



Context,
international cooperation



Civic Driven Change and Together 4 Change

Workshop Report

March 8-10 2010, Limuru, Kenya



Table of contents

I.	Introduction; workshop objectives and process	3
1.	Introduction	3
2.	Rationale behind this CDC workshop	3
3.	Objectives	4
4.	Methodology	4
5.	Roles and responsibilities	4
6.	Evaluation	5
II.	Information on Together 4 Change	6
1.	Introduction	6
2.	Programmes	7
3.	Process of the subsidy application	7
4.	Organisations and practices in the network	8
III.	Introduction to Civic Driven Change	10
1.	Introduction	10
2.	Demystifying CDC	10
3.	Origins of CDC	10
4.	What is Civic Driven Change?	11
5.	Building blocks of CDC	12
6.	What does CDC look like?	12
IV.	Practical application	14
1.	Introduction	14
2.	Outcomes of the group work	14
3.	Outcome of the plenary discussion	16
V.	Issues to explore further	17
1.	Introduction	17
2.	How does CDC relate to community development?	17
3.	How do children fit into CDC?	17
4.	What is the donor role in CDC?	18
5.	How can we make CDC processes operational in our organisations?	18
6.	What tools are available for CDC?	18
VI.	Follow up	20
1.	SOS Kinderdorpen the Netherlands and partners	20
2.	Wereldkinderen (WK)	20
3.	Wilde Ganzen	20
4.	International Child Support	20
	Annex I Workshop Design	22
	Annex II List of participants per alliance partner	26
	Annex III Tentative programme	29
	Annex IV Powerpoint presentation Workshop and CDC	30
	Annex V PowerPoint presentation Together 4 Change Alliance	60
	Annex VI Hopes and fears	67
	Annex VII Suggested reading	71
	Annex VIII List of participants - facebook	72

I. Introduction; workshop objectives and process

1. Introduction

In 2009 four Dutch organisations formed the ‘Together 4 Change’ alliance. Through collaborating in this alliance the organisations hope to strengthen their work and increase impact for the well-being of children. The Together4Change Alliance (T4C) consists of International Child Support (ICS), Wereldkinderen (WK), Wilde Ganzen (WG) and SOS Kinderdorpen (SOS). The Alliance is strengthened by a range of (inter)national and local organisations working in Africa, Asia and Latin America: the Together4Change network.

The Alliance members are in a process of applying for a grant under the Dutch co-financing system by the Netherlands Ministry of Foreign Affairs for the period 2011-2015. ICS is the lead agency in this process. The four organisations have embraced Civic Driven Change (CDC) as one of the main binding factors in the programmes of the alliance members. Geared by that, the vision of the overall proposal is that: ¹

People around the world are capable to drive their own change and are willing to ensure the wellbeing of all children. Our strategy to contribute to this is to invest in services and products to stimulate people’s independent civic action towards economic and social equal positions in order to address issues of poverty, marginalisation and human/ child rights, by way of:

- investing in civic driven social change in an economic viable manner;
- stimulating economic activity to invest in long lasting social and economic change;
- investing in civic driven advocacy and civic actions for child rights and protection; and
- empowering local members of society to contribute to civic actions in their country.

The backbone of the Together4Change Alliance is formed by all the organisations that are part of the network. As the main purpose of forming an Alliance is increased impact through collaboration and coordination it is important for the members of the network to know each other and, exchange experiences and learn from each other. This workshop was organised in order to facilitate this process. The focal point of the workshop was on Civic Driven Change.

2. Rationale behind this CDC workshop

The organisations in the network are at various levels of knowledge and practice of CDC. All have expressed interest to further develop their knowledge and see how this can impact positively on their programmes. In order to introduce CDC and gain a shared understanding it was agreed to organise a workshop on CDC for the partner organisations in the Together4Change network. This report contains the outcome of the workshop which took place in Limuru, Kenya. Another workshop will be held in Benin for French speaking partners.

¹ See annex I. The full proposal was handed in print to the participants during the workshop and made available digitally.

3. Objectives

The overall objective for the workshop was to get inspiration from CDC, specifically:

- getting acquainted with Together4Change;
- enhance understanding about CDC;
- identify CDC elements in the work that we do and identify opportunities from CDC to strengthen our work;
- get acquainted with other alliance partners and share information and experiences in order to learn from each other.

4. Methodology

The methodology used during the workshop was based on a combination of action learning and participatory learning. This means that knowledge and experience of participants form an important starting point. In a second stage there was strong emphasis on knowledge acquisition. The basic principle is to strengthen the implementation and 'learn and adapt' capacity of participants. During the workshop creative and interactive methods have been used such as storytelling and appreciative inquiry.

Process

The workshop process went through three different stages; (a) knowledge sharing, (b) knowledge acquisition, and (c) knowledge application (follow-up, action plans). The agenda for the workshop was designed beforehand, but during the workshop there was sufficient space for adjustments of the programme. The main topics of the days were:

Monday: Sharing of information on T4C, getting to know each other and sharing of experiences

Tuesday: Introduction on Civic Driven Change

Wednesday: Application, follow-up, evaluation and closing

Every day started in a similar manner; first a meditation by one of the participants, followed by the recap of the day before by other participants. Then the steering committee would share their feedback on the day before and the implications for the agenda. All days ended with a light exercise to distil learning's and/or eye openers of what had been discussed during the day. For the detailed workshop design reference is made to annex I.

5. Roles and responsibilities

48 people participated in the workshop, either staff of the alliance applicants or programme partners of ICS, SOS, WK and WG. See annex VIII for a list of participants.

a. Facilitation

The workshop was co-facilitated by Marieke Sterenborg, Udan Fernando and Ivet Pieper (Context, international cooperation). The facilitators worked closely together with an ad hoc steering committee. The steering committee was entrusted with the monitoring of the workshop process. The committee consisted of Sarah Alouch (Green Forest), Suitbert Musiba (Adilisha Child, Youth development and family Preservation), Eghosa Agbonlahor (SOS Nigeria) and Rose Odoyo (Anppcan Kenya) and the co-facilitators.

b. Organisation and logistics

All organisational and logistical arrangements in preparation of and during the workshop were taken care of by SOS Netherlands, Kim Hartog in particular.

c. Reporting

The present report was written during the workshop process by different participants. Ivet Pieper (Context) coordinated this activity and put the different parts together. The reporting committee played a crucial role in this process, members being Maayke Nabuurs (ICS Netherlands), Shilpi Singh (Smile Foundation) and Chrisanthus Okware (ADT Kenya). It was decided to produce a concise report mainly containing content and limited process information. A draft report was handed to the participants on the last day of the workshop. Additional information is available in the annexes.

6. Evaluation

During the last day of the workshop an evaluative exercise was done, in which participants were invited to ‘vote with their feet’ to what extent the objectives had been realised. The overall appreciation of the workshop was high. The logistics, organisation and facilitation were considered strong, sharing of experiences and getting acquainted was also considered successful. Nearly all participants got a clear image of the T4C alliance. As to the content of the workshop, most participants gained an enhanced understanding of CDC: ‘*As clear as I can get in three days*’. For some it is still a vague concept, for which parameters should become clear.

Together with the final report an evaluation form was distributed.

II. Information on Together 4 Change

1. Introduction²

The introduction of Together4Change was given by Stefan van der Swaluw, director of ICS Africa. The following paragraphs represent his presentation. Annex V contains the PowerPoint.

The vision of Together 4 Change is that people around the world are capable and willing to ensure the wellbeing of all children and to drive their own social and economic change.

The word development (from Rostof economic, linear stages in development) is not included, change is. Change is about power, how we relate to each other. T4C wants to change power relations, people taking action, civic action. This also entails a new way of looking at child rights approach. Now civil society is the main provider, children are main recipients. States and governments have not been able to fulfil their duties in regards to children's rights. CDC portrays a paradigm shift: redefinition of citizen, helping parents/community taking action themselves. CDC emphasizes the need to think out of the box and have an entrepreneurial approach when dealing with social issues. See the next chapter for more in depth info on CDC.

There is no hierarchy in the alliance; there are different organisations that vary in size, focus and type of work who form the network. They are equally important, but with different tasks. The Alliance members are:

- SOS Kinderdorpen: strengthening family and community development;
- Wereldkinderen: moving away from adoption and towards prevention of family disintegration including child protection;
- Wilde Ganzen: 'Action for Children'; strengthening local capacities for local fundraising;
- International Child Support: initiator 'CDC' –paradigm and lead agent of the alliance.

Collaboration on several levels:

- Organisational level: exchanging on policy, guidelines, procedures, fundraising, communication, etc;
- Strategic level: exchanging on ideas, paradigms, approaches and strategies;
- Programme level: linking and learning, in the Netherlands, in the South, and between Netherlands and South.

The Alliance has several extra coalition partners, being Context, international cooperation, African Child Policy Forum (ACPF), Stichting Het Groene Woudt (SHGW), Aflatoun and partner organisations in Africa and Asia. From previous experiences the lead organisations have learned that it is necessary to actually bring the Alliance to the South, this needs to be built this into the proposals that are currently written.

The core principles of the alliance consist of the following:

- Broad coalition: North, South, different type of organisations, diversity of roles and approaches;
- Joint Learning: South - South, South - North, North - North, North – South;
- Focus on peoples capacity and energy;

² The introduction of Together4Change was given by Stefan van der Swaluw, director of ICS Africa.

- CDC as shared philosophy to be translated to each programme.

2. Programmes

The work of the Together4Change Alliance can be organised under three programmes:

Programme A: Investment for Social and Economic Change

Core issues here are: Enabling environment (family, community, country, etc), poverty and exclusion, children's well-being, CDC, social business and social accounting. Key issue here is reciprocity. In Dutch there is a saying that *only the sun rises for free*. Communities should invest in their own development for an investment of an outsider to make sense. Corporate charity moved on to corporate social responsibility and the next step is social business.

Programme B: Child Protection

Core issues here include: focus on child protection mechanisms, skilful parenting, child rights approach and law and policy advice.

Programme C: Action for Children

A core issue here is: Local fundraising for local initiatives in child rights and child participation.

3. Process of the subsidy application

The Alliance members are in a process of applying for a grant under the Dutch co-financing system by the Netherlands Ministry of foreign affairs for the period 2011-2015.

Time-line of the subsidy request:

- Phase 1:
 - Submission of Organisational, Alliance check + proposal outline: 01 December 2009
 - Outcome phase 1: 01 April 2010
- Phase II:
 - Submission of context analysis & programme proposal: 01 July 2010
 - Outcome phase II: 01 November

For phase one 47 alliances have applied for a total of 740 million Euro, for the second phase only 30 alliances will be granted a total of 450-500 million Euro.

Since starting with this application process, the government of the Netherlands has resigned, and new elections are expected in June, 2010. It is unknown how this will affect the budget that is available for international cooperation.

Although the outcomes of the subsidy request are still unclear the Alliance members it was decided to organise this workshop on CDC at this moment in order to:

- Create a common understanding on the core values, dynamics and drivers behind CDC;
- Reflecting on how CDC is or can become relevant for your own programmes;
- Share current experiences in CDC;
- Partners leave the workshop with enough understanding to digest, internalize and reflect what CDC means for their own programme.

Insights gained during this workshop may inform the programme proposals that are to be written for the next phase of the application process (before July 1, 2010).³

4. Organisations and practices in the network

On the first day of the workshop information was shared by the organisations that are part of the network on their context, organisation, programmes and relationships. Also a story telling exercise was done in small groups about current practices. Statements were derived from the stories, starting with '*working for the wellbeing of children with the community is about...*' The following statements were made:

Group one

Working for the wellbeing of children with the community is about:

- Self determination and motivation;
- Making a sacrifice;
- Bringing change in a natural pace;
- Hard work.

Group two

Working for the wellbeing of children with the community is about recognizing that the communities have their own coping mechanisms to solve their problems.

Group three

Working for the wellbeing of children with the community is about:

- Earning trust;
- Maintaining family units;
- Creating a safe environment.

Group four

Working for the wellbeing of children with the community is about:

- (peoples) community ownership;
- Determination/commitment;
- Empowerment;
- Awareness/knowledge/understanding;
- Experience sharing and proof;
- Reflection;
- Capacity building;
- Behavioral change.

Group five

Working for the wellbeing of children with the community is about trust, openness and respect of the competences, accountability and the commitment of the community. It's also going beyond the borders of religion, gender, tribe and other biases. And it is about active participation of the child.

³ For more detailed information about follow-up of this workshop reference is made to chapter VI.

Group six

Working for the wellbeing of children with the community is about ensuring that stakeholders do their best to help children to attain their aspirations and dreams. The community should be owner of the process. Children should have their role to play. Facilitation of the process is important to take actions and move. If the solutions come from the community they are sustainable.

Group seven

Working for the wellbeing of children with the community is about:

- Appreciate and building upon existing community initiatives/resources and coping mechanisms (resilience);
- Promotion of community responsibility (ownership) for sustainable responses to the needs and rights of children;
- Encouraging real child participation (not tokenism) in decision making in community issues that concern children.

Group eight

Working for the wellbeing of children with the community is about:

- Empowerment and ability;
- High expectations;
- Involvement of all stakeholders;
- Networking and collaboration;
- Entrepreneurial outlook;
- Conducive environment.

III. Introduction to Civic Driven Change

“We are the ones we have been waiting for”

1. Introduction

This chapter starts with an introduction to CDC which was presented on the morning of the second day. Issues that came up in the plenary discussion have been added. For the PowerPoint of the presentation reference is made to Annex IV.

2. Demystifying CDC

CDC is a set of ideas, thinking and debate about citizen-led change processes in society. It is rather a work-in-progress/emerging approach and concept. CDC means different things in different places: context matters, history matters.

CDC is not a magic word. It is built upon the practice, engagement and experience in concrete situations. There's no claim that CDC is brand new. Though there are some innovative ideas, the main elements of CDC thinking come from existing debates and practices in different contexts.

CDC is about citizens and how they group themselves; lead themselves to lead → citizen led change. CDC builds upon practice and experience; it doesn't come only from books. It is not something distant from our life and practice; it is part of all of us. CDC is linked to what people already do and it is about reflecting upon what you do and adapting.

3. Origins of CDC

There are several reasons why CDC has come up at this moment in time. These reasons have to do with content (what is it about) and process (how did this come about).

a. Content (what is it about?)

1. Critique of the theory of change understood as a linear process

There is critique on the way that change is understood often as a linear process. Linear is that you go from A to B. For example, children don't go to school, you pay school fees for them, and then children do go to school (Cause – effect). However this is not always the case. There is a variety of reasons that a linear theory of change would not deliver. CDC takes the point that life and change is complex and not linear.

2. Challenging the importance given to states and markets in change theories

CDC thinking challenges the typical understanding of societies along the divides and overlaps of state – market – civil society and giving undue importance to markets as engine of growth. CDC says that citizens should play a more vital role in change.

3. Reasserting the role of citizens in change

Citizens are everywhere; state, market and civil society. Citizens also wear different hats at the same time: someone can be a father but also work for the government and have a small company. In CDC thinking this is called multiple-locations. In all these spheres a citizen can promote change within and between the different locations they are located.

4. Critique on aided development (by tax payers, media, practitioners themselves)

Participants named several critiques of aided development they are aware of, e.g. Dead Aid: Africa is too dependent on aid; the problem keeps on existing; even though there is aid, poverty remains. Sustainability is not there and there are many NGOs doing the same thing. So CDC originated also from within the development community: many practitioners are self searching. They themselves experience that current practice did in many cases not achieve fundamental change.

b. Process (how did it come about?)

Several organisations, individuals and groups of people have contributed to the CDC discourse. Key are:

- Paper by Alan Fowler on CDC in 2007, written for Context, international cooperation;
- Think Tank Initiative, hosted by the Institute of Social Studies and facilitated by Context (2008) (see www.iss.nl/cdc);
- Publications in The Broker (online available: www.broker.nl);
- Action Learning Case Studies on CDC in different countries (results to be published before the summer).

CDC is spreading out, several organisations have adopted the approach. Also it is connected to research being done e.g. on Citizenship and Governance at the Institute of Development Studies, University of Sussex.

Most of the material on CDC available at the moment is presented in a theoretical manner; as the approach develops further, more practical materials will come available, building an approach with methodologies and tools. At the moment there is no toolkit available. There are however many toolkits and experiences already available which emphasize core values of CDC (e.g. citizens as actors, peer education, social accountability).

4. What is Civic Driven Change?

Civic (emphasis on citizens, normative)

The word civic emphasizes citizens. Civic is a normative term: it carries values, principles. It talks of citizens with certain rights and duties and values and norms. Citizenship in regard to CDC should be seen broader than only in legal terms, encompassing people to people, citizens to citizens. Civic in CDC refers to horizontal linkages, not only state to citizen. Taking up responsible citizenship is something everyone should do.

Driven (energies of people)

The word driven indicates that it is not passive, it is about something conscious, deliberate. It points to the energies, potential of people. It is action, with passion, vision and imagination.

Change (transformation, political, structural)

Change in CDC is understood as not just happening at the superficial level. It relates to structural transformation; one tries to change the structure. Change is political; one is dealing with power issues (being powerless, getting access to power). This can happen in collaboration, even between conflicting parties, but dealing with power issues can also bring about conflict.

5. Building blocks of CDC

‘What is CDC made of?’ Or in other words ‘what are the building blocks of CDC?’ The following notions are at the basis of CDC thinking.

- Rights and right to have rights. People have rights and then people have the right to enforce this right → rights based approach. CDC recognizes people’s rights to have rights (in contexts where rights do not exist) and that is a non-negotiable. But people also have a duty to contribute.
- Citizenship that is developed by citizens, groups of citizens (and not only vis-a-vis the state);
- Democracy as a way of life and as work in progress. Democracy for the participants means making choices and being accountable for these choices, freedom, making decisions and participation. It goes beyond voting. Democracy is something that can be worked on, developed. Democracy is a value in the different aspects of life (family, work place, etc).
- Civic agency: is about people’s capacities, skills and imagination to change societies. People’s capacity to imagine their own change. Ability to imagine and dream and to then to bring about change.
- Civic action: action by people to change how society works. To organize themselves and bring about change.
- Inclusiveness: from the plenary discussion inclusiveness is added as building block. Inclusiveness is part of CDC, caring for the whole. Related to the term inclusiveness, you judge something based on your values; you act in a civic manner as opposed to an un-civic manner. This inclusiveness applies to all groups, children, elderly, sick, but also to those in the top of the power pyramid.

6. What does CDC look like?

Now that an overview of the origins of CDC, the meaning of the words Civic Driven Change and its building blocks have been presented, a light can be shed on what it looks like, its features.

CDC features co-creation: the recognition that everyone can contribute, CDC looks at ‘What can we all do’? As opposed to, ‘what can the government do?’ Citizens are not only recipients of public goods, they are producers. Change is a collaborative thing. In CDC the role of government is recognized, they have a part to play, for example by making the rules and guaranteeing rights. But they are not the all powerful factor. Lobby/advocacy/research based on community wishes can be brought together with political powers. CDC moves away from service providing and substituting the state.

CDC features a different role for experts/outside/donors. They do have a role to play, but it is limited and temporary. They should not be on top but rather on tap. People should be able to tap experts/outside/donors when they need them.

Within CDC one should shift to organizing instead of mobilizing people. Many donors and advocacy organisations have their own agenda and try to get others to contribute to their agenda. In a CDC approach it is not about telling people what their problems are and offer solutions. Rather it is about helping people overcome thresholds: economic, peer pressure (e.g. physical punishment), show alternative behaviours. It’s about getting into communities,

into societies, offering oneself to share experiences and contribute. Change agents like CBO's and NGO's should in the CDC approach become searchers as opposed to planners with fixed log frames.

When organizing people, the outsider tries to get to know the dreams of people and connect to that. Enhancing capacities of people to reach their own goals is central. So it could start very small and then upscale. It is not about having an overall linear theory on how to change a whole district. During the discussion it is noted that external parties (like donors or NGOs) should make a conscious effort to listen and to recognize the ideas of the people with whom they are working. Be self-disciplined and patient, let things go. This often conflicts with the agendas and the institutional interests' organisations have.

CDC recognizes that CDC happens everywhere and not only in the civil society. Also CDC is power sensitive. In a CDC process you need to deal with power issues. It is not only pressurizing, it is also about providing alternatives. Be always aware of and clear about the power implications.

IV. Practical application

1. Introduction

After the plenary introduction of CDC, work was done in groups. This chapter is based on the flip charts the groups made about their discussions, and the plenary presentation and discussion that followed. The key question for the group work was: Assume for the time being that you would like to align one of your programmes with 'a' CDC approach what needs to be done (a) more or anew; (b) less or stop; (c) differently.

2. Outcomes of the group work

a. Group one

Group one shared a story on a government led programme in Kenya which aims to improve the rights of children through various interventions. The main conclusion of the group was that even government led initiatives can have elements of CDC.

What needs to be done more: training on the need assessment of the beneficiaries, helping the formation of children led committees in schools and communities, developing strong linkage with other service providers, active research on situation of orphans and vulnerable children (OVC), linkage of the caregivers to the existing developed funds (e.g Bursaries, Constituency Development Fund (CDF), Latif) and micro credits.

Less or Stop: the weakness of this programme is that is organized top down and not bottom up. CDC should be towards both sides, both bottom up and top down interacting.

The insight: CDC can do very well where there is organized leadership and proper Monitoring, Evaluation and Planning (ME&P) mechanisms, inbuilt right from the beginning. The problem with CDC is that is not there yet. CDC is about guided democracy, political will is important (lobby and advocacy) and CDC should recognize local/charismatic initiatives of championing the marginalized communities.

b. Group two

This group shared a case study on settlement and rehabilitation of street children in Uganda. The approach shows elements of CDC: street kids come up with solution and at the same time have to acknowledge problems. Lots of stakeholders are involved. The part where this project is not identified as CDC lies in the fact that it is not a movement, but they approach kid by kid/case by case. This group reached the conclusion that what needs to be done more is: Sensitize the community more about the plight of street children and strengthen prevention programmes. Nothing should be done less or stopped completely. The group states that to make this project more CDC, what could be done differently is that there should be structured solutions to the problems of street kids.

c. Group three

This group shared and analyzed a project from SOS Ghana, the Junior Farmer Field and Life school. The purpose of the project is to give youth enough perspective in their rural areas, as to prevent them from moving to towns. The group has reached the insight that this project has no non CDC aspects, as it is based on community wants and needs, there is child participation involved, the government participates, also the whole community participates (co-creates).

Other schools are interested in the approach. The project could become more CDC when the government would have a more active role.

It is SOS that puts the project there, but as a donor you can trigger something. If a project is real and relevant it can be used as a trigger for other changes to take place. There was group consensus on democracy and right to have rights. The group has as question relating to CDC: Would it be harder to work or even impossible to work in a CDC manner on specific topics, e.g. on child protection? The insights this group has obtained are the following: is there a need to challenge the status quo, inclusiveness is a CDC value and to a large extent our work is guided CDC principles and values.

d. Group four

This group addressed the Family Strengthening Programme of SOS. The group came to the following conclusions.

What we need more is:

- Sustainability: New tools, e.g. for self evaluation;
- Empowerment of the communities. The community needs development plan;
- Participation of children in a civic programme, e.g. children as a civic actor;
- Help SOS to mobilize resources.

What we need less or stop:

- Paradigm shift within the organisation;
- Less power for the NGO's and more power for the communities.

What we need to do differently?

- Involvement of community in resource mobilization.

e. Group five

Group five discussed a case in which there is support group formation. Community members are volunteers: they give feedback to the office, they identify problems, do a needs assessment based on which a family can receive 18 months of assistance. Volunteers deal with follow up, also with the evaluations. On this case the group reached the conclusion that the CDC approach is what is working in this project. The terminology is new, but the methodology is what is already working.

What we need more is:

- More active role played by care workers;
- Ensure that baseline surveys are benchmarked;
- Involvement of relevant stakeholders on behalf of families (care givers role).

What we need less or stop:

- Stop designing programmes for the community that we think is the best for them.

What we need do differently?

- Involving beneficiaries in ensuring sustainability of aid(food etc.);
- Civic action, Co-creation;
- Power sensitive, capacity building.

f. *Group six*

This group also did case work around the SOS Family Strengthening Programme. This group concluded that most of what they do confirms CDC principles, e.g. communities are involved in identifying and designing, and children and other stakeholders are also actively involved. The programme could be improved to conform to CDC. The things that could be done more or a new are:

- More-Catalyst effect from the NGO is;
- Equal partners (stakeholders);
- Equal involvement;
- Intensify Co-creation;
- Rights and rights to have rights;
- Financial transparency towards the community and transparency of process.

3. Outcome of the plenary discussion

Plenary: From the group work the following common themes on the application of CDC have derived and were plenary discussed:

- Role of government
 - Governments should be involved at different levels.
 - Governments can contribute/be part, but there is discussion whether a government can initiate a CDC process.
 - CDC is not from NGOs or governments: they can become partners.
- Relation between child protection and CDC. There is discussion whether we can and should wait for the community to act when a child is in danger. Child protection is at the heart of CDC. Local structures can become conscious and make their own child protection policies and link to services.
- How to use PM&E systems when applying CDC? What about social accountability?
- Where does CDC start and end? CDC starts with us. Locations are chosen by us. Is it really CDC? Look critically: what is the level of involvement? Do we sell or do they initiate? Don't have to wait -> we can trigger and initiate, catalyze and raise awareness on rights.
- CDC can involve sensitizing the community and the broader public, e.g. on the issue of street children so a wider movement can come about.
- Power and leadership, how do these fit in?
- Community involvement, community empowerment: this will enhance accountability, because ownership will be in the community. Limited inputs from external agents are then important.
- The link between CDC and social business;
- Taking a closer/critical look at our work. Is it really CDC?

V. Issues to explore further

1. Introduction

Participants were asked to individually think of issues in need of further exploration, after consolidating their insights from the last days. After discussing the main insights and questions with some neighbours the issues for further exploration were clustered and discussed in the plenary.

2. How does CDC relate to community development?

CDC can be seen as the next stage of community development. Traditional community development was about addressing needs (e.g. women and children). Then NGOs shifted towards promoting engagement and community outreach. A step further is empowerment, raising awareness on rights. CDC is then a next step further: more equal partnership, initiated by people, co-creating. In CDC the citizens are change agents.

Within community development approaches are confined to a geographical boundary (village, district, etc.). CDC can cut through these boundaries. It can happen at all levels: macro levels, international, national, district and local and have inter linkages. Also CDC might come from certain groups cross cutting through community boundaries.

In community development often the focus is on economic opportunity as source of change. With CDC economic opportunity is one source, but also about including everyone, about citizenship, about the socio-economic relationships and about what happens in the political sphere.

Social change is not an exclusive privilege of NGOs. Change happens everywhere and always. For us the challenge is to find where it is happening, and then contribute. What is new in CDC is the focus on civic responsibility for everyone: not only solving problems, but also being responsible.

3. How do children fit into CDC?

Children are rights holders, and all involved in their lives are duty bearers. The voices of children must be heard and listened to in all aspects in community. Organisations working for the wellbeing of children should enable and encourage children to speak out, e.g. by stimulating child led initiatives. Vibrant child right clubs e.g. can lobby and demand space (Child friendly spaces).

CDC is at the heart of child protection. Organisations working for the wellbeing of children should empower communities (also in schools) to prevent child abuse and come up with protection systems themselves. So when these organisations leave, the communities can do it themselves. They have procedures and know where to go for help.

CDC can also emphasize on macro level to address issues at legal, lobby, policy levels. One could also think of bringing micro level info and actors to macro level. CDC is not only community action.

CDC is normative, enhancing the wellbeing of the child is central. The International Convention on the Rights of the Child and legal frameworks of the countries themselves provide legal guidance. When working with communities that come up with solutions for violated children, the wellbeing of the child should be taken into account.

Children are a special group, because of their vulnerability. CDC is a process, attention should be paid to vulnerable children in the meantime.

4. What is the donor role in CDC?

The role of donors is diverse. A donor can be an expert, a catalyst, an organizer and a facilitator, even active at the implementing level. But they also have their own agenda. A donor will never hand over full control and say: *'do your thing and then everything is OK'*.

Reference is made to the core principles of the Alliance on page 4. Dialogue, partnership, transparency, work jointly. Specifically in regards to CDC: the donor organisations that are part of the Alliance hope to trigger something, but partners decide whether they want to work with CDC, the donor organisations can play a facilitating role. It requires also a change in the donor organisations. This needs to be discussed internally and it is tried to open up structures. Listening and hearing is most important for donor/partner relations. Local partners should see donors also as part of the changing process, beginning at where people are. In regards to where CDC should start, from the donor, from the NGO, from a community or from other civic actors, whoever initiates depends per situation. Who starts first is not the issue.

5. How can we make CDC processes operational in our organisations?

There are organisations present that have experience with this, e.g. ADT.

CDC has no readymade answers for making each process operational.. Important aspects are to decide to go forward, raise organisational awareness and preparedness. Organisations can decide what to do with CDC or what to do in a community based manner and also what to do in a different manner. Application needs dialogue internally and with our donors. It is a structural transformation.

Every organisation has a different outlook. Donors should critically reflect with our partners. CDC can make us reflect.

6. What tools are available for CDC?

There is no tool kit available for CDC, both because the concept is relatively new, and because it is not a fixed approach, the process matters a lot. The non-linear change theory behind CDC implies letting go of the linear thinking: goal, strategy, result. Sometimes asking the right question is more important than having the right answer. It is important to be reflective and flexible to be able to respond to specific contexts and specific situations.

At the same time it is acknowledged that tools can be helpful and there are many tools readily available that can also be supporting a CDC approach like stakeholder analysis, Most Significant Change (MOST), participatory action research tools, power analysis. Certain tools can be adapted and improvised. New tools are being developed, like Social Return on

Investment (SROI) and Action Learning Case Studies (ALCS). Check what is available. Be flexible enough to adapt and not use them as a fixed framework.

Planning, monitoring and evaluation (PM&E) is not out in CDC. It is an important element for which tools need to be developed together with different parties involved including the central actors.

VI. Follow up

Before and during the Limuru workshop, the Together 4 Change partners and their Southern partners made arrangements how to follow up on the workshop. The arrangements are as follows (the texts have been supplied by the four organisations):

1. SOS Kinderdorpen the Netherlands and partners

During the final session on the grass at Brackenhurst the SOS team agreed that all participants at the workshop will take the information and learnings from the workshop back home to further disseminate it within their own organisation. The internal discussions will lead to input for the formulation workshop in Nairobi from 12 – 16 April coming. It was further agreed that a digital forum will be established by SOS Kinderdorpen the Netherlands for all participants to start sharing information and experiences on CDC and to make the link with the SOS Children's Villages One Programme Policy.

2. Wereldkinderen (WK)

All the partners (incl. WK) have experienced this brainstorm session very appropriate and have now confidence to integrate Civic Driven Change in their organisation, programmes and approaches. It is realised that WK needs to take huge steps directing CDC. Mutual appreciation has been expressed by the partners and WK. One suggestion being shared by everyone is to have more of these kind of opportunities to share and to learn.

- All the partners will get the report on this brainstorm session within one week (at least before the end of March).
- WK will inform all the partners of the decision of the Dutch Ministry on the MFS II – application which is to be expected by 1 April.
- After 1 April WK will have further discussions with all the partners regarding the completion of the programmes: e.g. activities and budgets.
- WK will be looking for new partners in different countries, esp. on the level of Lobby and Advocacy, for which suggestions are very welcome.
- WK will keep in touch with all the partners regarding PME of MFS II-programmes.

3. Wilde Ganzen

Before writing the proposal Wilde Ganzen has made agreements with its partners.

4. International Child Support

During the final session of the workshop ICS was happy to see the positive response of its partners in that they see the added value of the CDC-approach to their work and that they already have many CDC elements incorporated in their programmes. ICS agreed with its partners to facilitate exchange and sharing of learning on citizen led social change in the coming five years through the organization of learning sessions. Context will play a valuable role in this. At the same time ICS encourages its partners to develop their own plans on linking and learning on CDC. For the further development of the subsidy request for the Dutch Ministry of Foreign Affairs (2011-2015) the partners are asked to share their programme ideas and plans before the 17th of April as to incorporate them in the final proposal.

For the whole T4C network the Alliance partners are looking at ways to develop an online forum for information sharing, learning, etc.

Annex I Workshop Design



Outline Workshop on Civic Driven Change Together4Change partners

1. Introduction of *Together 4 Change*

In 2009 four organisations joined hands to form the ‘Together 4 Change’ alliance. Through collaborating in this alliance the organisations hope to strengthen their work and increase impact for the well-being of children. The Together4Change Alliance (T4C) consists of four organisations being International Child Support (ICS), Wereldkinderen (WK), Wilde Ganzen (WG) and SOS Kinderdorpen (SOS). The Alliance is strengthened by a range of (inter)national and local organisations working in Africa, Asia and Latin America: the Together4Change network.

The Alliance members are in a process of applying for a grant under the Dutch co-financing system by the Netherlands Ministry of Foreign Affairs for the period 2011-2015. ICS is the lead agency in process. The four organisations have embraced Civic Driven Change (CDC) as one of the main binding factors in the programmes of the alliance. Geared by that, the vision of the overall proposal is that people around the world are capable to drive their own change and willing to ensure the wellbeing of all children. Our strategy to contribute to this is to invest in services and products to stimulate people’s independent civic action towards economic and social equal positions in order to address issues of poverty, marginalisation and human/ child rights, by way of:

- investing in civic driven social change in an economic viable manner;
- stimulating economic activity to invest in long lasting social and economic change;
- investing in civic driven advocacy and civic actions for child rights and protection; and
- empowering local members of society to contribute to civic actions in their country.

ICS, together with WG, have already experimented and further explored Civic Driven Change within their programmes during the first period of the Dutch co-financing system from 2007-2010. For SOS and WK this concept is new but will certainly build upon developments already ongoing in partner programmes.

2. Rationale behind a CDC workshop

The four alliance organisations and their partners are at various levels of knowledge and practice of Civic Driven Change. All have expressed interest to further develop their knowledge and see how this can impact positively on their programmes. ICS has introduced CDC in their programme strategy from 2007 onwards and therefore have most experience

with their partners in Kenya, Tanzania and Uganda. Including ICS and its partners in this CDC workshop will add value to the learning and sharing at the workshop. For SOS this has been discussed with partners during the MFS workshop held in Benin, where it was agreed that this approach potentially holds considerable added value for the SOS Family Strengthening Programmes (FSP). However, it was also emphasized that the SOS partners need more insight in the concept and the applicability and implications. In their turn, Wilde Ganzen identified gaining more insight on CDC is important for their partners as they are focusing on supporting civic actions with locally raised funds. Also for the partners of Wereldkinderen learning more about CDC is essential to reflect on their programmes and combine child protection with Civic Driven Change.

In order to introduce Civic Driven Change and gain a shared understanding it was agreed to organise a workshop on Civic Driven Change for the partner organisations in the Together4Change network. Since the two main languages which are spoken within the alliance are English and French two separate workshops will be held to ensure optimal learning. One workshop will be held in English in Nairobi, Kenya and another workshop will be held in French in Benin. The present outline presents the details for the English speaking workshop in Nairobi.

3. Objectives

The main objectives for the workshop can be summarised as follows:

- Enhance understanding about Civic Driven Change.
- Identify CDC elements in the work that we do and identify opportunities to involve CDC thinking in the work in order to improve
- Getting acquainted with other alliance partners and sharing of information and experiences in order to learn from each other.

4. Methodology

The workshop will be organised according to the principles of ‘Participatory Learning and Action’ (PLA). This means that knowledge and experience of participants will be key. The basic principle is to strengthen ultimately the implementation and ‘learn and adapt’ capacity of participants.

Invited organisations will be requested to participate actively during all phases of the process. During the workshop creative and interactive methods will be used such as storytelling and appreciative inquiry.

5. Preparation

Participants are expected to do some preparatory work for the workshop. First of all everyone is asked to think about their learning questions for this workshop. Secondly each organisation is asked to think about cases from their own work experiences which can be presented during the workshop. It can be any example from your work which gives some information on how you relate with the community and the role of the community in your work.

For those interested the following documents may be read as optional recommended reading. The articles can be shared with you upon request.

Bieckmann, F.

2008 *Special Report: Deep Democracy. The Broker*, no. 10, p. 9-16.

Fowler, A. and Biekart, K.

2008 *Civic Driven Change and Aided Development, ISS-CDC Policy Brief # 2*, October 2008. Den Haag: ISS, p. 1-3.

Boyte, H.C.

2008 *Civic Driven Change: Organizing Civic Action, ISS-CDC Policy brief # 3*, October 2008. Den Haag: ISS

6. Workshop process

The workshop process will go through three different stages: (a) knowledge sharing, (b) knowledge acquisition, and (c) knowledge application.

- a) Learning starts, by the sharing of knowledge between participants. After reflecting on these experiences, participants will define areas for further exploration. The first day will be about getting to know each other. Ample time will be devoted to sharing information about the institutional / organisational environment, organisational characteristics, programmes and relationships of the organisations. Furthermore learning questions will be brought together which will inform the detailed agenda for the remainder of the workshop.
- b) Following this, resource persons will provide external input (knowledge acquisition) on the main theme of the workshop Civic Driven Change.
- c) Thirdly, short and focused learning sessions will be organised throughout the workshop in order to identify possible tools and principles that can be applied by the participating organisations; 'knowledge application'. At the end of the workshop a conclusive session will bring together lessons learned.

For a more detailed tentative programme reference is made to annex II.

7. Participants

There will be 44 people participating in the workshop, either staff of the alliance applicants or programme partners of ICS, SOS, Wereldkinderen and Wilde Ganzen. See annex I for a more detailed draft list of participants (some information still awaited)

8. Facilitation

Facilitation will be done by Context, international cooperation, with ICS as co-facilitator to ensure exchange of experience. This organisation has been at the forefront of developing the CDC philosophy based on practice, and has been a partner of ICS in translating the philosophy to practice over the last few years. Other participants will also be asked to facilitate certain sessions.

The (lead) facilitators will work closely together with an ad hoc steering committee which will be constructed on the first day of the workshop. This group will be entrusted with the monitoring of the workshop process.

Reporting of the major outcomes of the workshop will be done during the process itself on a daily basis by a reporting committee which will be constructed on the first day of the workshop. A representative of one of the Alliance organisations will coordinate this activity.

9. Location and how to get there

The English speaking workshop will be held in Nairobi at Brackenhurst in Limuru, half an hour north-west from Nairobi. Brackenhurst is Christian-based conference and accommodation centre where therefore no alcohol is permitted. It is advised to bring a sweater for the cool evenings. Information on how to travel to Brackenhurst from Jomo Kenyatta International Airport will be send later.

10. Duration and dates

The workshop will be held from March 8-10, 2010. Participants are requested to arrive at the workshop venue on Sunday evening March 7, 2010 so that we can start the workshop on Monday morning.

11. Requirements

If you need an invitation letter for your visa application, please inform Kim Hartog of SOS NL at kim@soskinderdorpen.nl, together with your passport number and your full names as in your passport.

Annex II List of participants per alliance partner

Partners Wereldkinderen participating in CDC workshop 8 - 10 March 2010

Programme Partner	Country	Participant given names in passport	Participant surnames in passport	Sexe	Position
OSSA	Ethiopia	Amare Bedada	Defta (grandfathers name)	M	General Manager
OSSA	Ethiopia	Fetene Belachew	Beyene (grandfathers name)	M	Project Officer
Gemini	Ethiopia	Selamawit Nebiye	Gebretekle (grandfathers name)	F	Social worker
Gemini	Ethiopia	Netsanet Tsegaw	Chekol (grandfathers name)	M	Executive Director
World Voices Positive	Kenya	Vincent Onyango	Ogutu	M	Programme Director
World Voices Positive	Kenya	Jane Anyango	Okoth	F	Child Protection Officer
Camp David Centre	Kenya	David Kyalo	Kimanthi	M	Project Director
Camp David Centre	Kenya	Pamela Chebet	Kisiero	F	Senior Social Worker
Thembaletu HBC	South Africa	Barbara Sally	McKibbin	F	CEO
Thembaletu HBC	South Africa	Cleopas	Maseko	M	Deputy CEO
SA Cares for Life	South Africa	Elmien	Claassens	F	CEO
SA Cares for Life	South Africa	Stephen Louis	Claassens	M	Counselor
Wereldkinderen	Netherlands	Dong	Zhang	F	Programme coordinator
Wereldkinderen	Netherlands	Sigrid Frederike	van der Laan	F	Programme coordinator

Partners International Child Support participating in CDC workshop 8 - 10 March 2010

Programme Partner	Country	Participant given names in passport	Participant surnames in passport
Wilde Ganzen	Nederland	Johanne	van Dijk
Smile	India		
Soul City	South Africa		
Total Wilde Ganzen	3 participants		

Partners International Child Support participating in CDC workshop 8 - 10 March 2010

Programme Partner	Country	Participant given names in passport	Sexe	Position
ICS	Netherlands	Maayke Nabuurs	F	Programme officer
Osenalala	Kenya	Tom Misenya	male	
GFSI T	Kenya	Sarah	Female	
Adilisha	Tanzania	Suitbert Musiba	male	Director
ANPPCAN Kenya	Kenya	Rose Odoyo	Female	Executive director
The CRADLE	Kenya	Tonny Odera	male	Project manager
CRO	Uganda	Christine Kamiti	Female	National Coordinator
REEP	Kenya	Mary Makokha	Female	Director
KEWACTA	Kenya	Justine Emoit	Female	Coordinator
Mkombozi	Tanzania	William Raj	Male	Director
ARDAP	Kenya	Macdonald Wesonga	Male	Director
ADT	Kenya	Chrisanthus Okware	Male	Director
ICS	Tanzania	Sam Wambura	Male	Programme office coordinator
ICS	Tanzania	Jonathan Kifunda	Male	Programme officer

Partners SOS CV participating in CDC workshop 8 - 10 March 2010

Programme Partner	Country	Participant given names in passport	Participant surnames in passport	Sexe	Position
SOS CV Nigeria	Nigeria	Eghosa Agbonlahor	Erhumwunse	M	National Coordinator FSP
SOS CV Nigeria	Nigeria	Chijioke Mark	Nwakaudu	M	Programme Coordinator (FSP Gwagwalada)
SOS CV Ghana	Ghana	Anthony	Owusu-Gyamfi	M	FSP Coordinator
SOS CV Ghana	Ghana	George Yaw	Boateng	M	FSP Project Officer Asiakwa
SOS RO CWA	Benin	Germaine	Houedenou	M	RO FSP Coordinator
SOS CV Kenya	Kenya	To be hired			National FSP Coordinator

SOS CV Kenya	Kenya	Judy	Ogaga	F	FSP Coordinator Kisumu
SOS CV Tanzania	Tanzania	Sabrina Amir	Majikata	F	FSP Coordinator Dar es Salaam
SOS CV Tanzania	Tanzania	Beatrice Christopher	Matotay	F	FSP Coordinator Arusha
SOS RO EA	Kenya	Ngendo	Munyui	F	RO FSP Coordinator
SOS RO EA	Kenya	Jalle	Nyamalo Galgesa	M	Regional Quality Management Coordinator
SOS IO	Austria	Barbara	Schratz	F	Head Child, Youth, Family and Community Development
SOS Kinderdorpen NL	The Netherlands	Gertruda	van Bommel	F	Project officer Int'l Coop
SOS Kinderdorpen NL	The Netherlands	Kim	Hartog	F	Project officer Int'l Coop

Annex III Tentative programme

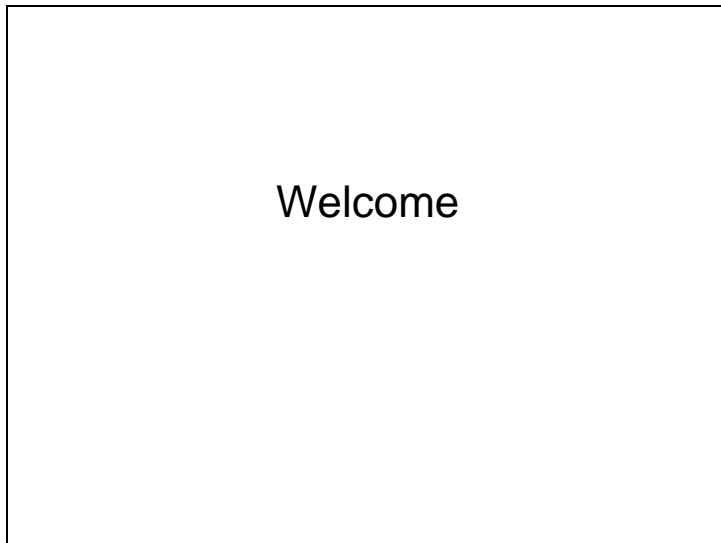
No	Date and time	Overall theme Issue(s)
1	Monday March 8, 2010	Sharing of information on Together4Change and sharing of experiences
1	09.00 – 10.30	Welcome and introduction
2	10.30 – 11.00	Coffee and tea break
3	11.00 – 11.30	Inventory of expectations (learning questions)
4	11.30 – 12.30	Information about Together4Change
5	12.30 – 14.00	Lunch
6	14.00 – 15.30	Introductions by participants about their organisations
7	15.30 – 16.00	Coffee and tea break
8	16.00 – 17.30	Sharing of information regarding current practices by participants
9	17.30 – 18.00	Recap exercise
10	18.00 – 20.00	Dinner
2	Tuesday March 9, 2010	Sharing of practice Acquisition of knowledge
1	09.00 – 09.30	Introduction and reflection on the previous day
2	09.30 – 10.30	Introduction on Civic Driven Change
3	10.30 – 11.00	Coffee and tea break
4	11.00 – 12.30	Continuation introduction on Civic Driven Change
5	12.30 – 14.00	Lunch
6	14.00 – 15.30	Practical application (case work)
7	15.30 – 16.00	Coffee and tea break
8	16.00 – 17.30	Practical application consolidation of the case work
9	18.00 – 20.00	Dinner
10		Social evening
3	Wednesday March 10, 2010	Application Follow-up, closure and evaluation
1	09.00 – 09.30	Introduction and reflection on the previous day
2	09.30 - 10.30	Processing exercise: main insights
3	10.30 – 11.00	Coffee and tea break
4	11.00 – 12.30	What does CDC mean for my work? Inspiration and potential
5	12.30 – 14.00	Lunch
6	14.00 – 15.00	Wrapping-up
7	15.00 – 15.30	Coffee and tea break
8	15.30 – 16.00	Information on follow-up
9	16.00 – 16.30	Evaluation of the workshop
10	16.30 – 17.00	Closure

Annex IV Powerpoint presentation Workshop and CDC

Dia 1



Dia 2



Dia 3

Personal introductions

Dia 4

Personal introductions

- Form two circles. One inner circle and one outer circle. Make sure that those standing in the inner circle are facing those standing in the outer circle.
- Introduce yourself to the person opposite you (1 minute each).
- After two minutes those in the outer circle move one place to the right.
- Repeat the exercise until facing the person you started with again.

Dia 5

Purpose of the workshop

- Getting acquainted with Together4Change Alliance.
- Enhance understanding about Civic Driven Change.
- Identifying opportunities from Civic Driven Change thinking to strengthen our work.
- Getting acquainted with other T4C Alliance partners and sharing of information and experiences in order to learn from it.

Dia 6

General overview of the agenda

- *Monday*: getting to know T4C, getting to know each other and sharing of experiences.
- *Tuesday*: acquisition of knowledge and a first insight in application of CDC, social evening.
- *Wednesday*: stock taking, way forward and evaluation.

Dia 7

Methodology

- Methodology to be applied: combination of action learning and participatory learning (emphasis on knowledge acquisition).

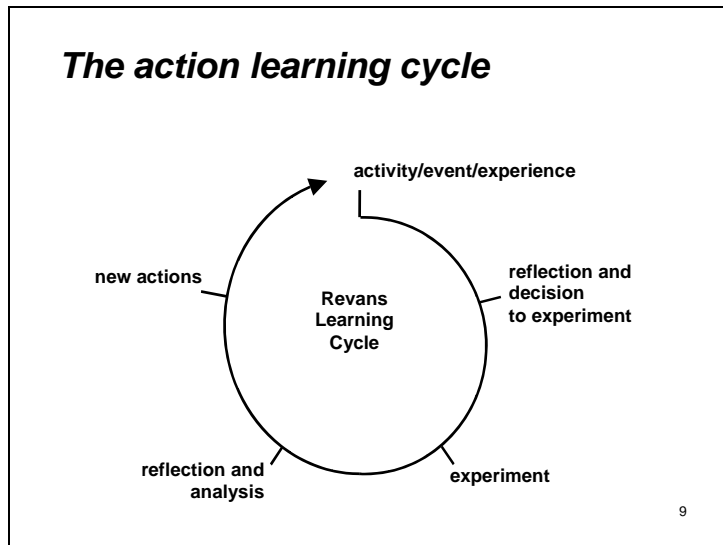
Dia 8

Ideal learning process

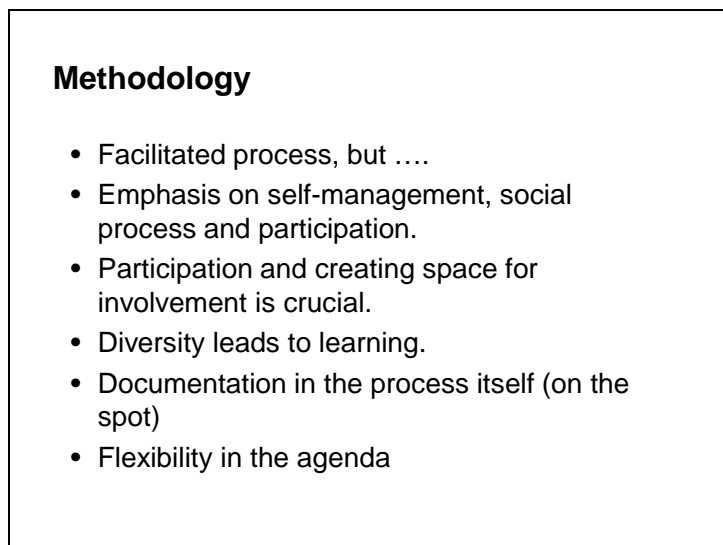
- Learning spirals not circles; moving.
- Components: action, reflection, learning and applying. Reflection, stepping back, should be located in all stages.
- All elements are important; the issue of balance.
- Requires discipline and rigor (importance of documenting).
- Values the contribution of everyone.

8

Dia 9



Dia 10



Dia 11

Facilitation

- Facilitation by Context (Udan, Ivet and Marieke) 'with a little help of some friends'
- Every day starts with a short meditation
- ... and a creative recap of the previous day.
- Small steering committee to review the process together with the facilitators.
- Reporting on a daily basis but no day to day process report, but topic-wise.
- Tuesday evening social evening.

Dia 12

Workshop committees: tasks to be shared

1. Opening in the morning.
2. Creative recap of the previous day in the morning (two persons per day).
3. Social evening (Kim and a few volunteers)
4. Reporting (Ivet and a few volunteers)
5. Steering committee (facilitators and four participants)

Dia 13

Parameters: specific (workshop)

- Monday to Wednesday.
- 'Workshop' hours: start at 09.00 in the morning.
- Monday evening no programme.
- Tuesday evening social evening (informal get together).
- Wednesday closing at 5.00.

Dia 14

Organisational and logistical issues

- Signing up for the committees before leaving for lunch.
- Breakfast from 07:00 – 8.00 am onwards
- Lunch at 12:30
- Dinner at 07.00 – 08.00 pm
- Plenary closure 06:00 pm

Dia 15

Agenda for today

- Opening
- Inventory of expectations
- Introduction to the Together4Change network
- Introduction of participating organisations
(in small groups)
- Sharing of experiences
(in small groups)
- Plenary closure.

Dia 16

Tea and coffee break

Dia 17

Expectations

What do I bring to the workshop in terms of

1. 'hope(s)', (yellow)
2. 'fear(s)' ? (blue)

Write your hopes and fears on one card each.

Dia 18

Introduction about
Together4Change

Dia 19

Getting to know each other

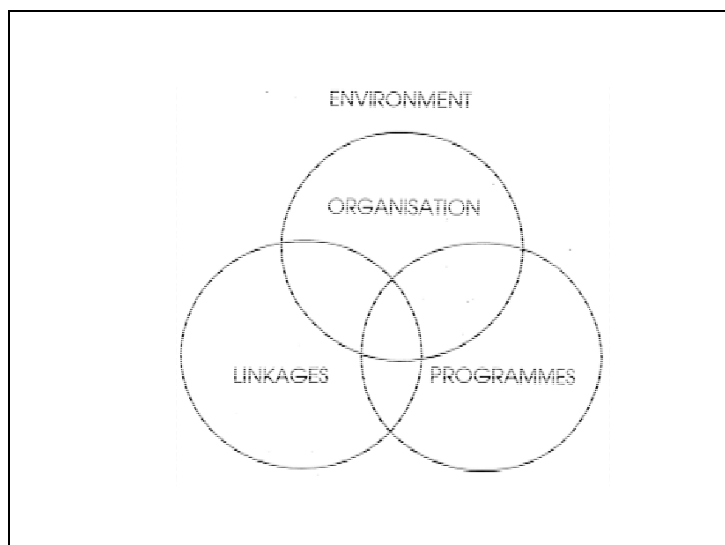
Dia 20

Introduction to the various organisations

Suggestions for exchange in the small groups:

- *Context*: what are the major challenges for children and their communities in the context in which you are working? What is the core purpose of your organisation. (*Relevance*)
- *Organisation*: what are the major organisational characteristics of your organisation. (*Being*)
- *Programme*: .. and at programme level? (*Doing*)
- *Relationships*: who are your primary, secondary and tertiary stakeholders? (*Relating*)

Dia 21



Dia 22

Introduction to the various organisations: practicalities

- 90 minutes in total.
- Groups have been formed in order to safeguard diversity.
- Appoint a time keeper.
- Individually make a poster of your organisation. (10 minutes).
- Present the poster to your group members and share a bit more about your organisation (10 minutes each: total 60 minutes).
- After the exercise put your poster up in the room somewhere. No need for reporting back to the plenary.

Dia 23

Sharing of current practices (story telling)

Core purpose is: sharing of experiences in order to enhance our practice.

Think of something that you are proud of in your work with communities.

- Speak from the heart.
- Emphasis on factual (not so much analysis) information.

Dia 24

Story telling

In small groups: tell your story (3 stories per group, 10 minutes each).

- think
- tell
- appraise
- state
- share

Dia 25

<p>Story telling</p> <p>Listeners must help by identifying and capturing criteria you used to appraise this example.</p>	<p>think</p> <p>tell</p> <p>appraise</p> <p>state</p> <p>share</p>
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Dia 26

<p>Story telling</p> <p>Using your criteria list drawn from your stories, develop a statement starting with</p> <p><i>'working for the wellbeing of children with the community is about ...'</i></p> <p>Write the statement down on a flipchart.</p>	<p>think</p> <p>tell</p> <p>appraise</p> <p>state</p> <p>share</p>
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Dia 27

<p>Story telling</p> <p>Put the flip chart in the room.</p> <p>Gallery walk: read the other flip-charts. If you have any questions find someone from the group to ask for clarification.</p>	<p>think</p> <p>tell</p> <p>appraise</p> <p>state</p> <p>share</p>
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Dia 28

<p>Story telling</p>		
	10 minutes	think
	30 minutes	tell
Timeframe	20 minutes	appraise
	5 minutes	state
	25 minutes	share

Dia 29



Together4Change

Workshop on
Civic Driven Change

March 9, 2010
Acquisition of knowledge

Dia 30

Opening

Dia 31

Recap of the first day

Dia 32

- Reflections about the first day**
- Comments
 - 'Second thoughts'
 - Questions
 - 'Eye openers'
 - Disagreements
 - Suggestions
 -

Dia 33

Feedback from the Steering Committee

Dia 34

Agenda for today

- Opening (09:00 – 10:00 hrs)
- Introduction on Civic Driven Change (10.00 – 12.30)
- Practical application (case work) (14:00 – 17:30 hrs)
- Social evening (20:00 hrs onwards)

Dia 35

Introduction to Civic Driven Change

*'We are the ones we have been
waiting for'*

Dia 36

*'We are the ones we have been
waiting for'*

(drawn from a song of the citizenship schools in
the 1960s)

Dia 37

Flow of the presentation

- Clearing the ground – demystifying CDC
- Why CDC? (origins)
- CDC: What is it? (meaning)
 - What is it made of? (concepts and building blocks)
 - What does it look like? (features in practice)
- Contribution of CDC

Dia 38

Clearing the ground Demystifying CDC (1)

- CDC is a set of ideas, thinking and debate about citizen-led change processes in society.
- It is NOT an established theory; rather it is work-in-progress/emerging approach and concept.
- CDC means different things in different places: context matters, history matters.

Dia 39

**Clearing the ground
Demystifying CDC (2)**

- CDC is not a magic word. It is built upon the practice, engagement and experience in concrete situations.
- There's no claim that CDC is brand new. Though there could be some innovative ideas, main elements of CDC thinking comes from existing debates and practices in different contexts.

Dia 40

**Why CDC ?
Origins**

Content and process of the origins of CDC debate

Content

- Critique of the theory of change understood as a linear process.
- Challenging the importance given to states and markets in change theories
- Reasserting the role of citizens in change
- Critique on aided development

Dia 41

Why CDC ?

Origins

Content and process of the origins of CDC debate

Process

- Context, international cooperation 2007 onwards
- Think-tank initiative 2008 onwards
- Broker

Dia 42

CDC: What is it?

Meaning

- Civic (emphasis on citizens, normative)
- Driven (energies of people)
- Change (transformation, political, structural)

Dia 43

CDC: What is it made of ?
Concepts, building blocks

- Rights and right to have rights
- Citizenship
- Democracy (way of life, work in progress)
- Civic agency (people's capacities, skills and imagination to change society)
- Civic action (action by people to change how society works)

Dia 44

CDC: What does it look like?
Features

- Co-creation (consumer → producer, what can the govt do? → what can we all do?)
- Role of government
- Role of experts/outsideers
- Organising versus Mobilising (beginning from where people are, winnable, feasible issues)
- CDC happens everywhere – multiple locations
- CDC power-sensitive

Dia 45

Contribution of CDC thinking

- CDC offers a lens which connects current debates in a novel way
- CDC helps unpack and focus on deep causes of poverty, marginalisation and injustice
- CDC generates fresh insights, synergies and innovation in addressing the above issues

Dia 46

More information

- www.civicdrivenchange.org
- www.iss.nl/cdc
- www.thebrokeronline.eu

Dia 47

Application

Dia 48

Practical application: case work

1. A resource person briefs the group members about a particular project/programme from their work.
2. Identify jointly major stakeholders of programme. (Primary, secondary, tertiary).
3. Up to what degree does the programme design and strategy have characteristics of CDC?
4. Assume for the time being that you would like to align the programme with 'a' CDC approach what needs to be done (a) more or anew; (b) less or stop; (c) differently.
5. Which insights have emerged from this conversation?


Dia 49

Consolidating ‘What is CDC’

- If you think of CDC what image comes to your mind?
- Make a drawing, of the image, a metaphor.
- Share your picture with other group members and work jointly on one drawing.

49

Dia 50

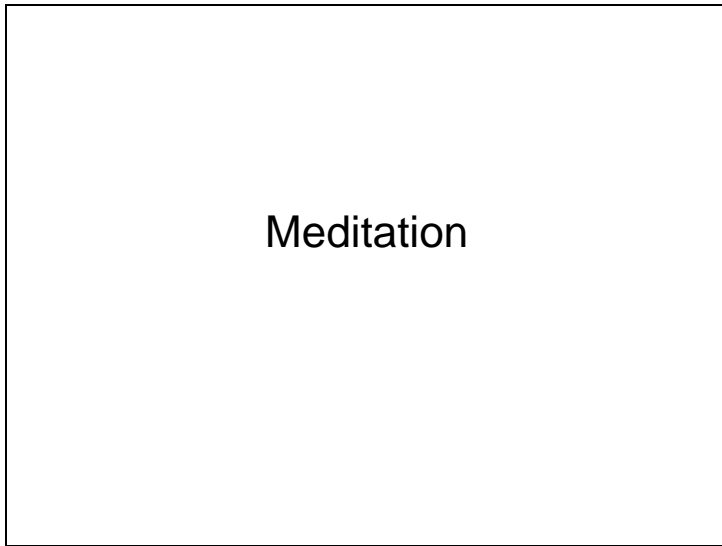


Together4Change

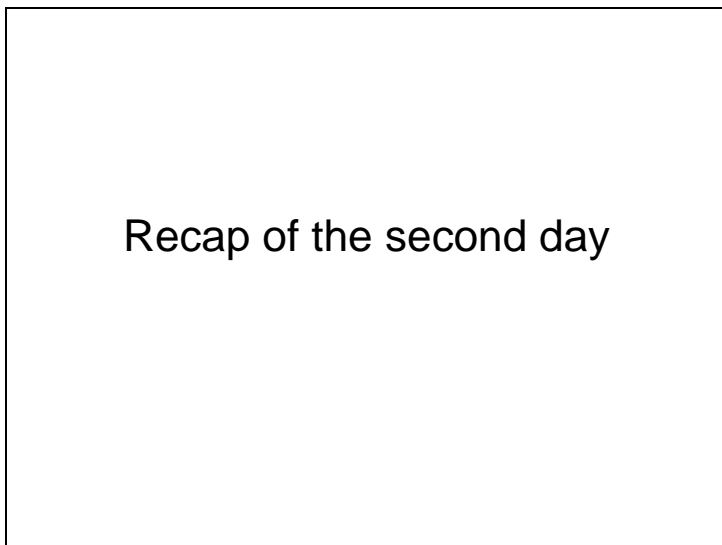
Workshop on
Civic Driven Change

March 10, 2010
Stock tacking, follow-up and
evaluation

Dia 51



Dia 52



Dia 53

Feedback from the Steering Committee

Dia 54

Agenda for today

• Opening	09.00 – 10.00
• Processing	10.00 – 10.30
• Coffee and tea	10.30 – 11.00
• Issues for further exploration	11.00 – 12.00
• Lunch	12.30 – 13.30
• Wrapping-up	13.30 – 15.00
• T4C: information on follow-up	15.30 – 16.15
• Evaluation and closing	16.15 – 17.00

Dia 55

Exercise: processing

- Individually reflect on what we have discussed in the past two days. Write two cards:
 - What is your main insight? (yellow)
 - What issue would you like to explore further? (pink)
- Find a speaking partner.
- Reflect with your speaking partner on your main insight and question. In case your insight or question changes: rephrase it.
- 5 minutes individually.
- 30 minutes in total maximum.

Dia 56

Wrapping-up

Dia 57

Wrapping-up: role play

Imagine you have decided to take CDC as starting point for your work. Dialogues around this issue are taking place with different stakeholders. The following conversations are taking place.

(1) A group of participants in this workshop (2) colleagues from an NGO that is considering whether to start working with CDC.

(3) A group of staff members of an NGO with (4) representatives of a community with whom the NGO is already working.

(5) The management of an organization with (6) representatives of government officials.

Dia 58

Practicalities

- 10 minutes to prepare for the role play with your group. Think about what kind of questions the other group is likely to ask you and how you will respond.
- 10 minutes per play.

Dia 59

Information about follow-up Together4Change

Stefan van der Swaluw & Maayke Nabuurs (ICS)
Kim Hartog (SOS Children's villages)
Sigrid van der Laan (Wereldkinderen)
Johanne van Dijk (Wild Geese)

Dia 60

Evaluation of the workshop

Vote with your feet: up to what extent do you feel the objectives have been reached?

- Getting informed about Together4Change Alliance.
- Enhance understanding about Civic Driven Change.
- Identifying opportunities from Civic Driven Change thinking to strengthen our work.
- Getting acquainted with other T4C Alliance partners and sharing of information and experiences in order to learn from it.
- Process: facilitation and organisation.
- Logistics.

Annex V PowerPoint presentation Together 4 Change Alliance

Dia 1

Together4Change

Together4Change

2011-2015

Our vision is that people around the world are capable and willing to ensure the wellbeing of all children and to drive their own social and economic change

Logos: International Child Support, SOS Kinderdorpen, Wereldkinderen, WILDE GANZEN

Dia 2

Together4Change

Alliance partners

- ▶ **SOS Kinderdorpen:** strengthening family and community development
- ▶ **Wereldkinderen:** moving away from adoption and towards prevention incl. child protection
- ▶ **Wilde Ganzen:** “Action for Children”
- ▶ **International Child Support:** initiator ‘Civic Driven Change’ – paradigm and lead agent of the alliance

Logos: International Child Support, SOS Kinderdorpen, Wereldkinderen, WILDE GANZEN

Dia 3



Collaboration

- ▶ **Organisational level**
 - ▶ Exchanging on policy, guidelines, procedures, fundraising, communication, etc.
- ▶ **Strategic level**
 - ▶ Exchanging on ideas, paradigms, approaches and strategies.
- ▶ **Programme level**
 - ▶ Linking and learning, in the Netherlands, in the South, and between Netherlands and South



Dia 4




Coalition partners in the Netherlands

- ▶ Context, international cooperation
- ▶ ACPF, African Child Policy Forum
- ▶ SHGW, Stichting Het Groene Woudt
- ▶ Aflatoun
- ▶ Partner organisations in Africa and Asia



Dia 5




Together4Change

Core principles

- ▶ Broad coalition: North, South, different type of organisations, diversity of roles and approaches
- ▶ Joint Learning: S-S, S-N, N-N, N-S
- ▶ Focus on people's capacity and energy
- ▶ CDC as shared philosophy to be translated to each programme




Dia 6



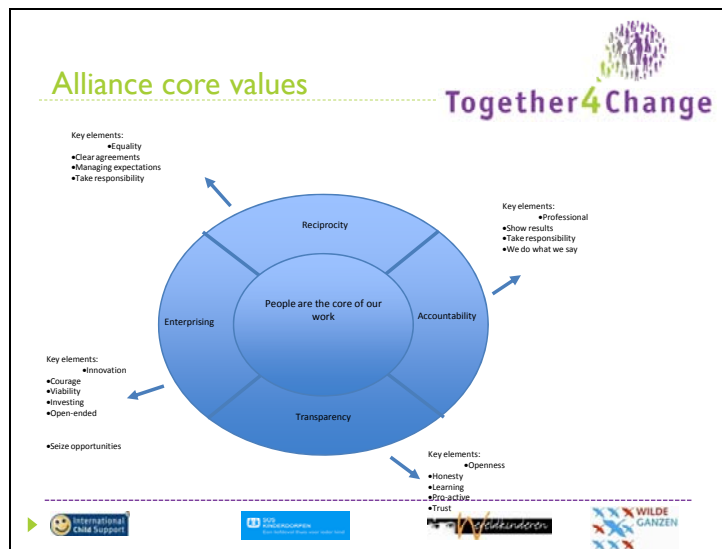
Together4Change

Civic Driven Change

- People's centred
- Social Change
- People's driven, citizen-led
- Co-creation: as participant, not as director
- Organising people and communities
- Process oriented
- Searchers



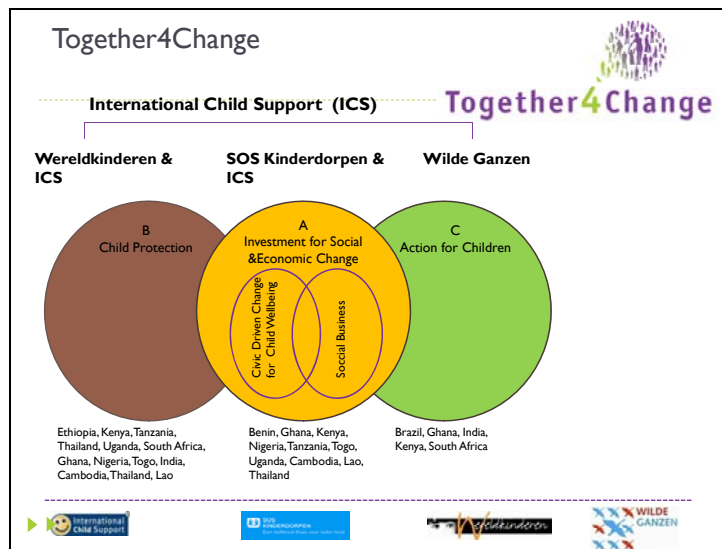
Dia 7



Dia 8



Dia 9



Dia 10

Together4Change

A. Investment for Social and Economic Change

► **Core issues**

- Enabling environment (family, community, country, etc)
- Poverty and exclusion
- Children's well-being
- Civic Driven Change
- Social Business
- Social Accounting

International Child Support SOS Kinderdorpen WILDE GANZEN

Dia 11



Together4Change

B. Child Protection

- ▶ **Core issues**
- ▶ Focus on child protection
- ▶ Child Rights approach
- ▶ Law and policy advice



Dia 12




Together4Change

C. Action for Children

- ▶ **Core issues**
- ▶ Local fundraising for local initiatives in child rights and child participation






Dia 13




----- Together4Change

Where are we now?

- ▶ Submission of Organisational, Alliance check + proposal outline: 01 December 2009 (47 alliances, 740 million Euro)
- ▶ Deadline for results phase I: 01 April 2010 (30 alliances, 450-500 million Euro)
- ▶ Submission of context analysis & programme proposal: 01 July 2010
- ▶ D-day: 01 November

▶   




Dia 14



----- Together4Change

Why this workshop?

- ▶ Create a common understanding on the core values, dynamics and drivers behind CDC
- ▶ Reflecting on how CDC is or can become relevant for your own programmes
- ▶ Share current experiences in CDC
- ▶ Able to leave with enough understanding to digest, internalize and later reflect CDC in own programme

▶   

Annex VI Hopes and fears

The participants were asked to write their hopes and fears on cardboard cards and post them on the sticky wall. The cards were sorted by the steering committee and taken into account for the following days.

Expectations

4 expected to share experiences

- Hope to learn men ideas/widen cooperation
- To share best practices;
- Get illumination to address gaps;
- Strengthen networking and make friends;
- To understand other peoples opinion;
- To learn from participants CDC approaches.

6 had expectations on the workshop process saying;

- Will be inspired;
- Everybody to feel free to participate;
- It's possible to create a child friendly environment by involving children and all stakeholders.
- To be assisted on new techniques of handling the challenges of child rights in communities;
- To be critical towards selves;
- Gain skills during the process.

13 had the following expectations related to CDC application;

- Workshop will have great ideas to help all children;
- To know how other organizations are addressing challenges associated with CDC;
- To change experience on CDC;
- To find out how and where CDC fits;
- That CDC concepts will be understood and put into action;
- Meet new faces and get ideas to improve on CDC programming;
- To get appropriate solutions to challenges related to CDC;
- To know how others are incorporating CDC in their program;
- To get inspiration for practical application of CDC;
- To be able to link CDC content to program approach;
- To get more information on CDC for application;
- Marry CDC with current projects;
- That shared experience will help advance CDC conceptually.

18 had expectations related to CDC content;

- To get comprehensive understanding of CDC with lots of examples;
- To go back with lots of learning and experience;
- To understand meaning of CDC in very practical way;
- Learn from experience of others;
- Gain more know-how of CDC;
- Get insights on CDC content;

- Acquire a greater understanding of CDC initiative;
- To fully understand the CDC process;
- To understand the concept(CDC);
- To know how to apply CDC in my work place;
- Understand CDC concept and learn about other organizations;
- I hope to have a clearer perspective about CDC;
- Get to learn more about together 4 change;
- Have a deeper understanding of CDC;
- To have a good knowledge background on CDC initiatives;
- Gain insights into CDC concepts;
- Knowledge to improve social services;
- Deeper understanding of CDC;
- The CDC concept will become less academic;
- Understanding the concept CDC;
- That CDC concept will be understood and not confuse people;
- Enhanced understanding CDC share past experiences;
- Get more knowledge on CDC.

10 expected to understand issues of alliance;

- Making contacts with alliance partners to clarify on who is who and what plans there are for MFS II (working together);
- Better understanding of together 4 change;
- Get to know other T4C Alliance partners and learning from each other's experience;
- To share what others do in order to improve the lives of children;
- CDC in relation to our organization objectives;
- To meet new friends;
- To improve my work with what I learnt;
- It will provide us the opportunity to learn from each other;
- To gain new skills and knowledge on child devt and methodologies of improving our work;
- Exchange ideas;
- Sharing experiences;
- To share information and learn more about new concepts;
- To live connect and discover from each other;
- To better services to all;
- To achieving our goals and objectives;
- To learn from partners who are doing the field work;
- Top know new partners for future cooperation.

Participants' fears.

9 had fears associated with adopting CDC into their organizational strategy;

- How to adopt CDC into my organization strategy;
- That CDC will only be viewed in the light of possible subsidies;
- That 6 months from now, we will better remember the doughnuts than the content;
- Way forward after the CDC training;
- The network/coalition does not end after workshop, but serious efforts are made to get something out;

- That we will get back to business as usual after this workshop reflection;
- Workshop would have included field visits to international CDC;
- Is the theory and our practical reality able to meet?
- How can we ensure follow-up in international organizations?

1 had fears related to logistics.

- How I can reach home after a long journey to Limuru?

2 feared the urgency of work with children

- Listening to sad stories about children;
- To see lives lost;
- To not reaching the right hands.

3 had fears related to financial issues;

- Financial limitations support the initiatives;
- Will financial challenges for programs be addressed?
- Initiative but limited financial resources.

3 had fears associating CDC with theory;

- Agenda very hard;
- Too academic;
- Failure by the workshop to meet the expectations.

3 Were concerned with the climate

- That Kim will indeed sing;
- That we will see the sun today;
- The cold;
- Cold bite;
- Unavailability of wine to warm up;
- If this place does not warm up, I will definitely freeze.

12 feared that time allocated for the workshop was short

- Short time to tackle issues concerning children;
- Having so much to do in so little time;
- Time might not be adequate;
- The time allocated is sufficient;
- Lack of time management, topic uncovered;
- Shortage of time for group discussions;
- The time allocated may not be enough to understand the concept;
- Short duration for conference, not sure whether will get all information on CDC;
- Participants are many, it will take time to listen to everyone's idea;
- Too short period for the exercise;
- Will not have enough time to learn from others;
- 3 days will be short time to understand CDC even though it's a good start;
- Ending at 6:00 pm is long day. Why not 5:00 pm?
- The programme stretching to 6 pm!!

5 participants had no fear at all

1 feared that funding organizations will not be able to work according to CDC;
1 more feared how the big audience would be handled;
1 further feared to go home without material benefits (Documentation).

Annex VII Suggested reading

Bieckmann, F.

2008 *Special Report: Deep Democracy. The Broker*, no. 10, p. 9-16.

Fowler, A. and Biekart, K.

2008 *Civic Driven Change and Aided Development, ISS-CDC Policy Brief # 2*, October 2008. Den Haag: ISS, p. 1-3.

Boyte, H.C.





2008 *Civic Driven Change: Organizing Civic Action, ISS-CDC Policy brief # 3*, October 2008. Den Haag: ISS

Sterenborg, M. and Pieper, I.

2010 (forthcoming)

Civic Driven Change and children and youth. Contextual # XX, April 2010. Utrecht: Context.

Annex VIII List of participants - facebook

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		John Otini				
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