

Citizens Against Lynching
Draft Plan
 (Based on 27th Aug. '17 meeting & further discussions)

27th Aug. '17 CAL meeting agenda:

- Review need assessment reports;
- Plan interventions, including approach;
- How tos: Delivery mechanism; costs; and resource mobilization

1. Numbers: In all 35 cases of murders/rape. Of these 26 are in Haryana, UP and Jharkhand. The rest in other states. [West Bengal has been seeing increase, with 2 new murders on 27/8/17]

2. Interventions identified through need assessments, and prioritized

	Haryana	West UP	Jharkhand
Legal aid	help at local courts and High Court/CBI	help at local courts and High Court	help at local courts and High Court
Livelihoods	for widows, and dependent family	for widows, and dependent family	for widows, and dependent family
Health	Specific instances – Dingerheri, Pema Khera. Mental health, all. (PTSD-like)	Specific – Daasna. Mental health, all. (PTSD-like)	Mental health, all. (PTSD-like)
Education	children out of school / low investment in education	children out of school/ low investment in education	children O/o school, low investment in education

3. Approach to the support: Interventions

i. We provide **legal aid** to all 35 cases of murder and rape. This because of the This, through own (full time) lawyers, one each in (i) Haryana (ii) UP (iii) Jharkhand/Bihar. For other cases, we work through HRLN (our partners on fact finding and SC petition), and other like-minded groups.

ii. For **health** and **education**, working with other specialist groups, we link up families to philanthropic or public resources (hospitals and care homes; and residential schools, scholarship programmes, and govt. schemes (The Integrated Child Protection Scheme is particularly helpful).

iii. For **livelihoods** support, the options are:

- a. One off stand-alone support to widows / immediate dependents: eg. provision shop; sewing/stitching centre; goat/sheep farming....., and Community Service Centres (Digital Empowerment Foundation have kindly offered 6 of these for CAL) that will enable them, hopefully, a steady monthly income, for the long term
- b. Where widow/dependent has the skills, support them to help themselves AND others in the local community improve their lives. This to take the form of *paid* Misaal fellows (as change agents), building own and others capacities for obtaining benefits, entitlements and legal rights, with the first claim being own family, and then reaching out.

'a' has a narrow welfare focus; 'b' uses adversity as an opportunity to enable change, for the affected family, as well as the local community – itself the victims of continued hate crime and institutionalized exclusion. The cost of intervention, however, is higher for 'b' than 'a'. We use the 'change agent' model as the default approach, where possible (widow, or the immediate dependent, has the potential). Where not, we limit our intervention to one off support.

4. Delivery Model:

This is going to be a complex intervention – multiple themes (long term legal aid, health/education, livelihoods, entitlements..), territories, and stakeholders. For effective results, the delivery model requires to be up to task. Effective planning, management, facilitation, handholding & mentoring,

and supervision will be key to success. Misaal has existing networks (UP, Bihar and MP), some experience and a little capacity in community empowerment work (entitlements, education, micro-enterprise and legal rights). We plan to leverage this for current purposes, working with thematic partners (HRLN and Quill on legal aid, and multiple on rest of the themes).

5. The implementation structure would be something like this:
 - A qualified and experienced (Delhi-based) project lead (PL) to provide overall direction and ensure results – accountable to CAL (we will need to create a small oversight body).
 - On the legal side, 3 cluster lawyers, located locally, working to case-based actions plans, reporting to the PL
 - On the rest, existing Misaal State Supervisors (extended scope for existing Bihar and UP state supervisors) and a new Haryana state Supervisor, to (working in coordination with their cluster lawyers), helping implement case based interventions (one-off projects, fellowships, education/health outreach, and legal aid), including capacity building and networking.
 - Fellows at the community level (cluster of villages), mobilizing local communities (awareness creation, trainings...), creating platforms, providing practical help with processes, advocating with key stakeholders for results, and documenting change.
6. Management and capacity building model:
 - Inception phase: Identification of stakeholders, initial capacity, rolling workplans, and performance criteria
 - Capacity building & outreach: Trainings, experience sharing workshop, outreach events..
 - Monthly visits to each site, by state supervisors to review, handhold, network, and plan
 - Quarterly project conclaves: to collectively reflect, share and learn, communicate and replan
 - Annual independent evaluation: change, process, learnings
7. Costs:
 - Direct: family specific interventions (para 3);
 - Indirect: new personnel recruited (para 5), and programme expenses (para 6 above).

Actual work we do, would depend on resources raised/commitments made, by 30-09-17.

8. Timelines:

We have been set back a bit, but I guess we can take comfort in the saying, “slow and steady...”

 - By 10-09-17: Share 2-year budget with CAL, along with broad plans for each family
 - Within Sept’ 17: raise funds + recruit personnel + put systems in place
 - 2nd Oct. 2017: Kick off
9. Next steps:
 - Budget preparation
(2017-19, a reasonable timeframe within which to show some results).
 - Family specific plans
 - Fundraising: Within CAL group, crowdfunding, and institutional support

Annex:

Those in attendance (27th Aug. ’17): Ishteyaq Ahmad, Imteyaz Ahmad, Syed Ekram Ali, Firoz Syed, Fawaz Shaheen, Shahnaaz Khan, Naseema Khatun, Sajjad Hassan