assert their rights in local governance

Output 2: Accountability mechanisms for local governance are in place

Outcome 2: Local Bodies are more responsible for citizen's demand:



On this outcome, expected result areas include: LBs become more resourceful to provide local services to the citizens, LBs increase their own resources, capacity development, and formula-based fund transfer to LBs by the adoption of equitable principles on their performance measured by MCPM. Supply-driven capacity development initiatives are also emphasized aiming of improved local Public Financial Management (PFM) and reduced fiduciary risks. There are three outputs (outputs 3, 4 &5) under this outcome in the program result framework.

Output 3: LB's access to resources increased

Output 4: Public financial management system improved

Output 5: Institutional and human resource capacities of LBs and central level agencies involved in

local governance strengthened

Outcome 3: All citizens are provided with efficient and effective local services: This outcome mainly aims to achieve results in the areas of improvement of services delivery of LBs for core services and improvement of development activities operating at the local level. The local services including social and infrastructure development are expected to deliver effectively and efficiently in a harmonious and integrated manner as per citizens' needs and preferences.

There are two defined outputs (outputs 6&7) contributing to this outcome.

Output 6: Access to and quality of local infrastructure and other socio-economic services

administered by LBs are improved

Output 7: Strengthening integrated planning, budgeting, monitoring and evaluation and

coordination amongst local governance actors

Outcome 4:

Strengthened policy and institutional framework for devolution, sub-national governance, and local service delivery: Policy and institutional frameworks for devolution, sub-national governance, and local service delivery are expected key areas of expected results of this outcome that need to be updated and improved in the context of state restructuring process. The policy outcome mainly focuses on the political rights, administrative arrangement and devolution of responsibilities for improved local services including sectorial services. The institutional arrangements as per the constitutional provisions are other institutional framework areas that cover mainly local and sub- national (provincial) arrangements. This outcome result is dependent on following two outputs (output 8 &9).

Output 8: Refined policy on local governance and improved inter-agency cooperation

Output 9: Policies developed for devolution and federalism

So far in local level Aawaaj has done followings inputs and its achievements:

- Advocacy and training with community level health service provider
- Community level interaction between health service provider and clients
- Ward level social resources and access mapping, well-being ranking
- Citizen awareness center (CAC) established and facilitate to access government services easily, and participated in the planning meeting at local level
- Increase capacity of social mobiliser, VDC secretary & GESI committee of DDC.



- Training on GESI Policy implementation with 50 VDC secretary
- Capacity building training to district Gender Equity watch group, GESI Budget planning and Audit facilitation
- Community based monitoring of projects; make it more accountable and transparent.
- Public hearing and capacity building trainings, orientations and community awareness

IX. Micro Enterprise Development program, Surkhet

This project has been running with the partnership of MEDEP and Nepal Government since 2012 with Aawaaj in Surkhet Midwest Nepal. Main objectives of program are;

- To increase number of micro-enterprises being operated by members of poor and excluded groups, with a specific focus on women, Dalit, Janajati and disadvantaged indigenous nationalities in a working district..
- To develop knowledge, skills and capacity of micro entrepreneurs,
- To create more conducive and gender-equitable business environment for micro-entrepreneurs focused on forestry, agriculture and livestock.

So far every year under this project 555 marginalizes women, Dalit, Janajti and youth benefited from different training. The entrepreneurs are given exposure visit, technical support and skills build on. 80% are succeeding to establish small enterprise business and have earning 10000- 15000 per month

Impact

The program's activities had a direct economic impact; firstly on the target beneficiaries and secondly on the local economies in the ten implementing districts during phase I. Even though the impact was directly related to economic and income generation, there was a chain effect which rippled down to each member of a family supported by MEDEP. The chain effect of the economic impact was such that economic aspect was overshadowed by the improvement in the living standards of the beneficiaries in terms of meeting basic social development indictors as a result of the impact on people's income. The program hopes that impact of the program on the lives of poor people will help policy-makers understand the role, contribution and importance of the micro-enterprise sector in reducing poverty in Nepal.

Increased Family Income

One important purpose of MEDEP was to significantly increase the income of the poor people. As one indicator of success regarding incomes, MEDEP has compared the participating entrepreneur's family per capita income before MEDEP with the net income (revenues minus all non-family-labor costs) of the resultant micro-enterprise (not including any other income that the family may still be earning). The average MEDEP micro-enterprise then provided 56% more per capita family income than the family was receiving before MEDEP. The percentage increase in family incomes is similar for Dalits, Indigenous Nationalities, and ultra-poor; however their enterprises are smaller than those of other MEDEP entrepreneurs.



Interestingly, the socially excluded Dalit and Indigenous Nationalities have performed well in terms of the increase in family incomes as a result of their participation in MEDEP. On average, they start from a smaller base salary, resulting in larger increases percentage-wise. Nonetheless, such rapid increases in family income among the very poor and disadvantaged can often have very significant impacts on their lives.

Although the average increase in family per capita income is 56%, it is important to note the differences. The following situations appear to affect performance. The percentages of entrepreneurs experiencing higher increases in income were greater among the Phase 1 entrepreneurs than with the Phase II and Phase III entrepreneurs who have only recently begun their enterprises.

Impact on Women's Position

Women entrepreneurs report that they have been able to raise their status and identity inside and outside their household, and strengthen their role is household decision-making. The majority of the women entrepreneurs interviewed stated that their income generally goes for better food, clothing, education for their children and other household expenses including their children's marriage. Despite the program target to have 70% women participation, women lagged behind their male entrepreneurs in their rate of family income growth (average increase 48%). This could be attributed to a large number of part-time enterprises managed by women. However, the fact that a greater percentage of women recently begun new entrepreneurs, and because women faced more problems than men in travelling during conflict situations.

A small in number but highly successful women entrepreneurs are the single women, either widow or abandoned by their husbands. They have scaled up their enterprises, constructed houses, and provided education to their children. Women who have had low self-esteem have become economically empowered, are at decision-making, have a higher standing in the community and a sense of solidarity. A large number of the women are operating home-based enterprises in a slow but continued mode due to their family responsibilities.



X. Child Friendly Space (CFS)

Aawaaj is running 10 Child Friendly Spaces in Surkhet, Dailkeh (Karnali province), province -5 Bardiya and one in Kathmandu Kapan for the protection and care of vulnerable children. The CFS is a structured in safe place where children and youth meet their peers to play, learn competencies and skills to deal with the risks they face, be involved in some educational activities and relax in a safe place. It gives the children the sense of safety, structure and continuity that provides support. It gives them a sense of belongingness after having been displaced. It builds cohesion and a sense of community. Children who are from marginalized community used to come for tuition classes to improve the school performance and child friendly activities to build the confident. CFS has helped the children in following ways:

- CFS has helped to develop children's reading/studying habit. They do not miss any CFS class.
- In the CFS class, talented student helps weak student to study, sing a song and jointly plays a drama as well, thus, CFS children use to learn faster and effectively.
- Likewise a senior student helps new students in the CFS, thus they have built a habit of helping each other and sense of unity has developed among them.



Figure: Child friendly space

Target Children Beneficiaries for CFS

Community Level:

- High Incidence of Abuse/Addictions/Poverty/Crime
- Lack of Law Enforcement Capacity / Commitment
- Lack of Prevention and Protection Mechanisms for Children
- Lack of Access to Primary Education & Basic Health Care Services

Family Level:

- History of Sexual Abuse / Domestic Violence Among One or Both Parents
- Female Headed Household, esp. no property rights
- Illiteracy in Parents
- Lack of Parenting / Discipline Skills
- Extreme Family Poverty / Unemployment of Parents, inc. Children not in school, poor food security, large family debt, poor housing, poor health care,
- Lack of Understanding of Sexual Abuse /Legal Mechanisms

Individual Child Level:

• History of Physical/Sexual Abuse, Neglect or Bullying of Child



- History of Child Substance Abuse
- Child with Disability
- Child is Especially Unattractive, especially discriminate against girls
- Child is Extremely Shy / Poor Social Skills
- Child is Isolated in Family / Community (lacks social/protection network)
- Child is Out of School / Illiterate
- Child has Lack of Nutrition and Poor Hygiene
- Child Working / Living Away from Biological Parents
- Child Lacks Understanding of Sexual Abuse /Legal Mechanisms

Achievements on Child Friendly Spaces

- From marginalized communities, 181 children are taking tuition services and other extra activities services from CFS. Children have developed their habits of going to school regularly, studying, learning and knowing new things, doing homework as well as they are maintaining discipline, health and sanitation.
- Children have started to show social feelings (we feeling) as well as they are showing interest in extra activities like; singing, dancing, writing poem, saying story, jokes and playing creative games.
- Children of CFS are known on Child Rights, Child Marriage, and child sexual abuse along with good and bad habits. Students of CFS have started to protest and speak out against misbehaviors and abuses and share their problems and sharing habit is developed



Figure: Children Participation on non-academic activities



XI. Child Participation

Child Participation is key pillar of Aawaaj program. It has found that the participation of children and its mobilization to address the issues at grass root level has taken positively by all stakeholders. Children are speaking up and demanding to get services from NGOs, DCWB, DEO, VDC, WCO and DHO.

Their self-confidence and strength has also increased due to group solidarity. The children indicated that when they came in the training they have a chance to share their issues. This also helped them in solving their problems through sharing and discussions.

"They demonstrated their capacity with strong resilient and can manage their lives. They can identify the issues and refer the children to different organizations to receive the services. The children stated that they have to listen to the children, and also to meet children's need as per condition. It was repeatedly mentioned by all children " now we move ahead and develop confidence ourselves and to look after other children and secure their future". Those people who were against them now support and pay a good respect. In the beginning, the children did not talk with each other but now they have started to trust each other and create a positive environment for building their strength. They developed confidence, self-respect, and learned to solve their problems by themselves. As they were worried about themselves, they mentioned that children have to be loved and cared which has helped in making their life comfortable.



Figure: Children participation on different celebration



XII. Community Support Mechanisms (CSM)

Who are the members of CSM?

Men, women, social leaders, political leaders, school teachers, youths and children are the members of community support groups and they are representative of various groups existed in community such as women group, agriculture group, forest user's group, mothers group, political leaders, teachers, youth and child club.

Why CSM groups are formed?

- To create social mobilization against violence of children and women
- To promote culture of supporting vulnerable/abused children and women
- To avoid stigmatization and blame to women and children that faced violence

The activities that are carried out by CSM group are follows:

- Raise awareness in the community.
- Support the women and children in providing emotional support and help them to access services (safe place and safe person) in each community are promoted for threatened or abused children and women. For serious type of violence, they are referred to the temporary crisis support center.
- Identify children and women in the community who are most seriously in need.
- Decide those who will benefit from educational support, vocational training and Income generation activities targeted for vulnerable or who have faced violence.
- Organize group discussion and find solution. Sharing with others give some relief and hope, particularly when discussion is part of the culture.
- Campaigning- lobbying, advocacy, work as pressure group
- Organize community mediation.





Figure: Children Involvement on Outdoor activities



12. Mediation:

Mediation is done to manage for the minor degree of violence in the community and family. Once the mediation process proceeds and understanding between the two parties is made along with community then the person affected will return to their own place. Following are the steps followed in the mediation process.

- 1) First step: Identifying the concern person
- 2) Informal interaction
- 3) Problem Identification

HOW TO START THE MEDIATION

- Have to listen actively the problem of problem faced people.
- When the problem faced people are sharing their problem in between mediator should shake their head by saying "yes ...yes". go on"
- Mediator have to support the client by saying you mean to say this....in odd situation where client is not able to express.
- Mediator should summarized the first party problem or client problem by saying this are the
 thought of first party now let's listen the second party, mention the main point and listen them
 actively and mediator should shake his or her head saying "yes ...yes" and summarized the
 points at last.
- For the problem faced people identifying the problem at first its affect and informed about its effect.
- Mediator should prioritize the good point of both parties and should repeat them.
- Mediator should encourage both to come in conclusion by identifying their weakness and make them realize that it is their problem, what are yours hidden interest, take decision on how to solve problem.
- Mediator should not show biasness to either party. Should behave equally.



• Create win -win situation for both parties, if they both are not agree mediator should not force them to take decision.

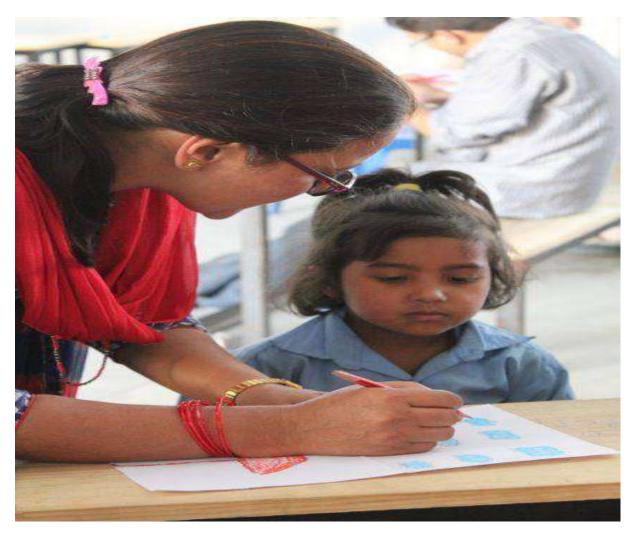


Figure: Interaction with children's and their parents



SECTION B

Challenges and Learning

Challenges:

- In some cases, though we receive urgent request from the community to visit in their area; it is difficult
 to make visit. Because, in some places staff security is prime concern due to the threat received from
 abusers.
- There is an increasing demand of the scholarship quota than budget to the children with disability, poor and marginalized students.
- The youth clubs request to expand more program in the rural villages, so mobilizing and continuing support to those youth group in long run is question.
- While Aawaaj deals with the problem of violence affected children and women, request for other issues such as of legal written document of the ownership of land was also raised and dealing in this process is very complicated and a long.
- The offender threatens Aawaaj staff. In solving problem, both the parties the offender and the affected victims feel money is everything and that try to solve their problem on the basis of money matter. Also, while mediating many people keeps their views for and against the community, rather than solving problem of the victims of violence, they put forward their views according to nepotism and relationship due to which there is problem while facilitating to Aawaaj.
- After the victims come to Aawaaj for help, the way the community looks at them is different due to which the victims felt acquired and hesitant.
- Still the women are being dependent and hesitate to take decisions which impact to access services and opportunities provided to them.

Learning's:

- Many men are involved in the awareness program of Aawaaj; they are playing a supportive role in dealing with the problems of violence at community. So, in the future day's too men should be included in various programs and training.
- Facilitating regular formal and informal interactions between the service providers and service receivers has helped to reduce the gap between them. It also has helped to strengthen the relationship, also helped in facilitating in immediate access of service in friendly manner rather blaming each other.
- Involving journalist, human right activists and working together in dealing the issues of women and children is found to be beneficial in overcoming the problems.
- When conducting training, stories, poems, games are found to be very effective among the target group to understand the issues more clearly.
- When children are actively involved in the matter of social issues they work with full dedication in bringing a significant change. So, children should not be isolated and make them active participant in community issues rather seen beneficiaries only.
- When the experience of survivors are shared among the network; it helped to encourage the new ones to report and gave strength in recovering their life in a dignified manner.



- When follow-up visits are made after mediation, it is found that the families change a lot in a positive
 and constructive manner. Even their behavior and attitude changes and one of such change is notified
 through the way they speak. The couples whose problems are solved through mediation are actively
 involved as change makers in their society.
- When dealing with victims problems it is necessary to identify the challenges, the alternative solutions of the problem and also have to analyses whether the problem is genuine or not, from the victim's perspective.
- Having patience and listening to others are the essential qualities in society.
- A good relationship has to be kept with all the section of the society. Also, before working out any issues, listing the positive areas of development of the planned work.
- Positive thinking is inevitable factors for an effective working mechanism. It brings a healthy environment in every aspects of life; and leads a better society.
- Team work is a key to success for an excellent output of the organization
- Clarity in language plays a vital role as we should be in direct contact with the community people.
 Moreover, use of appropriate words is a must. The expression of words and languages must be polite and informative.

Photo Gallery:





लाखौ छोरीका आंखामा, स्वर्णिम देशको सपना



I'm the Nation I'm Child Marriage-Free Nepal

















































