**AMAF Developmental Activities Policy**

**Policy Statement**

Aid and development refer to activities undertaken in order to reduce poverty and address global justice issues via direct engagement through community projects, emergency management, community education, advocacy, volunteer sending, provision of technical and professional services and resources, environmental protection and restoration, and promotion and protection of human rights.

**Policy**

*Development Plan (4.1.1/4.1.2)*

An organisational development plan will be developed annually in line with the vision and mission of AMAF. The annual plan will be the list of projects that AMAF will undertake in the year. Each project chosen will seek to advance AMAF’s vision. AMAF will amend the plan during the year, as required to cater for unforeseen events and developments such as natural disasters and pandemics.

*Development Projects - Planning and Selection (4.2/4.3.1)*

AMAF uses a number of methods for identifying projects to be implemented annually. These include the following:

* Analysing and understanding the contexts in which AMAF works
* Identification of and regular communication with stakeholders. Stakeholders are mainly identified via contact with Sri Lankan and overseas health professionals who work in the field in the North and East of Sri Lanka.
* Contact with local NGOs and local organisations identify vulnerable people, poor and displaced people and their health needs and views. Local people include village heads (grama sevaka), village development society representatives, government agents, representatives of MOH (Medical officer of Health).
* Direct contact with disabled people including those impacted by the recent war to identify their health needs and requests.
* Direct contact with displaced people and those living in remote areas, particularly women, to identify their health needs and requests.
* Members of the Tamil diaspora outside Sri Lanka, including those in Australia, who also have a keen understanding of the development health needs of specific locations, are consulted by AMAF to identify stakeholders. Indirectly, Sri Lankan and Australian Tamil media is closely monitored by AMAF to determine if there are pressing health needs and emerging issues. *(3.1.1)*
* Canvassing the opinions of AMAF members who are mainly medical professionals with expertise in particular areas of health
* Obtaining external consultation where necessary to evaluate project proposals.
* Field visited to Sri Lanka to gauge an understanding of the context on the ground before committing to large projects, including obtaining feedback from beneficiaries. These visits can also identify health needs and stakeholders that were previously missed.

The criteria used by AMAF in selecting projects is as follows:

* whether the proposed project aligns with the organisations’ purpose and values.
* whether partners and stakeholders were clearly identified. This would include local governmental and non-governmental agencies as well as local community organisations
* whether there was adequate participation, including consultation with and contributions from partners, stakeholders and sections of society including vulnerable groups (women, caste based, disabled people, parents of children beneficiaries) to also identify if there is potential for unintended harm to be done;
* the quality and findings of contextual and stakeholder analysis directly by AMAF staff visits, or via correspondence by AMAF staff or indirectly via other organisations & experts;
* whether the analysis clearly articulates the development challenge that has been identified, the root causes and how the project will meet this challenge;
* the role of partners and primary stakeholders in implementation and post-implementation, including sustainability;
* whether potential environmental impacts if any have been analysed, including both positive and negative impacts. AMAF is committed to environmental sustainability and improved environmental outcomes in development, and will support projects that lead to these outcomes *(3.3.1)*
* issues and themes including human rights, gender, social inclusion and participation of vulnerable and marginalised groups (eg caste, disable people);
* safeguarding issues including child protection etc;
* whether the risks involved in the project to AMAF and local staff have been clearly identified and can be managed;
* governance or management of the project and partners.

*Development Projects - Monitoring, Evaluation and Learning (4.3.2 and 4.4.1)*

AMAF is committed to monitoring and evaluating the implementation of its development projects and absorbing the lessons learnt. AMAF as a procedure asks beneficiaries to provide progress reports, surveys and completion reports which can include written reports, videos, and photos via the local organisations with whom AMAF works. AMAF undertakes regular communication with key stakeholders, partners, NGOs in North East Sri Lanka and receive verbal feedback about ongoing projects.

AMAF members undertake field visits, where previous and current projects are visited, and locals are engaged to obtain feedback about the projects. AMAF also uses network of volunteers, medical colleagues and members of NGOs who help us monitor the projects and provide independent reports. While AMAF seeks the basic information on the progress of the project stated outcomes, AMAF also seeks to collect information on the broader social aspects. This includes information that allows the assessment of the participation of primary stakeholders; assessment of progress addressing the needs, rights and inclusion of vulnerable and marginalisation people; the assessment of progress in promoting gender equality and empowerment of people with disabilities; the assessment of whether the intended outcomes of the project in relation to women, children, disabled people and vulnerable people were achieved.

Information and reports gathered from the above sources are fed back to AMAF management and directors in Australia and the information is analysed to allow proper monitoring of the project by AMAF management, who also determine how smoothly the project is progressing. If any issues are identified with project expenditure, timeframe, quality and delivery, or broader social aspects, AMAF will make an inquiry to the relevant parties. If the status explanations are satisfactory, then AMAF will continue to monitor the progress closely. If AMAF finds the explanation inadequate, then possible action could include:

* Temporary suspension of further funding until the issue is resolved.
* Request an independent expert to analyse the situation and help them to resolve the issues.
* Bring in more support to make the project a success.

If the above remediation does not succeed, AMAF will wind up the project.

As part of project learning, AMAF will document all the issues, both positive and negatives, including root causes of failures and successes, as well as lessons learnt, and AMAF will use this information to update AMAF board members and other active members to learn from the past.

Project results and post project analysis (root causes and lessons learnt) are also disseminated to the local stakeholders and beneficiaries directly via people on the ground, as well as using tools such as the AMAF website. Visits by external medical experts to local areas and the conducting of discussions and workshops will disseminate both project related information and analysis as above, as well as general health information.

The tools used by AMAF, such as Progress Reports, can be modified from time to time to improve the monitoring, evaluation and learning process.

*Partners (5.1 to 5.3)*

AMAF is committed to working with other organisations and individuals in mutually respective ways.

AMAF identifies potential partners based on the specific health needs of the people of North and East of Sri Lanka via personal member contacts, Tamil diaspora referrals, and monitoring of health programs and issues in Sri Lanka. AMAF assesses and selects partners based on shared interests and alignment with AMAF vision, equity, mutual respect, accountability and transparency, impacting government regulations, capacity to deliver as well as capacity to safeguard vulnerable groups from exploitation. These assessments are performed by AMAF staff who are in regular contact with potential partners.

AMAF and its partners have regular dialogue when coming together to plan and implement healthcare projects in North East Sri Lanka. AMAF members are identified to take responsibility on behalf of AMAF. These members need to establish steady working partnerships.

AMAF will initially work with partners to jointly determine what the intended outcomes of the collaboration are and how the collaboration will work in practice.

Where formal partnerships are entered into, then AMAF will strive to ensure that any agreement or Memorandum of Understanding (MOU) cover basic expectations such as the shared goals; the defined contribution of each party; responsibilities of each side; contributions of each side covering both financial and non-financial; mutual reporting and sharing of information including incident reporting ; commitment to prevent sexual exploitation, abuse and harassment.

AMAF is committed to working with partners to improve their processes and capacity as part of project delivery as well as outside specific projects. This is done by AMAF staff visiting Sri Lanka on a regular basis to provide training, mentoring, guidance, policy development and recommendations on improvements. It is also done by constant communication with partner staff during project implementation.

AMAF will periodically review the effectiveness of partnerships, preferably done jointly with the partner, to determine if pre-agreed outcomes have been met on a timely basis.

*Participation (2.1 to 2.5)*

Participation is a key requirement in analysing the viability of and selecting projects. Below are stakeholders with whom AMAF engages in any project,

*Primary Stakeholders*

AMAF is committed to advancing the participation and contribution of primary stakeholders.

* AMAF obtains project proposals directly from stakeholders whose priorities and needs are considered foremost.
* AMAF's project proposal form asks potential beneficiaries or their representatives to state how the project will meet the specific needs of population of the area.
* AMAF sends representatives each year to the regions where aid is delivered and hold direct meetings with local representatives. The meeting is held at the community level e.g. meetings in villages, hospital development board as well at the executive level i.e. Medical Director of a hospital.
* On-going discussions and meetings with primary stakeholders are held throughout the duration of projects and activities

*Women*

AMAF is committed towards women in development and employs a rights-based approach by promoting local ownership of development processes through an emphasis on participation, inclusivity and accountability. Promoting gender equality and empowering women is also essential for combating violence against women, which is both a symptom and cause of gender inequality and discrimination.

AMAF recognises that investments in gender equality yield some of the highest returns of all development investments, including in reducing maternal mortality and in better educated and healthier children. Women’s health and socioeconomic status, even before a child is born, is directly linked to a child’s prospects for survival and their outcomes in life. Discrimination against women is therefore also detrimental to the next generation.

AMAF incorporates a gender equality approach within all stages of program management: selection, planning, design, participation, monitoring and analysis.

AMAF will factor in gender concerns into the assessment of programs/projects for funding. This will include actively engaging women by identifying barriers to, and risks arising from, women’s involvement in the project, and strategies to overcome them. This also involved taking into account how women will meaningfully participate in the implementation phases and project review process.

*Disabled Persons*

AMAF will strive to include people with disabilities and related support groups at the project design stage to ensure the needs of both men and women with a disability are met and barriers to, and risks arising from, their participation have been identified and can be overcome.

AMAF’s project appraisal assesses the extent by which a project is disability inclusive and highlights areas that may need to be worked on during the project. AMAF also monitors the disability inclusiveness of projects, including disable persons engagement & employment, during implementation and during monitoring visits. When potential problems are detected, strategies are discussed and agreed upon with the local partner and beneficiaries to mitigate these problems.

*Children*

Given the nature of AMAF’s projects and activities, work that prioritises children is a small component of overall project programming. In such projects, participation by children and their parents / guardians is sought.

*Monitoring*

Given the close involvement of AMAF management with stakeholders in all projects & activities, including women, children and disabled stakeholders or potential stakeholders, the monitoring of adequate participation in AMAF projects by any of the above sets of stakeholders, is carried out informally by AMAF management. As part of project & activity planning, execution and conclusion, AMAF management and staff will continue to discuss and raise any concerns regarding the adequacy of the above stakeholders’ participation.

*Responsible Sourcing (8.1.3)*

In carrying out its development projects, AMAF will strive to procure and source in an ethical manner, as much as possible in Sri Lanka and Australia, particularly with respect to the availability of suppliers of medical equipment.

Created: 28 September 2020