

Shifting Power, Localizing, and Strengthening Ownership: Three Country Learnings and Challenges in Community-Led Child Protection

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PREFACE

As long-time child protection practitioners in humanitarian and development settings, we have often been impressed by what communities themselves can accomplish. In Takhar province in Afghanistan in 2004-5, we worked with talented Afghan men and women who engaged communities in child-led risk mapping as a means of learning about girls' and boys' situation. In one community, the children identified a significant danger to children—uncovered abandoned wells—that killed some young children who fell into them. Although the mapping was intended as a learning process, it inspired rapid community action. When the children used a short drama they had created to share their findings with community people, the adults were shocked and began asking themselves, 'What can we do to address this problem?' Following animated discussions, adults the next day gathered scraps of wood and made covers for the abandoned wells that prevented children from falling into them.

This was a primary case of the community taking ownership for the problem, which ignited collective concern and caring and evoked a strong sense of collective responsibility to address it. The community also took ownership for both addressing the problem and ensuring that their approach worked. Using its agency and own resources, the community took effective action by covering the wells, and in the months that followed, they periodically checked to make sure that the well covers still worked. Because they felt ownership for the issue and the work to address it, they held themselves accountable for children's well-being. In addition to showing the power of community ownership, this example underscores the value of human agency and localized decision-making and action, even in a humanitarian setting.

Moved by this example and others like it, we wrestled with questions such as 'How can we as child protection practitioners support community ownership for children's protection and well-being?', 'Does our project based, expert orientation adequately support community ownership?', and 'Could supporting community owned efforts to protect children also open the door for communities hurting their children through, for example, harmful traditional practices?'

These and related questions about community ownership, community power, and localized action are timelier than ever in the child protection arena. Children face myriad, unprecedented protection risks, yet humanitarian aid is under assault from deep cuts in aid funding and the global rise of political actors and agendas that deprioritize aid. Donors require localized approaches, yet many child protection practitioners and agencies remain uncertain about how, practically, this can be done. Recognizing the inequities present in global humanitarian and development systems, historic changes are under way to shift power to actors, including communities, in the global South. Again, how to do this in work on child protection has been unclear.

This report aims to shed light on these questions and help point the way toward child protection work that is community owned and led. It features a flexible approach—community-led child protection—that was developed mainly by Sierra Leonean child protection workers and community people and that subsequently was developed and enriched by child protection workers and community people in Kenya and India. In each context, community people, including children, held the power, made the key decisions, and used their local strengths and

resources to effectively reduce self-selected harms to children. The findings from all three countries underscore the value added of high levels of community ownership not only for sustainability but also for contextually relevant action, people's agency and psychosocial well-being, and social cohesion. Promising scalability is evident in all three case studies.

This synthesis of learning from three countries also examines diverse challenges to community-led child protection and explores questions such as whether or how it can be applied in settings where there is no community. It offers recommendations for strengthening practice and rethinking our collective approach. Most important, it is a call to action using a power-shifting orientation that puts communities at the center and enables more effective protection for the world's children.

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ABBREVIATIONS

AAC	Area Advisory Council
CINI	Children in Need Institute
CLCP	Community-led child protection
CP Com	National Child Protection Committee
CRA	Child Resilience Alliance
CWC	Child Welfare Committee
DAC	District Advisory Council
DCO	District Children's Officer
DCS	Department of Children's Services
FGM/C	Female genital mutilation/cutting
FSU	Family Support Unit
GBV	Gender-based violence
GoSL	Government of Sierra Leone
ICPS	Integrated Child Protection Scheme
ILI	Interagency Learning Initiative
IVTF	Inter-Village Task Force
LMIC	Low- and middle-income countries
LAC	Location Advisory Council
MSWGCA	Ministry of Social Welfare Gender and Children's Affairs
NGO	Non-governmental organization
PRI	Panchayat Raj Institution
UNICEF	United Nations Children's Fund
VAC	Violence against children
VLCP	Village-Level Child Protection Committee
WHO	World Health Organization

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EXECUTIVE SUMMARY

1. Community Power and Ownership in Child Protection

Introduction. The protection needs of children worldwide are increasing amidst armed conflicts affecting one in six children globally, climate-related disasters, and myriad protection risks including violence, family separation, trafficking, and discrimination. These challenges, coupled with diminishing humanitarian funding, have badly strained international aid systems.

Dominant humanitarian approaches privilege international actors from the global North such as UN agencies, international NGOs, and donors while marginalizing local actors. This power imbalance has colonial resonances, raises questions about equity and effectiveness, and spawned efforts to shift power to local actors in the global South. The localization agenda, emerging from the 2016 World Humanitarian Summit, aims to shift power to local actors through increased direct funding, capacity strengthening, equitable partnerships, and inclusive coordination processes. However, the localization agenda has fallen short of meeting its funding goals. A more serious challenge is that it has emphasized monetary aspects of power over autonomy and the ability to set priorities and make key decisions. Also, localization has marginalized communities by focusing on legally recognized organizations while sidelining communities that lack formal registration. As a predominantly Northern-led initiative, localization risks instrumentalizing Southern actors, perpetuating existing power asymmetries.

Decolonization initiatives, too, aim to shift power to local actors in the global South by attempting to dismantle entrenched power inequities and structural racism in humanitarian systems. These movements seek to end ongoing power asymmetries, combat racism, and foster respect for local actors' capacities and ways of knowing. Additional momentum for shifting power to local actors comes from the fact that local people are often the first responders in times of crisis, and they have also played highly important roles in development initiatives such as those to address poverty. From an ethical standpoint, power should be shifted to local actors since the affected children belong to and are the responsibility of local people.

Community-led child protection (CLCP) offers a promising approach that shifts power to communities, positioning them as decision-makers rather than implementing partners or beneficiaries. CLCP appreciates community capacities for problem solving and supporting children, who themselves are significant actors. In CLCP, communities identify child protection priorities, plan interventions, and mobilize local action, with community ownership driving effectiveness and sustainability. Case studies in this report demonstrate CLCP's success in Sierra Leone, Kenya, and India in enabling community ownership and helping children and marginalized people to have greater voice and agency in supporting children's wellbeing. The report identifies key lessons learned, analyzes ongoing questions and challenges regarding CLCP, and makes recommendations to practitioners, policy leaders, and donors.

CLCP Origins, Principles, and Implementation. CLCP is rooted in Southern intellectual traditions, including Latin American liberation theology and Freirean participatory approaches that emphasized collective action to address social injustice. CLCP also emerged out of awareness of the limitations of expert-led, community-based work on child protection. A 2009

review of community-based approaches showed they are useful but produce too little community ownership, the key determinant of effectiveness and sustainability. CLCP emerged directly through the Interagency Learning Initiative (ILI) on Community-Based Child Protection Mechanisms and Child Protection Systems (2010-2018), which conducted rigorous action research in Sierra Leone and Kenya, later extending to India. This work, which embodied Southern as well as Northern leadership, tested the effectiveness of community-driven models in diverse contexts and demonstrated that inclusive approaches that mobilize entire communities yield superior outcomes of effectiveness, ownership, and sustainability.

CLCP operates according to key principles that guide external actors in shifting power to communities. These include working with humility; prioritizing trust-building and relationships; practicing active, non-judgmental listening; building on existing community strengths; understanding local power dynamics; ensuring inclusive participation; enabling collective agency where communities make key decisions; adopting patient, flexible, dialogue oriented approaches; strengthening community capacities for mobilizing the community, making inclusive decisions, and taking effective action; facilitating bottom-up collaboration with formal systems; centering children as key actors; and supporting positive social change from within communities. CLCP requires stepping outside the box by taking a more flexible, holistic approach than is typically seen in a humanitarian system divided into separate sectors.

The CLCP cycle involves recursive phases of learning, facilitator preparation (initially), community planning, community action, and reflection and adjustment. This cyclical process enables communities to address multiple, interconnected harms to children over time, developing collective capacity to create increasingly protective environments. As communities successfully address initial priorities, they often expand their focus to additional child protection concerns, demonstrating the accountability and sustainability of this approach.

Implementing CLCP requires careful preparation, including engagement with formal system actors, strategic site selection, and developing appropriate support teams oriented toward shifting power and respecting communities. The approach demands patient, slow-paced work with communities following their own timelines. Using non-technical language is important for genuine power-shifting, and ongoing attention to ethical issues is essential.

Rather than being a standardized intervention, CLCP represents a flexible, principled approach that honors community leadership while supporting rights-based social change through collective dialogue and action. By transforming the relationship between external agencies and communities from one of service provision to one of accompaniment, support, and co-learning, CLCP enables greater ownership and effectiveness with more contextually appropriate approaches and sustainable child protection outcomes.

CLCP operates through four interconnected phases.

(1) Early engagement and learning. The initial phase emphasizes respectful community entry, relationship building, and participatory learning that helps communities to understand children's lived experiences. Rather than arriving as 'experts', outsiders enter communities humbly, following cultural protocols and introducing themselves in non-technical terms, and taking steps to reduce expectations of expert-led approaches and external funding.

The learning process employs participatory methodologies through ethnographic methods that engage girls, boys, women, and men, inviting them to share their perspectives through narrative approaches and open-ended questions about who are children, what are the main harms to children, who or what helps to support children's well-being, and what are the community power dynamics. The learning team should include trained local people who understand the context, can build trust, and attend to ethical issues. After analyzing findings, the learning team shares results with the community in accessible ways, creating space for reflection and potential action. The community then decides whether to partner with the external actors or organization, maintaining full decision-making power about next steps. This phase enables community ownership of and felt responsibility for the self-selected issues.

(2) Community-led planning. A trained, non-directive facilitator who understands the local context and languages, supports community planning, which begins with the community setting priorities by deciding which harm or harms to children to address. To enable inclusive planning, the facilitators ask questions like 'How does the community usually make decisions?' and 'Would young girls feel free to talk in these meetings?' In response, communities realize the importance of enabling different groups to speak openly. By encouraging dialogue rather than debate, the facilitator helps community members to learn from each other and to consider strengths and limits of different options. Communities often identify and choose to address root causes of problems. Next, the planning process explores existing community resources, potential actions, and children's roles in addressing the selected issues. Communities may form planning groups to help facilitate the planning process within and across communities. Orally or in writing, communities develop a systematic plan, with the whole community making final decisions about its content, approach, and implementation. Children are often key in the planning process, which fits the local context and is community owned.

(3) Community-led action. Communities mobilize their resources and take action ecologically at levels that engage families, peers, schools, and people in the wider community. With children participating and often leading, the community conducts actions such as street dramas with discussions, campaigns, parenting sessions, football with life skills and discussions, and cultural activities such as song and dance. Communities usually designate natural helpers and also focal points to coordinate actions, often rotating these roles to prevent burnout and bring fresh perspectives. As positive changes become visible, the initiative often gains momentum, with former skeptics joining and strengthening collective ownership.

(4) Reflection and adjustment. Through periodic reflection meetings, communities monitor their progress, identify successes and challenges, and make necessary adjustments. The reflections may also stimulate efforts to strengthen the community action and consider addressing emerging child protection issues as well. If, for example, communities observe that they need money to address issues such as food insecurity that heightens child protection risks, this may lead external support organizations to provide small funding. Over time, successful CLCP approaches often spread to neighboring communities either spontaneously through word-of-mouth or through intentional scaling efforts by NGOs or governments. These and other adjustments not only strengthen practice but also embody the communities' full ownership.

2. Learning From Sierra Leone: Community-Led Action to Address Teenage Pregnancy

The case studies used action research to test the effectiveness of CLCP via a quasi-experimental design and mixed methods. In each of two geographic areas such as districts, there were two similar clusters of multiple communities. Following rich, qualitative learning about children, harms to children, and protective factors, the findings were fed back to communities. The two clusters in each area were assigned randomly to intervention or comparison conditions. Only the intervention clusters subsequently engaged in CLCP.

Baseline measures of children's well-being and harms to children were taken before the community-led action had begun, and endline measures were taken after the CLCP had been implemented for a year or more. Surveys were administered to population-based samples of young people 10-19 years of age. Qualitative data that brought forward local voices and narratives were collected using group discussions and key informant interviews.

Preparing the way. Following its decade long war, Sierra Leone continued in 2010 to face diverse child protection issues such as gender-based violence (GBV), female genital mutilation/cutting (FGM/C), and children being out of school, working, or living with disability. Yet the formal child protection system remained relatively weak and underfunded.

UNICEF enabled the connection with the Ministry of Social Welfare Gender and Children's Affairs (MSWGCA), which oversaw children's welfare and also chaired the national Child Protection Committee (CP Com). The CLCP work was coordinated with the CP Com and also a Sierra Leone Reference Group that advised on issues such as site selection and ethical issues. The CP Com agreed that the research should be conducted in two areas--Moyamba District in the southern area and Bombali District in the northern area. Each area had an intervention cluster and a comparison cluster of three communities in each.

Early engagement with communities. To reduce expectations of aid, the visiting team met with the Paramount Chiefs and expressed interest in learning about the good things that communities do to help their children and about the challenges children face such as being out of school or young girls being impregnated. The Paramount Chiefs supported this approach yet declined from taking part in group discussions since no one would dare to disagree with them. Learning from everyday people would be prioritized. The visitors indicated that following the learning activities, they would share the findings with the community and open the door for ongoing collaboration, with the decision being left to the community.

The learning phase. Trained national researchers used rapid ethnographic techniques such as participant observation, group discussions, body mapping with young children, and in-depth interviews across different community sub-groups. Their aim was to learn about the lived experiences of girls and boys from all parts of the community, including children. The findings revealed significant protective factors at the family and community levels, including parental care, extended family support, and community networks of allies like teachers and leaders. Four major risks to children were: teenage pregnancy, out of school children, maltreatment of children who were not living with their biological parents, and engagement in heavy work. A

critical insight was the disconnect between formal and non-formal child protection aspects. Despite legal frameworks, most families preferred resolving issues such as teenage pregnancy through traditional methods rather than formal legal channels.

The learning phase findings were communicated back to the communities through informal meetings, encouraging participation and reflection. Community members acknowledged the validity of the findings and began asking themselves what they should do to address the harms to children. Subsequent internal discussions led by Paramount Chiefs affirmed community interest in partnering with the learning team.

Facilitator Selection and Preparation. The communities expressed interest in having an external facilitator who would be neutral and would enable discussion and decision making by everyone, including children. The facilitator selection process went beyond criteria such as formal education and highlighted qualities such as experience with communities, trust-building abilities, effective listening, and skills for collective problem-solving. It reached out to grassroots facilitators, who engaged in role plays that indicated whether they had the soft skills required for non-directive facilitation that shifted power to the community.

In 2012, the two selected facilitators received a ten-day training that blended role plays with reflective discussions to skills such as engaging children of various ages, enabling constructive discussion with inclusive participation, understanding power dynamics, and managing conflicts. Following role plays, the facilitator reflected on their performance and how to improve, and the role play was repeated. The training recognized the need to follow 'community time' and not rush the community decisions. Facilitators learned how to handle reports of child violations were encouraged to reflect regularly on ethical issues. To enable ongoing learning, the facilitators met in the communities where they lived and worked with mentors who helped to strengthen their skills, manage difficult challenges, and transfer over time their facilitation functions to the community.

Community-led planning. Asking reflective questions and encouraging an inclusive process, the facilitators helped communities develop a discussion approach that blended large community meetings with small meetings by girls, boys, women, men, and elders, respectively. The formation of an Inter-Village Planning Task Force consisting of representatives from various sub-groups further facilitated cross-community exchanges and consensus-building. Through slow, iterative dialogues that examined which harms to children to address, the intervention cluster communities decided to address teenage pregnancy, which stemmed from consensual relationships and sexual exploitation and abuse, and which led to dropping out of school and families facing severe economic burdens.

Both sites developed comprehensive action plans that integrated peer education, parent-child discussions, culturally relevant education, and collective responsibility for reducing teenage pregnancy. These plans included diverse methods, such as street dramas followed by discussion, youth-driven media campaigns, and role modeling through informal interactions, allowing communities to maintain ownership over the initiative. The communities prioritized the use of contraceptives, learning about sexual and reproductive health, family planning, and life skills.

Community-led action. Key elements of the CLCP were collective dialogues, empowerment through decision-making, linking communities with formal health services, and parent-child discussions. To enable effective action, the communities selected Peer Educators who developed and spread key messages about sex, puberty, and preventing teenage pregnancy. To help develop their understanding of family planning and life skills related to pregnancy prevention, the communities asked for and received help from Marie Stopes and Restless Development, which both kept power in community hands. Communication among villages was facilitated by appointing focal points for coordination, while former external facilitators transitioned to monitoring roles.

Key findings. On a process level, a key finding was high levels of community ownership as community members demonstrated strong, internal motivation and referred to the work as ‘ours.’ The action improved collaboration with local health posts, leading to teenagers’ increased seeking and use of contraceptives. Both girls and boys played leadership roles in enabling action to stop teenage pregnancy. Discussions about sex and pregnancy with parents became constructive and better informed. With respect to outcomes for children, reports indicated a decrease in teenage pregnancies relative to the previous two years. Teenage girls were more assertive in rejecting unwanted sex, and children learned how to communicate about and negotiate aspects of relationships, including sex. Particularly for girls, school dropout decreased, and educational engagement increased. These trends contrasted sharply with comparison clusters, which experienced stagnant or worsening rates of teenage pregnancies.

Multiple challenges also arose. Because many communities were far from health posts, a motorbike was provided to enable transportation. As food insecurity pulled many workers away from the CLCP to do agriculture work, small funds were provided to enable collective farming. The biggest challenge was the Ebola epidemic, which made it necessary to extend the work and the data collections beyond the initially planned dates.

Scaling up. The MSWGCA decided to expand the use of CLCP as part of its efforts to strengthen prevention on child protection. A planned small pilot scale up, due to the excitement over the CLCP results, became a larger scale up effort. Following a training of trainers workshop in January 2020, 16 NGOs expanded the CLCP across over 89 communities in 8 districts. This scale up intentionally embedded CLCP into the daily operations of the NGOs. In some communities, the facilitator was first identified by the Chief and then endorsed by the community. In other communities, the facilitator was elected at a large community meeting. In some communities, facilitators were volunteers who worked for the Ministry of Social Welfare. Backstopping the facilitators was an expanded team of four mentors.

An evaluation reported that across agencies and communities, the facilitation and the community process had good fidelity to CLCP principles (Kostelny et al., 2024). Site visits revealed that the communities were addressing issues such as early pregnancy, children out of school, wayward children, and children’s engagement in heavy work. High levels of expressed community ownership and satisfaction indicated communities’ responsibility taking for the well-being of their children and their hope for further use of locally driven approaches.

3. Learning From Kenya: Community-Led Action to Address 'Early Sex'

Preparing the way. A global, interagency study of community-based child protection in 2009 identified low ownership as a significant challenge. This led Save the Children, UNICEF, and other agencies to convene a meeting in Nairobi to strengthen communities' role and ownership in child protection. The Interagency Learning Initiative (ILI) formed to develop and test a more participatory, locally owned child protection approach, with work in Kenya beginning in 2011. A global ILI Reference Group supported the work in Kenya.

Kenya faced numerous child protection issues, including high levels of violence against children, yet has extensive laws and policies for protecting children. A Kenyan Reference Group guided the learning phase, advised on strategic issues, and helped address challenges. The research team regularly updated the Department of Children's Services and collaborated with relevant Ministries. Three sites were initially selected for the learning phase: slum areas in Mombasa, rural and peri-urban areas in Kilifi, and rural areas in Kisii.

Early engagement and learning. Following a respectful community entry process, the learning team led by two Kenyan researchers and backstopped by international researchers was formed. Using methodology like that used in Sierra Leone, 17 trained Kenyan researchers engaged in rapid ethnography to understand children's lives, harms to children, protective factors, and community prevention and response mechanisms. Taking an appreciative approach, they conducted in-depth interviews, group discussions, timelines, and participant observation with diverse community members, as well as body mapping with young girls and boys.

The three main harms to children, who were defined by dependency rather than chronological age, were children being out of school, early pregnancy, and sexual abuse/exploitation. Sexual exploitation was widespread, with girls exchanging sex for basic needs like food, sanitary towels, or transportation. Early pregnancy was common, with many girls becoming pregnant before completing primary school and subsequently dropping out. Poverty was seen as a root cause of many harms. Protective factors included family guidance, religious institutions, teachers, and peer counseling. The communities were linked with formal aspects of the national child protection system, particularly through Chiefs, Assistant Chiefs, and elders. Multi-stakeholder forums like Area Advisory Councils helped connect communities with formal systems. However, community people preferred local solutions and were often reluctant to report statutory violations such as rape of a child to authorities.

The findings were shared with communities in non-technical language, using local idioms. Communities confirmed the accuracy of the findings and expressed appreciation for the outsiders having returned to share results. The feedback sessions prompted community reflection, and some took initial action such as deciding to form a committee to monitor children who were not going to school. After consultation with the Reference Group, Kilifi was selected for the next phase of work, with Marafa and Bamba designated as the intervention and comparison site, respectively. The community expressed enthusiasm about continuing the partnership to address the identified harms to children.

Facilitator selection and preparation. Following a search process like that used in

Sierra Leone, a day long participatory process with area stakeholders then identified the facilitator. The facilitator subsequently received weeklong training on CLCP, nondirective and inclusive facilitation, and managing ethical responsibilities with the national and international researchers. Overseen by World Vision/Kenya, the facilitator received regular mentoring from the Lead National Researcher to ensure fidelity to CLCP principles.

Community-led planning. Over ten months, the facilitator used an inclusive dialogue process enabling communities to select which child protection issue to address. The process included both full community discussions and separate sub-group conversations with girls, boys, women, and men. This approach featured the extensive voice and agency of children and marginalized groups. A democratically elected planning committee with representatives from each sub-group coordinated the process. The communities decided to address ‘early sex,’ seeing it as the root cause of early pregnancy, early marriage, and school dropout. Contributing factors included children's idleness after school and during school holidays, parents' poor communication skills, and girls engaging in transactional sex, especially with the *boda boda* (motorbike) drivers due to unmet basic needs, including their need for sanitary towels.

The intervention committee, comprised of members of the planning committee, facilitated sub-group meetings to develop action plans. Children played leading roles, suggesting football clubs to prevent idling, life skills development, and awareness-raising through street dramas. Adults agreed to organize parenting sessions to improve their skills in guiding children.

Community-led action. Girls and boys participated regularly in football clubs with life skills discussions that used the slogan ‘Stop sex, education is good, let's abstain!’ Football tournaments that attracted people from neighboring villages occasioned discussions of how the Marafa communities addressed the child protection issues facing children. Children conducted informal theater showing scenarios about early sex and its consequences, with community discussions afterwards. The communities identified a community resource and, subsequently, training via Kesho Kenya, a national NGO, to conduct sessions for parents on communicating with children about puberty, sex, and pregnancy, and how to better support and guide them.

The communities regularly reflected on their progress and made adjustments in their action. They increased boys' participation to balance gender representation, started kale farming to address drought-induced food scarcity that was leading to transactional sex, and successfully lobbied the Chief to ban *disco matanga* (discos to raise money for funeral expenses) where girls were frequently sexually abused. In the third year, recognizing that their children interacted with children from neighboring communities, the communities reached out to the nearest village and shared what they were doing to protect children. These adjustments illustrate how in CLCP, communities owned the work and held themselves accountable for children's wellbeing.

Key findings. The intervention communities demonstrated high levels of ownership and spoke of the process as ‘ours’ rather than as an NGO project. Natural helpers worked without monetary compensation, motivated by collective concern for children's wellbeing. Collectively, the community took responsibility for addressing early sex and took pride in their work.

Nonformal-formal linkages were strengthened as health workers partnered with the

community to educate about preventing pregnancy and other health issues. Collaboration between the community, the Chief, and Government was evident in the banning of *disco matanga*. Throughout the CLCP work, children's agency was prominent. Children's ideas had helped to shape the community-led action, in which both boys and girls participated regularly. Children shared ideas about addressing early sex and became peer educators who communicated key messages about abstinence, avoiding pregnancy, and staying in school.

The main outcome for children was reduced early sex, especially among younger children 8-11 years of age, where the reduction was greater in Marafa than in the comparison site. Both girls and boys attributed this reduction to their involvement in football activities and accompanying life skills. Early pregnancy also decreased significantly in Marafa, but not in the comparison site. Parental care improved, as parents reported being better able to discuss sex and pregnancy with their children. Men showed increased awareness of how lack of basic necessities made girls vulnerable to transactional sex and took steps to engage in economic support activities and provide items such as sanitary towels for girls. School participation also increased in Marafa, and participants attributed this to better parenting and the work of an out-of-school committee that responded to cases of children not attending school. The sustainability of these actions and benefits to children was confirmed in an evaluation in 2023, which revealed that community-led activities continued four years after the initial grant had ended.

Among multiple challenges, turnover in the UNICEF/Kenya office limited the engagement with the Government, which itself had frequent turnover. Oversight of the facilitator was limited by NGO requirements for the facilitator to participate in office meetings rather than being full time in the communities. Severe drought and economic challenges that threatened to worsen problems of early sex led the communities to add a food security component. COVID-19 and election related issues also interfered with the scale up of the CLCP.

Extension and scale-up. CLCP was extended to Bamba, where the communities effectively reduced early pregnancy through football and life skills activities. The Bamba communities innovated by developing income-generating activities, such as brick making, soap making, and making sanitary towels, to address economic challenges exacerbated by COVID-19 and drought, which parents used to pay school fees and other basic needs for their children.

An exciting development was the spontaneous spread of the Marafa CLCP to surrounding villages. Children from intervention villages became ambassadors, spreading their work by visiting other communities to play football. Organized tournaments helped spread the intervention throughout the area, with 18 tournaments conducted over two years. Parents also reached out to neighboring villages, sharing their learning and positive outcomes. By 2023, the CLCP had spread to 20 communities with good fidelity to CLCP principles. This community-to-community scale-up demonstrates that scaling can be done in a locally owned way that shifts power to local actors. As one Marafa elder stated: 'We have done it. We will continue to do it. It is ours.'

4. Learning From India: Community-Led Action to Address School Dropout and Early Marriage in Jharkhand

Context and approach. India faces numerous child protection challenges amid strong patriarchal norms and caste discrimination. The government's 2008 Integrated Child Protection Scheme mandated Village Level Child Protection Committees (VLCPCs), though many never became functional. In 2015, CLCP began in Jharkhand, India, aiming to address child protection issues and complement the VLCPCs through a community owned approach.

The work was conducted by a Core Group of four Indian NGOs: CINI, Chetna Vikas, Praxis, and Plan-India, with support from the Child Resilience Alliance (formerly the Columbia Group for Children in Adversity). Action research and a quasi-experimental design were used to develop and test the effectiveness of CLCP in the Jharkhand context. The work took place in two pairs of districts (Khunti/Ranchi and Dhanbad/Giridih), with intervention and comparison clusters of communities in each pair.

In-country process. The Core Group formalized their roles through a Memorandum of Understanding. CINI and Chetna Vikas worked directly with communities, Praxis led learning and documentation, Plan-India facilitated strategic planning and government engagement, and CRA advised and provided backstopping. The Core Group built relationships with the Jharkhand Government and UNICEF/Jharkhand, working to position CLCP as complementary to existing structures while emphasizing community ownership for sustainability. An inter-agency Reference Group including UNICEF and other NGOs advised and supported advocacy. The Core Group attended carefully to the Do No Harm principle throughout its work.

Learning phase. In preliminary visits to the participating sites, communities expressed keen interest in being part of a participatory learning process. Praxis trained male and female Indian researchers from diverse backgrounds, including Scheduled Tribes and Scheduled Castes, how to engage in a nonjudgmental, highly participatory, ethically sensitive process of learning. Learning from girls and boys as well as adults and using mostly group-based methods, the researchers used tools such as mobility mapping, social mapping, and cause-effect analysis to understand children's situations and the risks and protective factors in their environments.

A key finding was that the main risks to children were child labor, child marriage, child beating, sexual assault and harassment, school dropout, and alcohol and substance abuse. Children as young as 6 years worked to support families, with different patterns for boys and girls. Girls faced particularly heavy workloads that caused school absenteeism. Some children engaged in unsafe migration, and *dalit* children collected rags, metal scraps, or pieces of glass. Child marriage occurred often through family-arranged marriages without children's consent, child-initiated marriages against parents' wishes, and traditionally accepted marriages of 15–16-year-olds. Child beating was common in schools, homes, and workplaces. Girls faced sexual harassment ('Eve teasing') and assault, and were often blamed for these incidents, isolating them further. Particularly in tribal communities, alcohol and substance abuse affected children as young as 10. School dropout rates were high due to economic pressures, low faith in education quality, fear of harassment, and discrimination against *dalit* and tribal children.

Despite legal prohibitions, communities typically viewed child labor and marriage as normal and rarely reported violations. Sexual abuse often went unreported due to concerns about family honor and victim-blaming. However, some communities had acted against trafficking and early sexual activity.

Community feedback and decision to partner. After Praxis shared the findings with the communities in a simple, appreciative manner, Khunti and Dhanbad were selected on a random basis as the CLCP sites. CINI agreed to facilitate and support the CLCP work in Khunti, and Chetna Vikas agreed to do the same in Dhanbad. They invited the communities to form partnerships where communities would lead in deciding which issues to address, planning interventions, and implementing actions, with the NGOs providing facilitation and documentation support. The communities welcomed this collaborative approach, appreciating that they would make the key decisions.

Facilitator selection and preparation. CINI and Chetna Vikas each hired an external male facilitator who was highly familiar with the context, spoke the local languages, and had a highly participatory orientation. From each intervention community, they also hired a community mobilizer who supported the facilitator and helped to enable the CLCP. Praxis conducted a week-long workshop for the facilitators and community mobilizers, with support from several other Core Group agencies. The workshop followed the model that had been used in Sierra Leone, emphasizing non-directive facilitation, inclusivity, empathy, deep listening, creating space for local agency, and keeping decision-making power with communities. Ongoing training for the facilitators was provided during semi-annual Core Group meetings.

Community-led planning. In each community, natural leaders (including girls and boys) enabled the CLCP, which was led by collectives. Inter-Village Task Forces (IVTFs) helped coordinate decision-making across villages within each cluster. In Dhanbad, communities chose to address child marriage through awareness campaigns, street dramas, monitoring potential cases, linking disadvantaged families with government schemes, and encouraging school attendance. In Khunti, communities chose to address school dropout through peer tracking out-of-school children, family visits, community-designed school quality scorecards, and street dramas.

Community-led action. The community-led action engaged multiple stakeholders and built upon existing community structures and networks. In Dhanbad, the collectives conducted street dramas, rallies, cultural activities, and home visits to work with families in potential child marriage cases. They worked across sectors with Anganwadi workers, Self-Help Groups, and School Management Committees. In Khunti, collectives collaborated with the traditional Gram sabha, adolescent groups who tracked school attendance, and diverse community networks. Throughout implementation, communities engaged in ongoing reflection and adjustment, with facilitators gradually stepping back to enable full community leadership. In response to COVID-19, the communities continued their work with minimal external support, adjusting to smaller meetings with safety precautions. Communities also adapted their approaches as they identified new challenges. In Khunti, communities expanded their work to address child marriage when they realized how it contributed to school dropout.

Key findings. On a process level, the community-led initiatives in both Dhanbad and Khunti created inclusive processes that achieved strong community ownership and enabled collaboration with formal child protection mechanisms. In Dhanbad, child and adolescent girls often led street dramas and encouraged other children to avoid early marriage and continue their education. Survey data showed over three-quarters of participants viewed the community-led action as worthwhile, with more than half actively participating. In Khunti, communities worked extensively through different networks, enabling whole-community involvement and collaboration with adolescents, parents, the Gram sabha, and School Management Committees. Teachers and community leaders visited homes to understand children's situations, taking a supportive stance and emphasizing collaborative problem-solving.

The main outcomes for children were reductions in the selected harm to children, increased education participation, and improved valuation of girls and women. In Dhanbad, qualitative data consistently indicated reduced child marriage, and survey participants reported marriages had been prevented through community intervention. Participation in education, especially by girls, was seen as helping to reduce child marriage. The increased value attached to girls was visible in adolescent girls' participation in Gram sabha meetings, which had previously not occurred or had been minimally tolerated, and parents' increased investment in their daughters' education. In Khunti, community-led action decreased school dropout and increased education participation. During the intervention period, 22 children who had dropped out returned to school through committee members' actions. Children stayed in school longer, completing higher education levels than before. Girls' participation in education and vocational training notably increased. Parents' attitudes toward education improved, with greater commitment to keeping children in school.

Challenges. Challenges arose from ongoing patriarchy, increasing economic pressures, and rapid shifts in Government policies on child protection. Economic pressures fell heavily on natural helpers, causing turnover. Disputes between the Government and tribal communities made it unsafe to continue the work in one of the initially selected communities.

Scale up and collaboration with panchayats. By 2019, various natural leaders, some of whom were connected with Panchayat Raj Institutions (PRIs), spontaneously began discussions at panchayat level about the value of having the panchayat learn from the CLCP and take locally owned action to enable child protection. In 2022, the Indian Government changed course on child protection and announced its Mission Vatsalya plan, which requires panchayats to ensure a child friendly environment and safe public spaces, among other things.

The Core Group decided not only to align with and support the implementation of Mission Vatsalya but also to enable a participatory, collaborative process for implementing it. Accordingly, they scaled up the CLCP to 20 communities and have begun to enable joint reflection between natural leaders and PRI members about children's situation and ways in which CLCP communities and their panchayat could collaborate on strengthening child protection. Although this work is still in its early stages, it is part of a promising strategy of shifting power to local actors, both in the government and civil society. This collaborative approach holds promise for developing child protection systems that local people own, care about, and use to support children's protection and well-being.

5. Community-Led Child Protection: Lessons Learned and Value Added

The three case studies brought forth valuable lessons, in bold italics below.

Shifting Power, Localization, and Effectiveness

CLCP shifts power to communities by enabling communities' agency and decision-making to be central in protecting children.

CLCP shifts power by creating space for communities to make the key decisions, identify priority child protection issues, plan responses, implement actions, and monitor outcomes. Communities are not 'empowered' by outside actors but mobilize themselves.

Communities can be effective units for localized approaches.

Funds to support CLCP can flow through national NGOs (as in India), directly to communities with non-formal oversight mechanisms (as in Kenya and Sierra Leone), or to community-based organizations.

In diverse contexts, CLCP is an effective approach for addressing child protection issues, including sexual violence against children.

CLCP has proven effective across diverse contexts and issues. CLCP has successfully addressed gender-based violence by focusing attention on girls' lived experiences and mobilizing diverse community members, including fathers, teachers, religious leaders, and women's groups, to take action.

Ownership and the Value Added of CLCP

CLCP enables a high level of community ownership, which is both a foundational process and an important outcome.

Community ownership, the foundation of CLCP, develops through community responsibility-taking, agency and decision-making, self-reliant action, and accountability. Ownership indicators include 'our/we' narratives and community initiative, agency, and self-accountability. The high level of ownership boosts CLCP effectiveness and sustainability.

CLCP enables contextually relevant child protection work that draws on local strengths and is a good fit with the cultural, socio-historic, and economic context.

In developing CLCP, communities draw on their in-depth knowledge of the context, and indigenous strengths such as youth groups, women's networks, community leaders, education, and cultural values, while also integrating outside ideas when beneficial. This results in contextually sensitive hybrid approaches rather than imposed external solutions.

In CLCP, communities achieve internally driven accountability for their children.

Due to its high levels of ownership and collective responsibility-taking, CLCP encourages communities to reflect on strengths and limits of community action, enabling them to take corrective steps needed to better support children and adapt to a changing context.

In CLCP, children and youth often exercise leadership on behalf of their communities.

Children and youth exercise meaningful leadership in CLCP processes. Their insights contribute unique perspectives, and their work to address community-selected issues positions them as valued problem-solvers rather than passive beneficiaries or segregated participants.

CLCP strengthens social cohesion within communities.

Social cohesion strengthens through CLCP as diverse community members cooperate on achieving the common goal of helping to protect children. The inclusive approach engages the whole community, including children. Cultural identity is reinforced when communities employ traditional media and involve respected institutions, leaders, and cultural values.

CLCP's value added owes to diverse factors centered around community ownership.

CLCP has distinctive features of ownership, contextualized action, internal accountability, children's leadership, and social cohesion. These make it an effective, sustainable approach that complements more expert-driven child protection interventions. Its capacity to address emerging issues makes it particularly valuable in an era of climate change.

Operational Lessons

Careful selection, preparation, and regular backstopping of facilitators is necessary for achieving fidelity to CLCP principles and community ownership.

Effective facilitators demonstrate good listening skills, respectfulness, trust-building abilities, and willingness to shift power to community members who lead the work. Selection should prioritize orientation and people skills. Preparation requires hands-on experience with reflection, and ongoing backstopping by experienced CLCP workers or mentors.

A slow, inclusive process is essential for the development of high levels of community ownership.

Communities need considerable time to decide which issues to address and how to address them. Extended time allows for shifting from debates to nonjudgmental dialogues, including marginalized people, and enabling initially skeptical community members to develop the caring, agency, and responsibility-taking that underlie effective ownership.

Whenever possible, use and learn about the meaning of local terminology and idioms related to children, restricting the use of technical child protection terminology.

Using local terminology related to children helps shift power to communities. Taking time to learn about community understandings demonstrates cultural humility and respect that

pave the way for local ownership. While Western concepts are relevant, it is wise to lead with local terms, with communities deciding when, and how to incorporate outside language.

Capacity strengthening should be oriented toward co-learning and driven by the community.

In Sierra Leone and Kenya, communities themselves chose to engage with NGOs for training but ensured these interactions created space for community dialogue, agency, and planning. This approach shifts power to local people and enables community ownership.

Enabling collaboration between CLCP and government efforts to protect children is necessary and mutually beneficial at all stages.

The case studies demonstrated extensive government-community collaboration. In Sierra Leone, the Government provided services that helped communities to address teenage pregnancy. In turn, the CLCP helped the Government to strengthen its approach to prevention.

Integrating economic supports with child protection can contribute to a more holistic, effective approach to reducing harms to children.

Communities consistently identified poverty and economic stresses as root causes of harms to children. In Kenya, communities included economic supports like brick making and cooperative farming to reduce pressures contributing to early sex and school dropout.

CLCP can be scaled up through diverse approaches.

In Kenya, spontaneous scale-up occurred when children from other villages implemented similar work in their own communities. India saw horizontal scale-up as NGOs expanded CLCP to more communities. Sierra Leone demonstrated mixed approaches, expanding to 8 districts with support from 16 NGOs, with fidelity to CLCP principles.

International and national NGOs can play valuable roles in CLCP as facilitators, enablers, and co-learners.

In India, NGOs facilitated the CLCP, helped document its effectiveness and enabled connections with traditional community institutions such as the Gram sabha, and collaborated with Government child protection efforts. NGOs must intentionally change their orientation from being experts who lead to playing more humble roles that shift power to communities.

Communities take a holistic, preventive approach that complements responsive work on child protection.

Child protection systems require balance in responsive and preventive efforts. CLCP is strong on prevention since communities naturally seek to address root causes of various child protection problems (primary prevention). Strong civil society initiatives such as CLCP enjoy strong ownership and complement government child protection initiatives.

6. Questions and Challenges in Community-Led Child Protection

Applicability to Diverse and Humanitarian Settings

A frequent question is whether CLCP applies beyond stable, rural communities with shared values and identity. Evidence from Kenya and India demonstrates CLCP's effectiveness in more urbanized environments, yet questions remain about how widely it applies.

Where there is no community. In divided neighborhoods, children's well-being may be a common concern that enables cooperation across different groups in CLCP. In Angola's war, displaced people and host communities were in conflict. With NGO facilitation, people from both sides had dialogues about how to support children and collaborated on improving children's well-being. Similarly, refugee neighborhoods that are relatively stable might benefit from CLCP-like processes that increase social cohesion while supporting children. Still, CLCP is not indicated in all settings. In areas with active fighting between groups, attempting community dialogues and collaboration could increase risks and raise Do No Harm issues.

Humanitarian settings. Although some acute emergencies are unsuitable for CLCP, its use is appropriate in diverse humanitarian contexts. Examples include protracted crises with pockets of relative stability, refugee settings where CLCP could strengthen refugees' voice and agency, and natural disasters in which community members move together into relatively stable settings. Although the CLCP process may need acceleration in humanitarian settings compared to stable settings, it is important to balance the need for urgent action with the risk that moving too fast could marginalize vulnerable people and reduce community ownership.

Ethical Challenges

Harmful traditional practices. A significant concern has been whether CLCP might inadvertently support harmful traditional practices such as female genital mutilation/cutting (FGM/C) or child marriage. Evidence from Sierra Leone, Kenya, and India suggests this concern may be overstated. Communities did not include such practices in their CLCP work, and in Dhanbad, India, communities actively worked to reduce child marriage.

CLCP likely discourages harmful traditional practices by creating space for difficult discussions that surface disagreements. By enabling diverse viewpoints, CLCP punctures the veneer of presumed community agreement around harmful practices and enables people to educate each other about the harms they cause to children. The consensual nature of CLCP augurs against practices that evoke significant disagreement.

Safety. In contexts with active conflict, CLCP activities could be misperceived as political organizing, potentially leading to reprisals. Careful situation analyses and attention to the Do No Harm principle are needed to guide the safe use of CLCP.

Comparison conditions. The use of comparison conditions in CLCP research raises ethical questions about denying benefits to some communities. In the case studies, CLCP was extended to comparison communities after its effectiveness had been demonstrated.

Reporting of violations. Many NGOs that support children have child safeguarding policies that include mandatory reporting of violations against children. If facilitators reported violations such as child beating, however, they would be seen as judges or monitors, and this would undermine community trust and the CLCP. In extreme cases, mandatory reporting could cause severe harm or death to a child. In India, rather than imposing outside rules, organizations engaged in dialogues with community stakeholders to develop a locally appropriate approach that respected children's safety, community leadership, and the importance of prevention. These ethical complexities highlight the need for inclusive ethical discourse in an era of localization.

Operational Challenges

Community Power Dynamics. Over time, CLCP's inclusive process may erode, enabling men to exercise greater influence than women, and economic challenges may diminish participation of poorer families. Facilitators and community members may address these challenges through ongoing monitoring and collective reflection on enabling the whole community to own the CLCP and its benefits for children. Also, CLCP can alter community power dynamics in various ways. In Sierra Leone, highly involved CLCP participants were sometimes suspected of working for payment rather than volunteering. Open dialogue about participants' motivations helped to mitigate this challenge.

The engagement of formal leaders also raised challenges of power dynamics. In Sierra Leone, Paramount Chiefs recused themselves from discussions to avoid stifling open dialogue, instead sending representatives to observe and report back. However, this approach may not be suitable in all contexts, particularly in traditional Indigenous communities where Chiefs' participation might be culturally appropriate and expected. This situation highlights the need for flexibility in structuring CLCP processes in different contexts.

Turnover and pressures on engaged community members. Highly active CLCP members may become overextended, adding to personal and familial burdens. These pressures can lead to mental health concerns, burnout, and attrition, potentially weakening CLCP effectiveness. Mutual support approaches helped to address this challenge, as in India, natural leaders supported each other when someone became overburdened. Since economic challenges often drive these stresses, communities in Sierra Leone used small funds for community gardening, relieving economic pressure.

Facilitation challenges. Maintaining nondirective, CLCP facilitation proved challenging as the facilitators sometimes fell back into guiding people, which undermines community power and ownership. Regular backstopping and mentoring addressed this challenge, helped facilitators improve their skills, and reduced communities' dependency on them.

Men's participation. Engaging men fully in CLCP was particularly challenging in India where concerns about child marriage animated women more than men. This challenge likely stems from patriarchal norms prescribing childcare as women's responsibility and also from early engagement with women dominated groups. Communities addressed this challenge through engaging men as parents, awakening their sense of responsibility. Facilitators can strengthen

men's involvement by asking supportive questions about their parental roles and ensuring their participation from the early phases of planning.

Measurement challenges. Quantitative bias and contextual relevance are often challenges in efforts to evaluate CLCP's effects. Excessive reliance on quantitative methods can leave community people feeling that their voice, culture, and preferences are not being attended to and that outside experts are in charge. Contextual relevance becomes problematic when measurement approaches do not respect local culture and rely on terms, categories, and scales derived from Northern contexts, with minimal adaptation to the local context. These challenges can be addressed by interweaving qualitative and quantitative approaches, starting with qualitative learning that elicits local views and using the learning to develop contextually relevant survey instruments.

Systemic Challenges

Funding. CLCP requires flexible, long-term support, yet most donors emphasize short-term grants and demand quick results. Funding challenges have intensified in 2025 due to severe cutbacks in humanitarian funding. Other donors must increase funding and develop flexible mechanisms for directly supporting communities or national NGOs that enable CLCP.

Knowledge generation and flow. Knowledge is power, and the knowledge industry privileges the global North. Most evidence-strengthening work in child protection focuses on Northern derived interventions. Stronger emphasis is needed on learning from the global South, including about CLCP, and enabling South-to-North knowledge flow.

Dependency. Dominant, expert-driven approaches have poor sustainability as communities look to outside NGOs to lead child protection. This dependency violates the Do No Harm principle and enables problems such as money-seeking behavior by community people. Greater emphasis is needed on community agency and internally driven action.

Fragmentation. The humanitarian system's excessively sharp boundaries between sectors can limit the effectiveness of child protection, which is inherently interconnected with education, economics, and health, among others. CLCP helps reduce fragmentation through holistic approaches that interweave elements from different sectors.

Coordination. Coordination mechanisms often lack sufficient local actor participation. Increasing representation from diverse communities and national NGOs supporting CLCP would enable power shifting and develop inter-community learning about and ownership of child protection and well-being.

As CLCP continues to evolve, these challenges present opportunities for deeper learning and adaptation. CLCP is not a singular approach but a flexible family of approaches that respect core principles while adapting to diverse contexts in ways that shift power to local actors and communities.

7. Strengthening Practice: Recommendations and Call for Transformation

Recommendations for Practitioners

- 1. Prioritize the use of CLCP as a means of shifting power to local people and enabling high levels of ownership.** While expert-driven approaches remain valuable, especially in acute emergencies, they often achieve low ownership and sustainability. CLCP shifts power to local people by enabling inclusive dialogue and decision-making, putting communities in the driver's seat. This whole-community approach promotes self-reliance and prevention.
- 2. Use an initial learning process that brings forward children's voices and lived experiences, lays the foundation for community ownership, and enables understanding of community power dynamics.** Since community ownership builds on local understandings and mobilization, it is essential to use open-ended, qualitative methods that invite narratives about children's lived experiences, awakening collective care and responsibility. This approach enables learning about power dynamics and sets the stage for a whole community approach.
- 3. Create greater space for community agency, action, and accountability on issues of child protection and well-being.** Communities need time, flexibility, and opportunity to develop and implement their own planning, action, and accountability processes. Rushed decisions often reflect mainly the influence of powerful people and limit children's voices. Communities should work according to their own timeframe, with collective readiness and mobilization developing from within.
- 4. In adapting CLCP to diverse settings, including humanitarian settings, use a flexible, holistic, community-owned approach that adheres to CLCP principles, with attention to documentation and pilot testing.** CLCP can be used effectively in many humanitarian contexts, respecting ongoing needs for dignity and agency. Because extensive learning is needed, it is a priority to document different approaches through case studies and pilot testing, enabling collective learning and practice strengthening from diverse contexts.
- 5. Recognize the difference between community-based child protection and community-led child protection, ensuring that the latter demonstrates fidelity to CLCP principles and enables high levels of community ownership.** Participatory community-based approaches with experts making the decisions are useful but do not achieve high levels of community ownership. Strong community ownership arises from community agency, responsibility taking, and decision-making at all stages, which is promoted by adherence to CLCP principles. Both approaches are complementary and valuable in appropriate contexts.

Recommendations for Donors

- 1. In localization efforts, recognize the importance of enabling the agency, ownership, and accountability of communities in protecting children.** Communities are vital child protection actors yet are often sidelined in localization efforts focused primarily on transferring money. Shifting power to local actors should prioritize community ownership and enable local autonomy and community agency, decision-making, and action on behalf of children.

2. Support CLCP through the provision of flexible, holistic, longer-term funding either to the community itself or a national or sub-national body such as an NGO that will support CLCP. Time and flexibility are essential for the development of community ownership. Flexible, longer-term funding should come to communities themselves via collectives or their leaders, or to national NGOs that have agreed to use it and have capacities to support CLCP.

3. Simplify and lighten the requirements on communities for grant administration, management, monitoring, accountability, and reporting. Burdensome grant requirements disadvantage community actors with limited literacy or familiarity with international donor systems. Alternative approaches with lightened requirements are needed and could enable funding community collectives, or Southern NGOs and alliances that support CLCP.

4. Support and fund efforts to learn about and strengthen the effectiveness of CLCP in humanitarian and development contexts. Much needs to be learned about how to adapt CLCP to and strengthen it in different humanitarian and other contexts. It is vital for donors to fund learning efforts about community-owned approaches and to support the flow of the resulting knowledge from the global South to the global North.

Recommendations for Policy Leaders

1. Increase the ownership and decision-making power of local actors in the humanitarian and development systems. Power asymmetries violate the humanitarian duty to support affected people's dignity. Policy leaders should support shifting power to local actors, including communities, and enabling the influence of Southern-derived knowledge.

2. Take a holistic, ecological approach in shifting power to local actors. Effective child protection requires action at different levels and engages a mix of non-formal, unregistered actors and formal, registered actors. Since communities are key in protecting children, efforts are needed to shift power to communities and enable them to receive funding for their efforts.

3. Support the wider use of CLCP, making community power and ownership central in child protection efforts and strengthening the balance between civil society and government efforts. CLCP has proven to be effective and scalable in diverse settings. CLCP enables high levels of community ownership while complementing and supporting government efforts to protect children through laws, policies, and services.

4. Enable the voice, agency, and leadership of children in work on child protection by using CLCP. Children comprise half or more of many populations yet have little voice in decisions affecting their lives. CLCP creates space for children's leadership and influence, supporting their role as valuable community members.

5. Support the documentation and widespread dissemination and use of community owned action to protect children. Like donors, policy leaders should support documentation and learning from community owned action to protect children and help to share the learning widely.

Transformation for Community Ownership: Shifting Power in Child Protection

Achieving high levels of community ownership in child protection requires a transformational approach at multiple levels. At individual level, practitioners need strong skills in empathy, listening, trust-building, and enabling inclusive dialogue. However, these skills must be grounded in authentic humility, recognizing that communities possess significant local knowledge, contextualized problem-solving abilities, and resources that outside specialists lack. Critical reflection enables practitioners to reposition themselves from experts to co-learners, facilitators, and supporters who help to enable localized child protection and interweave Western and local approaches.

To shift power to Southern actors requires rethinking the roles of national and international organizations. Greater decision-making power needs to be vested in Southern organizations possessing in-depth contextual understanding and long-term community relationships, with international NGOs playing support roles such as facilitation, documentation, and co-learning. To make this transformation, organizations will need to recognize communities' problem-solving abilities, seeing them as capable actors rather than beneficiaries; develop flexible, contextual operations that follow communities' lead rather than donors' requirements; and adopt holistic, intersectoral approaches aligned with community priorities. Making these changes entails changes at diverse organizational levels such as the Board, management and operations, and fund-raising levels.

At government level, there is a need to develop an appropriate balance between government-led approaches and civil society approaches, which are complementary in child protection. To support CLCP, governments will need increased appreciation of community problem-solving abilities and decreased reliance on expert-driven approaches. They will also need to identify and collaborate with national organizations and community groups skilled in supporting CLCP and provide flexible, longer-term funding that enables community ownership.

System Level Transformation. At every level, from UN agencies to country coordination groups, Southern actors should hold greater power and decision-making authority. An essential first step is to learn from diverse Southern stakeholders about their criticisms of existing systems and ideas about changes needed to embody Southern-led approaches. Regional alliances led by people from the global South could become prime agents of humanitarian action and development work that addresses regional child protection issues while prioritizing locally owned approaches.

Conclusion. The historic process of shifting power to local actors has only begun in child protection and wider humanitarian work. The time has come to prioritize community-owned child protection and shift power to local people. CLCP is a valuable tool that places power in communities' hands, and they develop contextualized, effective, and sustainable actions to support children. Enabling community power through approaches like CLCP leads to local ownership, increased equity, and children's sustained well-being worldwide.

1. Community Power and Ownership in Child Protection

Introduction

Background

The protection needs of children, defined under international law as people under 18 years of age, are increasing rapidly worldwide. Armed conflict affects 1 in 6 children worldwide (Byrne et al., 2025; Save the Children, 2022). Children are also exposed to an expanding array of natural disasters, due in part to climate change. Even in relatively stable settings that are not affected directly humanitarian crises, children face myriad, severe protection risks such as violence against children, family separation, sexual and gender-based violence, dangerous labor, trafficking, substance abuse, recruitment into armed forces or armed groups, discrimination, and social exclusion, among many others (Alliance for Child Protection in Humanitarian Action, 2019; Byrne et al., 2025). These risks pervade children's social environments and damage children's healthy development and well-being at multiple, interacting levels—individual, family, community, societal, and international.

The expansion of these and other risks, coupled with recent dramatic reductions in humanitarian funding (Alliance for Child Protection in Humanitarian Action, 2025a), has badly strained systems of international aid and humanitarian action and opened the door to rethinking the systems. Questions have also arisen about the equity and colonial resonances of dominant humanitarian and development systems, which privilege international actors such as UN agencies, international NGOs, and donors mostly from the global North. As a result, many donors now require movement toward localization and shifting greater power to local actors.

This situation warrants reflection within the global child protection sector about how to better meet the needs for child protection, how to localize and enable local ownership, and how to shift power to local actors (Firelight Foundation, 2021; Gomez et al., 2021). Since community-level work has long been an important part of international child protection work (Alliance for Child Protection in Humanitarian Action, 2020; Benham, 2008; Ellermeijer et al., 2023; Wessells, 2009, 2015), it is useful to consider community-level approaches and tools that can help to address the pressures mentioned above and provide positive, sustainable outcomes for children.

A highly useful approach in this respect is community-led child protection (CLCP), in which the community holds the power and is in the driver's seat. The community itself identifies the child protection issues and priorities, plans how to address them, and mobilizes local action that supports children's protection and well-being. Strong community ownership is a defining feature of CLCP and is a key driver of its effectiveness and sustainability.

Purpose and Overview

The purpose of this report is to synthesize multi-country learning about CLCP and to examine the challenges to and opportunities for this locally owned approach in an era of localization. Drawing on work in Sierra Leone, Kenya, and India, it analyzes how community-

led child protection strengthens children's protection, shifts greater power to local actors, sparks high levels of community ownership, and enables ordinary people—girls and boys, parents, teachers, and members of local religious, youth, children's groups, and other community groups—to have greater voice and agency on issues relating to children and to find meaning in working collectively to support children's well-being.

Although numerous country-specific reports and publications have documented the effectiveness of CLCP (see <https://communityledcp.org>), CLCP is relatively new, and much remains to be learned about it, how it can apply to different contexts, and how it can support localization and efforts to change global humanitarian and development systems. For example: How can it be used in humanitarian settings or settings where little sense of community exists? What role does community-led action have in an era of localization, and how, operationally, can localization support community-led action? What is community ownership, how does it arise in CLCP, and what is its role in community efforts to support child protection and well-being? Do children have significant voice and influence in these processes? How do community people in diverse contexts see CLCP and its approach? What challenges arise in connection with CLCP and how can they be addressed?

To shed light on these and other questions, this report examines CLCP in multiple contexts; identifies cross-cutting themes, findings, and lessons learned; analyzes the challenges associated with CLCP and the opportunities it presents for shifting power and enabling transformation; and offers recommendations that can help to guide future work on child protection. Chapter 1 situates work on CLCP within global movements to localize aid and shift power to local actors. It also provides an overview of CLCP, its origins, and its cycle and phases. The next three chapters provide in depth, living examples of the CLCP work in Sierra Leone (Chapter 2), Kenya (Chapter 3), and India (Chapter 4), with attention to its community ownership, effectiveness and how it shifted power to community actors. Chapter 5 analyzes cross-cutting themes and converging lessons learned that emerge from the three country contexts. Chapter 6 examines complex challenges associated with CLCP, and Chapter 7 provides recommendations for strengthening child protection through enabling high levels of community ownership. The report concludes with a call for transformation in orientation and action by practitioners, organizations, governments, and systems in child protection work, with a significant shift in power and ownership to local actors, including communities.

Shifting Power to Local Actors

It is important to relate CLCP to global changes that are affecting humanitarian and development systems. Globally, efforts to shift power to local actors derive from multiple considerations and social movements, the most prominent of which is the international agenda of localization.

Localization

The dominant means of providing international development and humanitarian aid have come under criticism for having a severe power imbalance and being insufficiently inclusive (Bagious et al., 2021; Robillard et al., 2021). In the dominant approaches, actors such as UN

agencies, international NGOs, and donors in the global North drive the decisions about global development and humanitarian aid and their priorities, approaches, coordination, funding, and accountability. Local people and organizations from low- and middle-income countries (LMIC) mostly in the global South have held and still hold relatively little power in humanitarian and development systems. They have been marginalized since they are often not at the table or have relatively little role in making the decisions that guide development assistance and humanitarian action in their own countries.

This pattern of exclusion and marginalization of people in LMIC settings has also raised significant concerns about the need for accountability to people who live in areas where development assistance and/or humanitarian action are needed. It also sits poorly with the fact that local people and organizations often play important roles in development, by, for example, addressing root causes of problems such as poverty.

Led mainly by international donors, policy leaders, and practitioners, localization is a movement or agenda centered around the importance of shifting power to local actors. Localization became a priority largely through the 2016 World Humanitarian Summit that generated Grand Bargain commitments that included, among other things, increased direct funding to local humanitarian organizations, investment in strengthening the capacities of local humanitarian organizations, the development of more equitable partnerships, and including local humanitarian actors in coordination processes (Robillard et al., 2021). Subsequently, localization was extended into the wider international development arena, which has entrenched power imbalances and has privileged actors in the global North. Since 2016, most international development agencies such as the European Union, USAID, and international NGOs have prioritized localization in their development work (Robillard et al., 2021). Facilitating this extension was the recognition that in many contexts, the boundaries between humanitarian crises, longer-term development, and peacebuilding have been blurred, as is recognized in a cross-cutting, nexus approach (IASC, 2023; Stamnes, 2016). Since localization can mean different things to different people, it is best seen not as a coherent, well-defined approach but rather as a collection of responses that feature the shifting of power to actors in the global South.

Localization and child protection. The need for localization in child protection is visible in the power imbalance between international actors and local communities. In dominant approaches, it is mostly international experts and agencies that identify the key child protection issues, indicate the needed child protection interventions, and lead the programs that aim to address child protection issues and support children's well-being. Although communities are often valued partners in this approach, the partnerships are unequal since the key decisions are made by the international experts and agencies, who also hold the power of the purse. The fact that communities are often regarded as implementing partners or even as 'beneficiaries' indicates their secondary position and relative lack of power. This position undermines their dignity, blunts their sense of agency, and boosts their dependence on outside organizations.

Localization initiatives in child protection recognize the necessity and value of shifting greater power to local actors, including children, and strengthening their voice, ownership, and impact (Alliance for Child Protection in Humanitarian Action, 2025b; Save the Children, 2023). Localization initiatives value the highly important roles that government and civil society actors

already play, from being first responders in crises to supporting long-term development and helping to build effective, sustainable child protection systems (Child Protection Area of Responsibility, 2025). In the child protection arena, localization may involve steps such as local actors playing leadership roles, having a voice when key strategic decisions are made, receiving and managing their own funding, or themselves driving child protection actions and system strengthening, among others.

Challenges. To date, localization initiatives have fallen short of their funding goals both in the wider arena (Robillard et al., 2021) and in child protection (Alliance for Child Protection in Humanitarian Action, 2024). Localization also faces a host of other challenges, most of which have been discussed elsewhere (Bagious 2021, 2022; Bagious et al., 2021; Dizolele et al., 2022; Mulder, 2023; Pinnington et al., 2024; Robillard et al., 2021; Toukan, 2025; Von Brabant et al., 2018). For our purposes, it is useful to identify challenges that have received less attention yet affect community power and ownership.

A significant challenge is that the localization agenda has used a problematic conceptualization of power. As noted above, localization began in no small part as an effort to provide funding directly to local actors. Although funding is one aspect of power and local control over funding and other resources is highly important in supporting community-led action for children, it is not the backbone of community power.

Imagine, for example, that an international donor gave ‘localized’ funding to a government in a LMIC setting on the idea that a government is a local actor. The government distributed the funding to communities, which were required to spend it on addressing four prespecified child protection issues using government approved child protection interventions. However, a remote, Indigenous community with its own distinctive context, identity, and ways of being had significant risks to children that were not on the approved government list. Unfortunately, the community lacked the ability to make its own decisions, choose which issues are most important, and decide how to address them using their own understanding of the context and problem-solving abilities. In this situation, the community, which itself is an important local actor, had little power to do what it thought was best to protect children. This example not only illustrates the complexities inherent in defining the term ‘local’ (Bagious et al., 2021) but also underscores that money is not the essence of power. Essential dimensions of community power are the importance of setting one’s own priorities and making one’s own decisions about how to protect and support children.

Broadly, power may be conceptualized as autonomy (Singh, 2024) and the ability to set one’s own priorities and make the key decisions that guide one’s planning and action aimed at achieving those priorities. Money can be an important determinant of power but is not necessarily its central dimension (French & Raven, 1959). Rather than privileging monetary aspects, this definition emphasizes autonomy and agency (Bagious, 2022; Sen, 2000) as embodied in communities making their own decisions, setting their own priorities, enabling their own ways of being, and achieving their own goals regarding children’s well-being. Although it recognizes that resources such as money are important influences on community action, it does not elevate money above community agency and decision-making about whether and how to use diverse resources to support children.

In the current systems of humanitarian action and development work, which are mostly expert driven, it is outside experts and organizations that identify the key issues, indicate the interventions that are needed, lead the implementation, and evaluate the results. Communities' inability to make the key decisions limits their autonomy and agency to make the key decisions about protecting their children. This limited autonomy can undermine people's motivation to help and feel responsible for children. It also undermines their leadership and makes them dependent on others. Seeing dominant child protection programs as 'NGO projects,' communities tend not to take ownership for them. From this standpoint, a key priority is to shift decision-making power to communities, which then set their own priorities and make the key decisions that guide their planning and action on behalf of children. This view does not mean that outside views, experience, and expertise have no place. Rather, it means that communities are in the lead, with international actors potentially playing support roles, as discussed below.

A second significant challenge is that the localization movement has marginalized communities (Bell, 2023; Fiddian-Qasmiyeh, 2018). Since localization has often focused on shifting funding to local actors, it has mostly supported organizations and entities that are legally recognized and entitled to manage funding. This organizational focus includes valuable local actors such as government agencies, national NGOs, and community-based organizations (CBOs). However, it quietly sidelines most communities, which are significant local actors who should be central in localization efforts (Singh, 2024). Since many communities are not officially registered organizations, they may be ineligible to directly receive external funding. This marginalization of communities is not in the best interests of children, who often face multiple risks at community level, since communities are or can be significant sources of support for children.

A third challenge is that although localization aims to shift power to the global South, it is a mostly Northern initiative. This arrangement runs the risk of instrumentalizing Southern actors (Fiddian-Qasmiyeh, 2018) and continues the power asymmetry between the global North and the global South that had its origins in colonialism.

Decolonization Initiatives

The move to shift power to local actors gains strength also from decolonization efforts and related social movements. The colonial era deepened and institutionalized enormous disparities of wealth, power, and status between colonial powers and colonized countries in the global South. Living in systems of oppression and power inequity, local actors in the global South were systematically exploited, suffered extensive physical and psychological degradation, and were denied fundamental rights as human beings. Subjected to powerful racism, local people were portrayed as inferior, denied extensive decision-making power, and were depicted as needing the civilizing hand of European and other powers from the global North.

Although colonialism has ended, its resonances and institutionalized inequities and privileging of actors in the global North have not. In the humanitarian and development arenas, colonized structures continue, as actors from the global North hold the power of the purse, make the key decisions about priorities and how to achieve them, and lead the programs that aim to support human well-being and development (Aloudat et al., 2022; Byatnal, 2021; Currión, 2020;

Green, 2020; Peace Direct, 2021). This system also privileges knowledge and scientific ways of knowing from the global North, thereby marginalizing ways of knowing and being from the global South and enabling epistemic violence (Berenstain et al., 2021; Mohanty, 1988; Quijano, 2000). This privileging of Northern knowledge can undermine the dignity, identity, and ways of knowing and being that are characteristic of Indigenous people. Diverse analysts have voiced concern that racism remains deeply entrenched within humanitarian and development systems (Alouda et al., 2022; Easterly, 2007; Khera et al., 2024; slim, 2020).

To address this situation, valuable decolonization initiatives have arisen in diverse areas such as global health (e.g., McCoy et al., 2023). Broadly speaking, these initiatives aim to end ongoing power asymmetries and shift decision-making power to local actors in the global South. They also seek to combat racism and enable greater respect for the capacities and ways of knowing and being of local actors. The efforts to combat structural racism have been bolstered by the large-scale social movements to end racism that arose out of reaction against the brutal police killings of George Floyd and other black citizens in the U. S. In the humanitarian and development arenas, these social movements have sparked more reflection on ongoing racism and how it is silently embedded in existing institutions and systems, though it remains to be seen how deep or transformative this reflection will be.

In the humanitarian and development worlds, decolonization efforts continue to spark a mixture of change, ongoing debate, and uncertainty. Some analysts have argued that the localization agenda itself is highly problematic since it originated in and served the interests of actors in the global North (Singh, 2024). Other analysts and practitioners have chosen to focus on the importance of shifting greater power to actors in the global South, including in ways that do not fit the localization agenda. Although, it is too early to discern the outcomes of these debates and social movements, they are disrupting old systems and patterns of action and are leading people to unlearn and rethink their roles about how they might contribute to human well-being. Collectively, these efforts have contributed to an emergent consensus that power needs to be shifted to actors in the global South.

The Strengths and Responsibilities of Local Actors

Perhaps the most basic rationale for shifting power is that local actors have significant, if often underestimated, capacities for supporting children in difficult circumstances. Local people have strong problem-solving abilities, a rich understanding of the context, significant strengths and assets, and felt responsibility to protect their children. Local people are often the first responders in times of crisis, and they have also played highly important roles in development initiatives such as those to address poverty. Dynamic youth groups, women's groups, religious groups, and natural and official leaders often engage in creative, appropriate action to address local problems. Making these local resources or assets more central in child protection could enable humanitarian and development work to fit the local context and enable local solutions to local problems. It could also help to reduce the use of decontextualized approaches that frequently limit internationally guided efforts. Bringing community resources and assets to the center could boost the dynamism and creativity of humanitarian and development efforts and also enable the sustainability of processes and outcomes that support children.

From an ethical standpoint, local actors should play a central role in child protection since the affected children belong to and are the responsibility of local families, communities, and societies, who often see children as their hope for the future and bearers of their identity, values, and culture. By strengthening self-reliance and sustainability, locally driven action could help to reduce the dependency on outside aid and agencies that too often accompany international work on child protection and other issues. These considerations have been important in shaping work on community-led child protection.

Overview of Community-Led Child Protection

Broadly, CLCP includes child protection efforts that are endogenous and arise without outside support and also efforts that are facilitated by external agencies such as international or national NGOs. Although this report recognizes the benefits of each, it focuses on the latter because outside agencies continue to play a key role in child protection globally, and there is increasing interest in how they can shift power to local actors. Also, in diverse contexts that have been affected by armed conflict, worsening poverty and other scourges can disrupt community action on behalf of children and even unravel the social fabric. External actors, particularly those from the global South, may play a useful role in helping communities to get back on their feet and engage in collective planning and action to support children's protection and well-being. A central thesis of this report is that by changing their approach in a manner that puts communities in the driver's seat and that adopts a spirit of accompaniment and co-learning, organizations can enable more community owned, effective, and sustainable child protection.

The Development of CLCP

In diverse respects, CLCP has roots in learning and work in the global South. The proximal origins of CLCP include work in Latin America on liberation theology (Gutiérrez, 1971) and liberatory action (Freire, 1970), which called for ordinary people and collectives to take stock of structural oppression and to engage in social action to correct it. The social justice approach spawned by this spread to other continents such as Africa (e.g., Montero & Sonn, 2009) and has become entrenched in contemporary fields such as global health that are allied with the fields of child protection and also mental health and psychosocial support. In many countries, community knowledge and power was prioritized through participatory action research (Johnston-Goodstar, 2013; Kemmis & McTaggart, 2000; Minkler & Wallenstein, 2006), in which community groups or entire communities learned about their collective problems and then took steps collaboratively to address them, often with support from external organizations.

In some respects, CLCP grew out of community-based work on child protection and also on mental health and psychosocial well-being. Community-based child protection, for example, had long recognized the value of community assets and resources, community ownership, and community empowerment, and capacity strengthening that can enable communities to continue addressing problems on their own, even after formal programs with external funding had ended (Benham et al., 2008; Boothby et al., 2006; Miller & Rasco, 2004). Similarly, community-based work on mental health and psychosocial support (MHPSS) recognized that communities often provided better care for people with mental disorders than institutions could provide (Miller,

2004) and that communities have significant strengths and resources, including cultural resources, to use in addressing MHPSS needs (IASC, 2007).

The more recent origins relate to inter-agency efforts to take stock of community-based approaches to child protection and to develop more effective approaches. For example, in 2008, numerous international NGOs that worked on child protection and used Community-based Child Protection Committees (also called Child Welfare Committees) came together through the global Child Protection Working Group, the precursor of the current Alliance for Child Protection in Humanitarian Action. Save the Children (London) facilitated, with oversight from a Reference Group that included the Displaced Children and Orphans Fund (USAID), Oak Foundation, PULIH (from Indonesia), Save the Children Alliance, UNICEF, and World Vision. The Reference Group commissioned a global review of both published and grey literature that sought to examine the effectiveness and sustainability of community-based child protection efforts. The findings showed a paucity of strong evaluations, modest levels of effectiveness, and poor levels of sustainability (Wessells, 2009). Among seven effectiveness factors, community ownership was the most significant determinant of effectiveness and sustainability.

With support from UNICEF/Kenya, the Reference Group convened a meeting in Nairobi in September, 2009 to plan a way forward. This meeting included not only global organizations that were involved in child protection but also a mix of Kenyan organizations and also local actors such as community leaders from East Africa. The meeting reflected on what was being learned about community-based child protection mechanisms in different parts of the world and also on the research and other steps that could be taken to strengthen child protection in and with communities. The main outcome of the meeting was the formation of the Interagency Learning Initiative (ILI) on Community-Based Child Protection Mechanisms and Child Protection Systems, which was active in the period 2010-2018. Save the Children coordinated the ILI, the members of which included diverse international NGOs such as ChildFund, Plan International, Save the Children, Terre des hommes, War Child Holland, and World Vision. The ILI received support and funding from the Oak Foundation, USAID DCOF, USAID PEPFAR, UNICEF, Save the Children, and World Vision.

The ILI enabled a multi-year program of action research in Sierra Leone and Kenya, thereby including post-conflict and development settings and the engagement of UNICEF offices that had expressed keen interest in supporting the research. To help strengthen practice, the action research aimed to: (1) identify and learn about the functioning of community-based child protection processes and mechanisms that were indigenous or external; (2) construct rigorous measures of child protection and well-being outcomes that reflect local definitions and understandings; and (3) test the effectiveness of community-driven models for strengthening linkages between community mechanisms and the national child protection systems on children's outcomes. On behalf of the ILI, the technical lead on the research was the Columbia Group on Children in Adversity (M. Wessells as Principal Investigator), which ended in 2018 and was succeeded by the Child Resilience Alliance (CRA). Broadly, the methodology used by the ILI included extensive consultation with different stakeholders, rapid ethnography, and the use of quasi-experimental designs to test the effectiveness of community-led actions to address community selected harms to children. The effectiveness testing included repeated measures and

the use of locally relevant outcome measures. The work in Sierra Leone and Kenya continued through 2023 through the work of talented national teams supported by CRA.

Beginning in 2015, the CLCP work was extended to India, with support from the Oak Foundation. As discussed below, this work differed from that in Sierra Leone and Kenya in that it was implemented from the start with facilitation by four Indian partner NGOs. Although the work was not officially part of the ILI, it offered an important opportunity to learn about and test the effectiveness of CLCP in an Asian context and one of the world's most populated countries. With this rich history of research, this report contains three country case studies of CLCP in Sierra Leone, Kenya, and India, respectively.

In all three countries, the CLCP work sought to include the voice and agency of children themselves. As the work unfolded initially in Sierra Leone, Sierra Leonean actors, including community leaders, decided to take a highly inclusive approach that aimed to mobilize entire communities around supporting children. The desire was to have many, if not most, community members, including children and people who are often marginalized, having strong, internal motivation to support children and contribute to the development of collective, locally appropriate processes of child protection. Because this inclusive approach boosted the effectiveness, ownership, and sustainability of CLCP, it was extended also to Kenya and India. It is worth emphasizing, however, that communities had the power and the opportunity to say 'No' to inclusive approaches.

The three country case studies made it possible to test the effectiveness of CLCP in very different contexts. It is important, however, not to fixate excessively on the approach developed in the three countries, as CLCP is inherently a flexible process in which communities can set their own rules and timetables. In this respect, there is no one size fits all regarding CLCP. Learning from these three countries is offered in a spirit of ongoing, collective co-learning between local actors and national or international actors about how to enable community owned child protection.

Principles of CLCP

CLCP is neither a recipe nor a standardized intervention but rather a flexible approach that honors inclusive community leadership and follows numerous principles which are applied in a contextually appropriate manner. Because CLCP is a partnership between external actors and community members, it is useful to outline the principles (Wessells, 2018) that shift the power to communities and guide the work of the external actors.

1. Work with humility. Communities are complex entities, and it is important to enter them with humility grounded in a spirit of listening, learning, and power sharing. The spirit of learning should recognize that 'I am new to this community and have much to learn about it and how people here understand and care for children.' Working with humility is not a feigned role but a genuine, appreciative orientation that views local parents, community members, and children as people who have accumulated wisdom in supporting children. The spirit of power sharing should recognize that the community has agency and can take steps on its own to improve children's protection and well-being, but only if people have the motivation, space, and power to do so.

2. Build trust, respect, and relationships first. Trust is the essential foundation for NGOs and facilitators in enabling community-led work on child protection. Without trust, local people will likely be reluctant to get involved since they may see the discussions and processes as reflecting outsider values and priorities. NGO workers can build trust by listening to and respecting local people and by taking time to build relationships. Of considerable value is a patient approach of sitting and listening empathically, responding, and talking in an open, respectful manner with elders, women, or youth in contextually appropriate contexts, such as an urban center or under a tree. Even where time is an issue for the NGO workers, it may be possible to continue slow, respectful discussions while assessments are being conducted.

Building relationships requires having a mutual understanding about the roles of the agency. When an NGO arrives in a community, community members may assume (based on experience) that the NGO has resources to provide to those who say and do the 'right' things. At the outset, the NGO needs to emphasize the central role of the community and the limits of what NGOs can accomplish. It should be clear that the role of the NGO is to support community-led action on behalf of vulnerable children.

3. Listen in an active, nonjudgmental manner. Child protection workers often use technical concepts and terms as indicated by international standards. However, this mode of engagement puts the NGO in the driver's seat and can make local people feel they are being judged, making it difficult to learn deeply about the community and to form a strong, authentic relationship with local people. Also, there is often a pervasive listening gap, as NGO workers may not take time to listen to local people or may filter what local people say through their own 'expert' categories and priorities rather than taking a more empathic, open approach. Empathic listening is an essential first step toward deep engagement with communities, and it is enabled by asking open ended questions such as: Who are considered children in this community? What harms do they experience? What do people do already to help keep children safe and improve their well-being? What happens when harms to children occur? Such questions respect local knowledge and clarify how community people see children, child protection issues, and protective factors.

4. Build on existing community resources and strengths. A deficits focus such as one that looks only at violence against children (VAC) can give a one-sided picture, can make the community feel judged, unappreciated or misunderstood, and disempowered. The initial engagement with and learning from communities should be appreciative and seek to identify existing community strengths, assets, and resources as well as deficits. Valuable strengths may include natural helpers, female and male leaders who are seen as legitimate and as good role models, traditional or contemporary social norms of caring collectively for children, and religious groups, women's groups, or youth groups that help to support children's safety and well-being. Among the most valuable community resources is the habit of collective dialogue, planning, and action. Community-led approaches frequently succeed by activating and building on these resources.

5. Learn more fully about the context and community power dynamics on an ongoing basis. The rapid assessments favored by international NGOs have value, yet they do not allow deeper learning about communities, their context, and their power dynamics. Since every context is different, it is essential to regard each community as distinct, learn fully about it, and avoid

imposing a universalized approach that does not fit it. It is essential to learn about the power differences within the community, that is, about 'who is at the table' and 'who is not at the table'. Such learning can help to guide efforts to enable an inclusive process, and it can also help to avoid developing projects that quietly privilege the local power elite without doing enough to support the children who are most vulnerable.

6. *Encourage an inclusive community process at all stages.* A high level of inclusivity can unleash the creativity and power of different sub-groups within the community and also enables whole community ownership. Community-led approaches engage 'people power' by bringing in many different segments of the community, enabling everyone to have a voice and to take part in and 'own' decision making and action. Inclusivity also helps to avoid the problems associated with the community power elite dominating community decision making, which usually does not spark whole community ownership and engagement. If only a small number of people contributed to a community action or only particular sub-groups benefited from it, jealousies and social divisions could arise, limiting its effectiveness or leading the group to burn out.

7. *Enable collective agency and action--communities make the key decisions.* CLCP puts communities in the driver's seat and enables them to make the key decisions on things such as which issue(s) to address, how to take effective action using its own resources, which capacity building is needed, and so on. Throughout, the role of the NGO is that of facilitator rather than expert. The NGO and its community facilitator do this by means of power shifting and providing space for collective dialogue, problem solving, and decision making by the community. When communities hold the power and make the key decisions, they achieve a high level of collective ownership and responsibility for the work, thereby boosting its effectiveness and sustainability.

8. *Use a patient, flexible, dialogue-oriented approach.* Extensive dialogue between many people who are positioned in different ways is essential in CLCP. Time and patience are needed to enable inclusive dialogues that help the community to agree on common priorities and a collective vision regarding which child related issues to address and how to support its vulnerable children. Rather than following pre-established timeframes, it is important to work according to community time and to allow agreement to emerge in an organic manner. A patient, flexible approach is needed in part to enable the community to invent ways of insuring child participation with sensitivity to dimensions such as gender, social class, religion, and sexual orientation.

9. *Strengthen community capacities for mobilizing the community, making inclusive decisions, and taking effective action.* In enabling CLCP, it is important to strengthen community capacities for conducting inclusive dialogues without win-lose debate and destructive conflict, mobilizing discussions and actions that include many different people, and engaging in collective planning and action on behalf of children. Initial facilitation, often by someone outside the community, may help to get the initial dialogue and collective decision-making processes going, but the facilitator has to step back, provide space for community leadership, and strengthen community capacities for conducting CLCP in a self-reliant manner. To keep power in community hands, the capacity strengthening approach, partners, and steps should be decided by communities rather than being imposed by outside actors.

10. Enable bottom-up collaboration and linkages between communities and formal child protection stakeholders and mechanisms. Communities are not islands that can address their full spectrum of child protection issues themselves. When severe violations of children occur, it is vital to have functioning referral mechanisms that help children to receive the specialized care that they are entitled to. CLCP supports and benefits from valuable links and collaboration with authorities and government managed services at province, district, or county levels. Conversely, where local people do not know about or use such government services, CLCP often helps to address these issues and enable community collaboration with the formal aspects of the wider child protection system. In CLCP, such nonformal-formal linkages and collaboration are driven not by an NGO or outside experts but by the community itself, thereby enabling community ownership.

11. Enable children to be key actors in the community-led process. Even in difficult circumstances, children have agency and creativity that they can use to help prevent and respond to harms to children. When children become valued participants early in the community dialogues, communities are more likely to draw on the lived experiences of girls and boys in identifying the key harms to children. As communities become ready to address particular harms to children, children may become central actors and leaders in the community-led action. If, for example, the community had selected early sex as the issue to be addressed, it would be essential to have children playing a lead role in the community action since children are the key actors in sexual activities at an early age.

12. Using child rights as a guide, support social change from within the community. Rather than being an 'anything goes' approach, CLCP recognizes that local social norms may include a mixture of risk factors and protective factors. Whereas a protective norm such as sending children to school supports children's rights and well-being, some norms support practices that are contrary to children's rights. In such a situation, it is valuable to view communities as dynamic and potentially open to social change. By using child rights as a compass, well trained community facilitators can help communities to reflect on various options, even without explicitly mentioning child rights. Also, facilitators can help community people think through the negative aspects of a practice such as early marriage. Through dialogue and reflection, the community may come to see that it is inadvisable to 'protect' girls by marrying them early.

Since in CLCP, communities select the issues and design and implement the action for addressing them, they collectively drive and own change processes that they have readiness to enable. To be sure, the social change process does not happen overnight. Yet as more and more people become involved in community-led action, the weight of social behavior comes to lean in a new direction. As youth leaders, religious leaders, women's leaders, elders, and ordinary people model new behavior and come to expect others to engage in the changed behavior, reciprocal social expectations evolve and lead to a change in social norms.

13. Be prepared to step outside the usual child protection 'box'. Despite the call for intersectoral approaches in standards such as the global Child Protection Minimum Standards, the 'siloes' that pervade the humanitarian architecture are highly visible in regard to child protection. For example, issues such as teenage pregnancy are typically seen as health issues rather than child protection issues, unless the pregnancy had resulted from sexual abuse or

exploitation. Similarly, out of school children would more likely be seen as an education issue rather than a child protection issue, unless children had dropped out of school due to bullying or abuse by teachers.

As illustrated in the case studies in Chapters 2-4 of this report, communities, however, usually take a more holistic approach. Consistent with the theme of starting with where communities are, it is vital to enable communities to define the issues and address them in ways that seem most appropriate and likely to be effective. This requires greater flexibility and a more holistic approach than NGOs and other external actors typically take. Supporters such as national and international NGOs should be prepared to connect child protection with work in other sectors, including economics since communities often see poverty and related economic issues as root causes of harms to children.

If these principles are implemented successfully, the power will be mainly in the hands of the community. Nevertheless, as described below, the external actors or organizations may have important support roles such as facilitation, co-learning, documentation, and fund raising.

The CLCP Cycle

As shown in Figure 1 below, CLCP entails a cycle of learning, selection and preparation of a facilitator (or, in subsequent cycles, adjusting the facilitator's role), community planning, community action to address selected harms to children, and reflection and adjustment by the communities based on what they have learned. This cycle is recursive in several respects. As communities work to address one harm to children, they may become increasingly aware of and



Figure 1. The recursive cycle of community-led child protection.

responsive to related harms to children. For example, a community that is addressing teenage pregnancy may decide to also address child marriage via a second cycle of learning, community planning, and community action. Further, as communities mobilize themselves around protecting children, they begin to see children with new eyes, a process that is aided by children bringing forward their own voices and lived experiences. Seeing that children face many issues and feeling energized by their success in addressing particular harms to children, communities tend to carry on their process of collective learning, planning, and action, taking on a wider array of issues that can help to create a protective environment for children.

Preparatory Priorities and Actions

Before communities begin their CLCP work, the organizations that support them need to consider numerous strategic, practical, and ethical priorities. National or international NGOs first need to engage with the government and other actors within the formal child protection system. Early engagement with these actors can help to strengthen and coordinate work on child protection, build a spirit of partnership with formal system actors, and avoid the challenges associated with a disconnect between the formal system and the non-formal system and work by grassroots actors. Attention should also be paid to the selection of sites and communities. If, for example, the selected communities were all from rural areas, that might be at odds with national and regional priorities of strengthening child protection in urban and peri-urban settings that present some of the greatest needs for child protection.

Practically, a priority is to have an appropriate, multi-layered team that understands and is well positioned to support the use of CLCP. This team might include facilitators, mentors who backstop the facilitators, program officers, and program managers who will create adequate space for and nurture community-led processes and actions. In addition to respecting community abilities, this team should be oriented toward listening to and learning from and with communities, attentive to power dynamics and gender issues, and strongly committed to shifting the power to communities in all phases of work. They should also be attentive to practical issues such as how to present themselves to communities, how to talk with community people about children and children's issues, and how to background their own knowledge and expertise. It is vital to be prepared to work slowly, follow 'community time', and work with a relatively small number of communities, making it possible to support them well and learn deeply from their innovations.

The use of non-technical language is a priority for shifting power to the community, as using specialized terms such as 'child protection' or 'gender-based violence' could signal that the outsiders are experts who will define the key issues and drive the process for addressing them. A useful way of adjusting one's language is to seek the advice of people who know the local language, culture, and context. For example, if local informants said that people do not use terms such as 'child protection' but do speak of harms to children and of children doing well or poorly, this might lead to a decision to use terms such as 'harms to children' and 'children's well-being.'

Ethical challenges warrant attention even before a national or international NGO engages with community people. Even at the site selection stage, an ethical priority is to avoid

discrimination that could result from inadvertently favoring communities that represent particular ethnic, religious, or political groups. Within communities, a significant ethical priority is to decide how to respond to observed violations against children. This can be a charged issue since outside agencies typically have child safeguarding policies that mandate the reporting of child protection violations to appropriate authorities. Such mandatory reporting, however, entails action by the outside organization, which could shift power away from the community. Issues such as this defy ready-made solutions and ought to spark reflection, dialogue, and decision-making that is relevant to the context where the work is conducted.

The Phases of Community-Led Child Protection

CLCP may be thought of as occurring in four phases: (1) early engagement and learning, (2) community planning, (3) community action, and (4) reflection and adjustment. Although these frequently overlap in practice, it is valuable to outline each in turn.

Phase 1: Early Engagement with Communities, Learning, and Preparation

In the initial engagement with communities, the emphasis should be on respect, trust, listening and learning, and building positive relationships. These guide the actual entry into the communities and the process of learning with communities about the situation of children.

Entry into communities. To shift power to communities, it is highly important to pay attention to the power dynamics associated with community entry. If outsiders pull up in an expensive vehicle emblazoned with the name of a prestigious NGO, wear expensive clothing, and introduce themselves as ‘Dr.’ or with other privileged terms, this shifts the power dynamic in favor of the outsiders. Also, the name of the organization can create expectations among the community people regarding their roles. If the NGO has worked in the area using expert-driven approaches, local people may expect the visitors to engage in such an approach and may be hesitant to speak openly since they are expected to defer to the experts. For these reasons, it can be highly useful for the visiting team to arrive in a humble manner that avoids the use of large vehicles and includes dressing down and introducing oneself simply and without technical language or titles.

To demonstrate appropriate respect, it is important to adhere to the relevant cultural scripts and practices, as guided by trusted local interlocutors. In many contexts, this involves meeting first with the community leader and elders, and demonstrating respect for their authority, knowledge, and leadership of the community. Depending on the context, this initial meeting might involve sharing tea or food, meeting in the leader’s home or an area chosen by him or her, and relaxed, non-technical discussion that emphasizes the community, its children, and how it cares for its children as they face various challenges and issues. To be nonjudgmental, this discussion could emphasize community strengths and have an appreciative tone.

A key step is to introduce the visitors and their purpose in a manner that is non-technical, and free of assumptions about whether the community may be interested in partnering with the outsiders on issues of children’s well-being. It is appropriate to frame the purpose in terms of learning more about the children in the community using a participatory approach. As illustrated

in two of the case studies (see Chapters 2 and 3), this may be done partly by the outsiders introducing themselves as the Children's Learning Group, or something similar. This approach not only highlights the interest in learning about children but also reduces expectations of money and the conduct of 'projects' that might arise if the visitors had arrived in an NGO vehicle and identified themselves as representatives of the NGO.

The rationale for the learning process might emphasize that children grow up in a rapidly changing context and face new challenges, making it important to learn about these and how the community addresses them. It could also indicate that the findings from the learning activities will be shared with the community members, who could say whether the findings are accurate and, if they are, decide what to do based on what has been learned. To avoid a deficits approach, the visitors could describe some of the kinds of things they want to learn about children, with emphasis on aspects such as 'Who is considered a child?', 'What does the community do to enable children to be well?', and 'Who in the community helps children who are suffering, have dropped out of school, or have been harmed by other people?'

The description of the learning process could indicate the intent to learn from many different community members, including girls and boys, people who are very poor, and people who have disabilities. A brief description of the learning process could mention that the activities include games with children that everyone could watch; small group discussions with sub-groups such as girls, boys, women, and men; and key informant interviews with selected people from those sub-groups and also with community leaders. Experience from the case studies presented in Chapters 2-4 indicates that the community leaders will recognize the value of this learning from different community people, announce the process to the community, and invite people to take part but only if they want to do so. Usually, the leaders deliberately keep themselves in the background to enable community members to speak freely.

The discussion with community leaders could also seek their advice on how to address various ethical issues in the learning. For example, if the learning team will engage with some people but not everyone, that could lead some people to feel left out and discriminated against. Through collaborative problem solving with members of the learning team, the community leaders could give the visiting team pointers on how to explain the process to community members in ways that reduce and manage these and other issues.

To help set the stage for an inclusive learning process, the initial visit(s) might engage with diverse community people, if this is contextually appropriate the community leaders support it. Activities such as short meetings with members of women's groups, religious groups, and youth groups could help to engage with the wider community. The visitors might also take a transect walk on a randomly selected path through the community, taking time to meet various people and talk with them in a respectful manner regardless of their age, gender, ability status, or economic circumstances.

Learning process. Participatory methodologies are recommended since they provide illuminating information and help to shift power to community people. Useful methodologies might include rapid ethnography, which features participant observation and open-ended learning from children and people who are positioned in different ways (Wessells, 2011); the use

of participatory tools such as problem-trees and children's risk mapping (India learning), and reflective tools such as the River of Life (Carmody, 2023); photovoice (Suffla et al., 2015); and youth-led approaches to film making (Malherbe et al., 2019) in which selected community youth form a learning team and guide the learning process.

A narrative, child focused approach using the local language(s) is highly important in enabling children's voice and learning from their lived experiences. The asking of open-ended questions such as 'What are the main harms to children here?' enables children to say whatever they think are the main harms to children. Similarly, a question such as 'What or who here helps children to be well?' enables children to identify what and who helps them to be well emotionally and socially as well as physically. As children narrate, they tend to identify things that they see as highly impactful, and they bring forward their own perspectives, which may differ from those of adults. As children describe their lived experiences and perspectives, they hold significant power, which enables their agency and participation in subsequent community planning and action. This shifting of power to children is vital for enabling adults to learn more fully about children's experiences and their impact, which can awaken community caring and responsibility taking. Ethically, it is important to avoid asking personal questions that could result in retraumatizing children or stigmatizing them. Rather than ask questions such as 'What harms have happened to you?' or 'Who helped you after you were raped?' it is best to ask general questions such as 'What harms happen to children in this village?' (without names or particular events).

Survey based, quantitative data can also be useful to collect, enabling a mixed methods approach, as discussed further in Chapter 7. However, beginning the learning process with a survey constructed by outsiders can backfire since it places power in the hands of the outsiders. Also, outsider questions may miss key harms that children and other community members would have likely identified in an open-ended, narrative approach. A better way to reap the benefits of using a survey would be to begin with the open-ended, narrative approach to learn what children and other people see as harms to children. Subsequently, this information could be used to develop a survey instrument that could be tested, validated, and used to collect quantitative information.

A successful learning process also includes effective selection, training, and preparation of the learning team that will collect the data. To enable trust and the collection of accurate data, the learning team members should include people from the local area who speak the local language(s), understand the context, are acceptable to the community, and know how to put people at ease so they can speak openly. Learning team members should be empathic, curious, ethically sensitive, quick on their feet, and able to take a flexible, semi-structured approach that includes the ability to move with the participant's narrative, asking appropriate probing and follow up questions, without making people feel they are being judged.

The training and preparation of the learning team will benefit from being as highly participatory as the learning methodology itself. Particularly useful are role plays with discussion, feedback, and another try; group discussion and problem-solving; out of class or field assignments; analysis of translation processes and their complexities; discussions of adherence to the methodology, the quality of the data, and the management of potential biases; and ethics

reflections and discussions. If narrative methods are used, special attention needs to be given to capturing the exact words of the participants, the complexities of translation, and the preparation and checking of the records of the interview or discussion. Careful attention also needs to be given to inclusive participation and to power dynamics, gender, and working with children and marginalized people.

To strengthen the data collection process and management of power issues, it is highly useful to have a layered system of support for the learning team. Data collectors should be supported and backstopped by mentors who are skilled in the use of the selected methodology, review the data quality daily, and make suggestions about how to improve the quality and accuracy of the process and the data.

Skilled analysis and adequate time are needed for coding and interpreting large amounts of qualitative, narrative data. These need to be planned well in advance, thereby avoiding lengthy delays that could result in a lapse of the community enthusiasm that the learning process engenders. Diverse analytic tools and processes are available for performing this task (see Child Resilience Alliance, 2018). The findings should be shared with the Government, UNICEF, and other actors within the formal child protection system. The findings should also be shared in an accessible manner with the community members.

Feedback to the Community. The task of sharing the findings with the community needs to recognize that many people may have low levels of literacy and formal education and that the culture may rely more on oral communication than on writing. It is highly useful to present the findings orally in a clear but fun manner that fits the context, with opportunities for people to say whether they think the findings are accurate. The feedback meeting also provides a space in which people can reflect on the urgency of action and can begin thinking about how to address the identified issues. This is key in galvanizing collective caring that helps to motivate collective action to support children and to build collective ownership for both the problem and the community-led action to address it. In the feedback meeting, community members may spontaneously initiate planning dialogue that sets the stage for decisions about partnering and on developing community-led action on child protection.

The Decision to Partner. If communities are to be in the driver's seat, they must decide whether they do or do not want to partner with an outside organization such as a national or international NGO on community-led planning and action to protect children. Communities may decide not to partner for diverse reasons such as preferring an endogenous approach or having concerns about the outside organization. A useful first step is to follow up the feedback discussion with a meeting with the community leaders. In this meeting, the NGO workers could again thank the community leaders for supporting the learning phase and probe the community interest in addressing selected harms to children either by themselves or by collaborating. They could mention that the collaborative approach would be a community-led process in which the community decides which children's issues to address, plans how to address them, and mobilizes itself for action on behalf of children. The outside agency would not be in the driver's seat, and its roles would be to facilitate the early part of the community-led process; document community processes, actions, and accomplishments; and engage in co-learning and reflection but with the community in the lead.

To set expectations regarding money and the mode of work, the external organization members could also explain that although they represent an NGO, the work envisioned would not follow the contours of a 'project' that local people would be paid to work on. Depending on what the community decides to do, small funding could be made available to help support the implementation of the community plans. If, for example, the community decided that a key priority is to help girls to continue their education, small funds might enable the community to repair a damaged school or to clean it up and make it more girl friendly.

A constructive element of this meeting could be a discussion of the community's enthusiasm during the feedback process. A low level of enthusiasm, for example, could suggest that people disliked the process or were uncomfortable with it and have little inclination to work with the external organization. Although high levels of enthusiasm are more hopeful for a partnership, the decision is in the hands of the community, which might, after all, prefer to work by itself on addressing the issues facing children. Hearing community leaders' reflections on the community response during the feedback session could help to spark thinking about whether a partnership is in the interests of the community.

Recognizing that communities need their own space and time to make their decision, it can be useful to ask the community leaders whether they would like to talk with community people before the community makes its decision. The outside organization members could also offer to visit again to talk directly with community people, if that might be helpful. Usually, this process lasts several weeks and leads to a community decision about whether to partner and what adjustments to the outside organization's roles or approach might be needed. The key is that the community holds the power to make this decision.

Usually, the community decides in favor of collaborating with the NGO on community-led process and action that everyone can participate in. As the community leaders communicate this decision back to the NGO, they may state their decision to keep themselves in the background to create space for ordinary people to participate, offer their own views, and even play leadership roles. To stay informed on the process and help as needed, the official leaders frequently designate a trusted person to observe the community process and give periodic updates to the official leaders.

Selecting and preparing the facilitator. In CLCP, the facilitator may be someone from outside the community who works for an NGO. Or, the community may decide to designate its own facilitator. It is essential that the facilitator be trusted by and acceptable to the community.

The facilitator plays an important role, enabling community ownership and ensuring that the community holds the power and makes the key decisions. They create adequate, supportive space for dialogue rather than debate, and enable many different people, including children, to participate fully in the processes of deciding which issues to address, planning how to address them, and taking action to support vulnerable children. Their role features accompaniment and co-learning rather than the more typical facilitator's role of being the center of attention, empowering the community from outside, introducing new ideas and helping to guide and advise the community in ways that fit with the NGO priorities.

The skilled facilitator's activities usually include listening carefully to different people, asking open ended questions that invite reflection and dialogue, strengthening an atmosphere of trust and respect, calling meetings and enabling discussions, reaching out to people who have not participated and inviting their views, insuring that girls as well as boys have a voice and share their lived experiences, helping to manage disagreements or conflicts in a constructive manner, observing and documenting the community process, and helping the community to reflect on its process, accomplishments, and challenges, with attention to any needed adjustments.

Facilitators need to speak the local language(s), understand the local context, and have strong 'soft' skills in areas such as listening, empathy, enabling trust and respect, asking probing questions, and managing conflict constructively. The box below (from Wessells, 2018) indicates the qualities and skills that good facilitators of CLCP need to have. These qualities may be present in candidates with limited formal education.

Important Qualities and Skills of CLCP Facilitators

- Speaks local languages
- Understands the local context
- Respects people with different views, backgrounds, or orientations
- Sensitive to issues of gender and power
- Empathizes well with different people, including children
- Has good self-awareness and reflexivity
- Enables inclusive discussion
- Backgrounds own views, beliefs, preferences, etc.
- Is ethically sensitive
- Enables meaningful child participation
- Is flexible and thinks and speaks well in the moment, with little preparation
- Manages conflict in a constructive manner
- Helps people to think through different options and make informed decisions, without leading or guiding them
- Works as a team with mentor and program staff

Experience in multiple countries indicates the need for a distinctive process for selecting facilitators. A useful approach is to invite a candidate to come to a meeting dressed as though they were about to talk informally with community people about children and children's well-being. The meeting features role plays in which the candidate facilitates a discussion about children's well-being while the interviewers and invited other people play the role of community members, including children. This approach affords a better sense of whether the candidate is an empathic listener, brings in different people, and can enable productive discussion.

A week-long training for one or two facilitators uses role plays and discussions to help the facilitators to understand their roles and develop key skills such as asking open ended questions, deep listening, asking probing questions, enabling group discussions, and engaging with children. Critical reflection is a key part of the learning process. Following role plays, the facilitators respond to questions such as: What did the facilitator do well in this role play, and

what did they do that needed improvement? What did the facilitator do to keep power in the hands of the community and ensure community ownership? Was the discussion process sufficiently inclusive? The participants in the role plays could include NGO workers, social workers, and local people who want to learn more about the community-led process. The training also emphasizes awareness of power differentials and ethical issues, and how to progressively step back over time, turning over the key facilitation functions and activities to the community.

The preparation of facilitators, however, extends beyond a one-off training since the situation in communities will likely present new complexities that require ongoing training and reflection. Also, facilitators may tend to backslide over time into dominant modalities of facilitation or to risk stepping out of the facilitator's role. To provide ongoing support, a useful approach is to develop a team of mentors or trainers who periodically visit and observe the facilitators as they work and offer additional training, advice, or critical reflection as needed. On an ongoing basis, a key question for reflection is 'Who owns this process?' Reflection on this and related questions can spur insight and guide adjustments that are needed to fully shift power to the community and enable community ownership.

Phase 2: Community-Led Planning

The community planning process begins with the community discussing various issues facing children and deciding which harm or harms to children it wants to address. Next, the community decides how it wants to address this harm or harms to children, developing a plan of action. Although each of these is discussed separately, overlap frequently occurs in practice, as community members suggest numerous ideas and mini-plans for addressing issues even as they discuss which harms against children to address.

Deciding which harm(s) to address. The initial community discussion about which harms to children to address build on the enthusiasm generated during the discussion about the findings from the learning phase. Yet a well-trained facilitator recognizes that the ideas generated during that meeting are best regarded as starting points as they may have come from only a few people, without sufficient input from children, from girls or women, or both.

To enable a more inclusive process, the facilitator does not advise on a structure for discussion but rather asks questions that will trigger reflection that will enable the community to develop an appropriate process for deciding which harms to children to address. A useful initial question is 'How does the community usually make decisions about issues such as which harms to children to address?' Community members frequently respond by saying 'We call a big meeting of the community to discuss the question, and we talk until we have reached a decision.' While respecting this answer, the facilitator may ask follow-up questions such as 'Does everyone come to community meetings?' or 'Would young girls feel free to talk in these meetings?' In the discussions sparked by these and related questions, community members may recognize that the poorest people cannot come to such meetings since they have to do additional work to survive. They may also recognize that even if girls attended the meeting, they do not ordinarily speak up since they are expected to defer to adults. Also, they might be reluctant to speak since perpetrators of harms against girls might be present.

These discussions frequently lead communities to reach out to and include the poorest people, by, for example, making home visits at a time that fits their work schedules. Also, communities frequently decide to include in their planning process small group discussions for girls and boys separately to enable them to speak freely. Recognizing the challenges that might arise if the children named particular people or events, the community may ask each sub-group to feed its main ideas back to the full community without any names or specific cases. This community designed process helps to support the voice and agency of children and marginalized, vulnerable people and avoids having discussions and decisions driven by a small elite of privileged adults. Community members frequently comment that they like this process since it enables them to hear and learn from each member of the community. This process also enables community members to reflect on power dynamics within the community and to begin thinking through whether and how much change in the power dynamics is constructive.

The discussions about which harms to children to address are more in the nature of respectful dialogues than debates. The facilitator often sets the stage by indicating that many different views are welcome and there are no ‘right’ or ‘wrong’ answers. The facilitator may also thank each participant for their input, without expressing or inviting any judgment about which inputs are most valuable. A useful strategy is for the facilitator to remind community members that each suggestion likely has both strengths and limits. By asking questions such as ‘What are the strengths or positives of this suggestion?’ and ‘What are the limits of this suggestion?’ the facilitator signals respect and draws out areas of agreement or disagreement without taking sides. The discussions also continue informally over dinner, while going to school, or during other daily activities. The discussions about harms to children typically begin with a broad scope followed by a process of narrowing down and gradual agreement. In deciding which issue or issues to address, communities may consider feasibility aspects such as which issues they could likely succeed in addressing and which seem intractable. Following its own time frame of ‘community time,’ the community continues the discussions until they have reached what they regard as an appropriate level of agreement and are ready to move forward.

In these discussions, communities frequently identify root causes in which a problem upstream spawns or contributes to multiple problems downstream. Communities often decide to address root causes or a mixture of root causes and downstream risks to children. The process tends to favor issues on which there is significant community agreement. If half the community members saw early marriage as positive, while the other half saw early marriage as harmful to girls (and boys), the community would not likely decide to address early marriage. In contrast, if nearly everyone agreed that bad things happen when children are out of school, then the community might decide to address school dropout. Having decided ‘the what’—that is, which issues to address—the community next plans how to address the selected issues.

Planning the community-led action. Planning community-led action may be based on the same kind of discussion-based approach that the community had used in selecting which issues to address. As before, the discussion process should be slow, inclusive, and oriented toward exploring the strengths and limits of different approaches. Useful questions for the community to consider include:

- What do communities already do to address the selected harm(s) to children?

- What resources do we have as communities that could help to address the selected harm(s)?
- Have people here heard of steps or actions that are not currently being used here but that could possibly help to address the selected harm(s) to children?
- What could we do to learn about the latter steps and actions?
- What could children themselves do to help address the selected harm(s) to children?

In this phase, the community may decide that it is useful to form a planning task force or sub-group to facilitate the planning process. This can be particularly valuable if multiple communities are collaborating and want to coordinate their work. If the community decides to form a planning structure, the facilitator might ask questions such as ‘What roles could the planning group serve?’ and ‘Should the planning group be all adults, or should children also participate?’ In most cases, the resulting discussions encourage the planning group to be diverse, play a facilitative role, and serve functions such as gathering information; identifying strategies for activating different community groups and parents, teachers, and peers; and developing multiple action options that the community can choose between for addressing the selected issues. If a planning sub-group is formed, the facilitator may help it to maintain its facilitative role by asking questions such as ‘Who should make the decisions about which actions the community will take?’ Having seen in the earlier phase the advantages of a whole community approach, the community members will likely agree that although the planning group can decide which options to bring forward, the community as a whole will decide which options to use.

A planning sub-group may also be useful in regard to strengthening community capacities for addressing particular issues. For example, in Sierra Leone (see Chapter 2), the community decided to address teenage pregnancy, and community members who knew of the NGO named Marie Stopes and its work on family planning thought that the community should learn more about its work and messaging in order to help shape the community-led approach. As a result, the community decided to form a Peer Educators group comprised of teenage girls and boys who would learn from Marie Stopes and then make suggestions about how the community could incorporate their learning into the community-led action. As the youth learned about pregnancy, childbirth, contraception, and preventing pregnancy, they suggested to the community the importance of sharing this information with community members through parenting discussions, messages shared via community campaigns and discussions, and other means. This capacity building, which was selected and led by community members, put the community in a better position to effectively address teenage pregnancy.

The planning process may also consider whether and how to link with formal authorities. Because community members know there are harms to children such as murder or torture that they are not equipped to deal with, the community may regard linkages with the formal child protection system as helpful for the referral of difficult cases and the provision of specialized services. In addition, formal services may be able to help provide resources that enable the community to strengthen its plans and actions. If, as occurred in Sierra Leone, the community planned to address teenage pregnancy, its plan might call for making contraceptives available and educating young people about the importance of using them. Formal health services might be a valuable provider of contraceptives and may also share with the community useful ideas about how to enable the use of contraceptives.

By the end of the planning process, which may run for several months, the community will have a plan that outlines a sequence of community actions and actors and that addresses the questions Who, What, When, How, and Where? Although some communities may develop a written plan, communities that have strong oral traditions may prefer to develop and share the plan via oral means, often in a celebratory manner that includes food and singing, and that generates excitement. Because community circumstances are dynamic and the community will learn which approaches are most effective, it is useful to regard the plans not as fixed blueprints but as working plans that the community may revise as needed.

A key process outcome of the planning phase is community ownership for both the harms to children that the community selected and also the plan for addressing them. This development is significant since ownership contributes to effectiveness and sustainability by creating the collective spirit that ‘this is ours so we need to make it work and to continue it.’ Also, this collective spirit has a circular dynamic in which some people get involved and describe it as ‘ours,’ and their enthusiasm and modeling of engagement encourages other people to join the process as well. This bodes well for an inclusive process that engages the wider community and invites everyone to develop new understanding of children’s realities and thoughtful, locally led initiatives for supporting them.

Phase 3: Community-Led Action to Address the Selected Harms to Children

Having developed their plan, the community members next use their social networks and community resources, mobilize themselves, and take actions to address the harms to children that they had selected. The particular actions may vary according to the harms to be addressed, the context, and the communities’ preferred approach. Most often, communities take an ecological approach (without naming it as such) by including actions at different levels such as family, peers, school, and community group levels. Typically, children—both girls and boys—play an active role in implementing and even leading community action through modalities such as community drama, street campaigns, and cultural processes such as song and dance. Parents often get involved by, for example, talking with each other and also with their children about how to manage or prevent the selected harms to children. Schools often become involved via students and also by concerned teachers or other school staff. Peers may engage through children’s or youth groups, or via informal group discussions of issues such as bullying, sexual abuse, and school dropout. Community groups such as religious groups, women’s groups, or men’s groups may also decide to contribute to the community action. The larger community may also participate in well publicized events such as football games that have the dual purpose of sport and discussing children’s issues.

As called for in the community plans, community-led action may also include processes or activities involving outsiders such as people from other communities, or authorities in formal services and systems. For example, if people who were addressing a particular issue in one community learned that other communities had been addressing that or related issues related to children, a joint discussion might be organized for purposes of co-learning. Or, if the people had decided they wanted government support in responding to severe violations against children, they might invite experts such as district or provincial social workers or service managers to visit and help them learn how to make referrals or how to obtain advice at a distance.

Usually, the community itself designates particular people to help facilitate and coordinate the community actions on behalf of children. These action facilitators or leaders could be the people who had helped to facilitate the planning process, although communities learn also the advantages of not having the same people stay in organizing roles for too long. For one thing, overload and burnout can be issues, and it can be a struggle for people to find the time to organize and enable community action while they also earn a living and support their families. Also, the entry of ‘new’ action facilitators can bring fresh ideas and help to activate different networks and sub-groups within the community. At the same time, natural leaders may emerge who lack titles yet are recognized by community members as caring about children and as skilled in helping them. Over time, these natural leaders may move into the action facilitation group. Often, children and young people also become action facilitators and leaders, bringing their natural curiosity, dynamism, and creativity into play.

In many contexts, community-led action tends to build momentum and become more inclusive over time. Early in the action phase, it is not uncommon for skeptics to remain on the sidelines or even voice doubt about the value of the action. However, as the community begins to see positive changes in children’s lives, former skeptics may come around and consider that ‘my children or family could benefit from this, too.’ As a result, both the inclusivity and the collective ownership of the community-led action tend to increase over time.

Phase 4: Reflection and Adjustment

As communities implement their action plans, they also monitor their work over time and identify successes and challenges. Periodic meetings, which may be called by community members or by the facilitator, enable people to step back and reflect on how well their actions fit with their plans, what is going well or poorly, and what adjustments might be needed. This can be a useful opportunity to reflect on whether the community is too dependent on the facilitator or the external agency (or both) and what can be done to transfer the facilitation functions to community members. Children’s participation in such reflection sessions can be useful in identifying strengths and limits of the current actions as well as ideas for improvement. As well, these reflection meetings may enable communities to think about emergent issues facing children and how the community could extend or enrich its work on child protection.

Small amounts of funding that are managed by the community can be highly useful in enabling the community to implement its plans fully. For example, if the community had chosen to help children stay in school but the school had recently been damaged by floods, small funds could help to repair the school and enable the community action to move forward. To keep the funds secure, it is usually possible to work through the community leadership, who have well developed, secure methods of keeping and handling community funds.

Over time, there may be community action to help scale up the use of the approach. In Kenya (see Chapter 3), for example, community-led action to prevent ‘early sex’ (early sexual debut) of girls spread to other communities by word of mouth or via attendance at football matches where children’s issues were discussed. Such unplanned or spontaneous spread is enabled by both the excitement associated with community-led action and also by the positive benefits visible in the lives of the children themselves. In India (see Chapter 4), national NGOs

helped to scale up the use of CLCP by enabling it in a larger number of communities and geographic areas. As well, there may be Government led efforts to scale up the use of CLCP, as seen in the example from Sierra Leone (Chapter 2). Since the essence of CLCP is best illustrated by example, we turn next to in depth examples from Sierra Leone, Kenya, and India, with a note on design preceding them.

2. Learning From Sierra Leone: Community-Led Action to Address Teenage Pregnancy

Because this chapter presents the first of three case studies of CLCP and its effectiveness, it is useful to begin with an overview of the methodology used in all three country studies.

Design and Methods Used in Testing CLCP Effectiveness

The field of international child protection has had a relatively weak evidence base owing in part to the use of designs that lack a comparison condition. The three case studies presented in the following three chapters are each based on a common, quasi-experimental design that included a comparison condition. This design, although imperfect, enables causal interpretations.

Design

The design (see Figure 2 on the following page) called for two similar areas, each of which included multiple villages. The inclusion of two geographic areas made it possible to examine regional, inter-district, or other differences and avoid exclusive focus on one area that may have been unusual. Each area contained two similar clusters of multiple villages. Following rich, qualitative learning about children, harms to children, protective factors and supports for children, the findings were fed back to communities. As shown in Figure 1, the two, multi-village clusters in each area were assigned randomly to intervention or comparison conditions. The intervention clusters subsequently engaged in CLCP with the assistance of an external facilitator whereas the comparison clusters did not. In all the clusters, baseline (time 1 or T1) measures relating to children's well-being and harms to children were taken before the community-led action had begun but after the intervention communities had selected which harms to children to address. After the CLCP had been implemented for approximately 18 months, endline (T2) measures were taken at the same time in both the intervention and the comparison clusters. This design made it possible to determine whether T1-T2 changes in the outcomes for children owed to the intervention or could have been caused by unrelated factors such as passage of time, economic changes, etc. It should be noted that the design in Sierra Leone included three data collection points: baseline (T1), midline (T2), and endline (T3), although the Ebola crisis undermined the T3 data collection.

Methods

Mixed methods were used to take advantage of the distinctive strengths of both quantitative and qualitative measures. Although the methodology in each country was adapted to the particular context, there were common features, as outlined below.

Learning phase. The learning process used narrative methods such as group discussions and games to bring forward the voice and lived experiences of girls and boys who were positioned in different ways in the community. It also sought to learn from adults such as parents, teachers, elders, and other community people. Participatory methods were used to make the learning process fun and engaging, support local people's agency, and avoid presuppositions

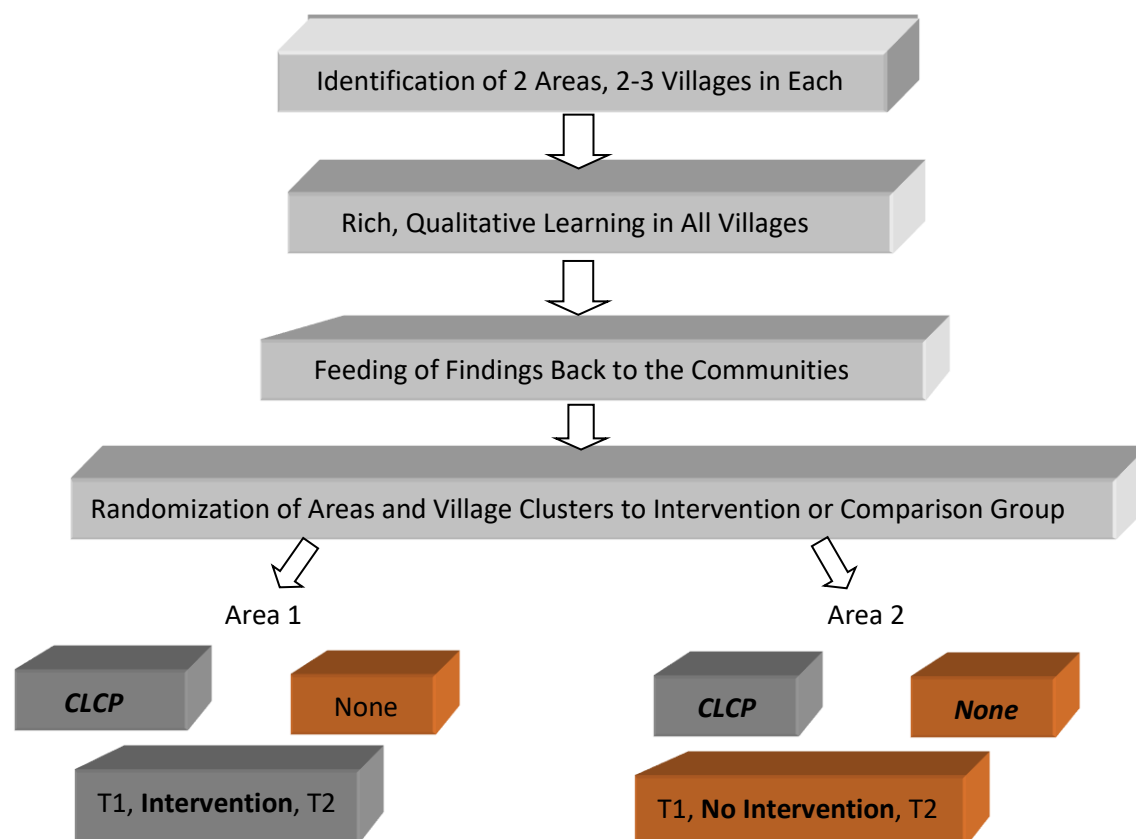


Figure 2. The design that was used to test the effectiveness of CLCP.

about the main risks to children. Hoping to learn about child protection issues as seen through the eyes of the participants, the researchers used nontechnical language, asked broad questions such as ‘What are the main harms to children?’, and followed up with probing questions to elicit additional information. For ethical reasons, questions were not asked about the participant’s personal experiences.

Baseline and endline data collection. Following a public health approach, surveys were administered at T1 and at T2 to population-based samples of young people 10-19 years of age. The surveys pertained to knowledge, attitudes, intentions, and behavior in regard to various harms to children, with special focus on the community-selected harms to children. To boost contextual relevance, the survey included not only questions from international instruments regarding child protection but also questions based on locally defined well-being and risk outcomes, as identified through ethnographic and free-listing processes (e.g., Stark et al., 2012). In addition, qualitative data were collected using key informant interviews and group discussions. Both the quantitative and the qualitative data were collected in the local language(s) by trained national researchers under the supervision of more experienced researchers. Throughout, careful attention was given to ethical issues, including and also extending beyond informed consent and confidentiality.

Quantitative data were analyzed statistically, whereas qualitative data were analyzed via a grounded methodology (Charmaz, 2004). Two international researchers read and reread the entire data set, identifying natural categories and consistent patterns that emerged inductively. The categories and patterns were checked through discussion among the researchers, with revisions made as necessary. The categories and patterns served as working hypotheses that were then checked by re-reading, further analytic discussion, and eventual agreement among the researchers. On a continuing basis, efforts were made to share the findings with communities and to invite their feedback for purposes of validating the findings.

For the full details of the methodology used and the findings obtained in each country case study, see <http://communityledcp.org>

The Sierra Leone Case Study: Preparing the Way

Context

In 2010, Sierra Leone became one of two initial sites for developing, testing, and learning about CLCP because it continued to have powerful child protection needs even following the end in 2002 of its brutal armed conflict, which had weakened many communities. Also, UNICEF/Sierra Leone had expressed keen interest in supporting the learning and work of the ILI. Although the Government of Sierra Leone (GoSL) had mandated the establishment of a Child Welfare Committee (CWC) in each village, early evidence indicated that a disconnect existed between community practices and the dictates of the national child protection system (Thompson, 2010).

At the time, children faced a wide diversity of child protection issues coupled with weak support systems. Widespread gender-based violence (GBV) was evident in problems such as rape and sexual violence (Coinco, 2010), widely practiced female genital mutilation/cutting (FGM/C), transactional sex, teenage pregnancy, and early marriage. In predominantly rural settings, large numbers of children—especially girls—were out of school and working to help support their families. Because of the war, large numbers of children had disabilities or had been orphaned, and many former child soldiers who remained poorly integrated into civilian life (Sommers, 2015) were conspicuous as motorcycle drivers in Freetown and other cities.

Although the GoSL had passed the Child Rights Act in 2007, the formal systems of support remained weak. Less than two percent of the national budget was devoted to children's well-being, a situation that continues at present. Overseeing children's welfare was the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), which worked closely with a network of international and national NGOs and which supported the work of District Social Officers in each of Sierra Leone's 16 districts. An important body was the national Child Protection Committee (CP Com), which was chaired by the MSWGCA and included the main NGOs that worked on child protection. Within the districts, a key formal body was the Family Support Unit (FSU), which included police officers and a social worker and was legally mandated to receive and respond to reports of violations against children.

In rural areas, life was organized into traditional Chiefdoms that often included many villages and multiple sections. Leading the Chiefdoms were Paramount Chiefs, who were

keepers of the land and traditions, backed by Chiefs such as Section Chiefs and Village Chiefs. These and other actors within the formal system emphasized that although they were highly motivated and doing their best, children needed much better support and protection.

In-Country Planning Process

The overall team that led the work in Sierra Leone consisted of David Lamin, a Sierra Leonean child protection worker with UNICEF; Dora King, who had been born in Freetown, Sierra Leone's capital, and served as Lead National Researcher for the learning phase; Marie Manyeh, a former UNICEF/Sierra Leone worker; S. Lilley, the ILI Coordinator; M. Wessells, the PI; Lindsay Stark, the Lead Methodologist, and K. Kostelny, a research associate of the Columbia Group for Children in Adversity. Subsequently, the team expanded to include Amie Tholley, a former UNICEF/Sierra Leone worker and Ernest Brimah and Samba Charlie, who served as mentors for those who facilitated CLCP processes. D. Lamin played the central roles of facilitating the collaboration with the Government, diverse NGOs, and communities, analyzing power dynamics, organizing meetings with diverse practitioners and policy leaders, and developing and implementing the CLCP approach.

Engagement with formal child protection system actors. With UNICEF support and guidance from D. Lamin, S. Lilley and M. Wessells had an initial, two-hour meeting with the CP Com in 2010 that was chaired by the Minister of the MSWGCA. This briefing was essential in helping key people to understand the purpose of the initial learning with communities and the alternative approach being developed and tested. Characterized by participatory dialogue and a spirit of mutual learning, the meeting explored the potential value of the action research, and why the focus would be only on a few areas when the needs in the entire country were severe, and how the approach could be adapted to the Sierra Leone context. A significant outcome was that the CP Com, including the Minister himself, expressed support for the work, saying it would help them to learn more deeply and find better ways of protecting children.

Within Sierra Leone, an inter-agency reference group consisting of partners such as the MSWGCA, UNICEF, ChildFund, Defense for Children International, Plan International, Save the Children, War Child, and World Vision advised on issues such as site selection and ethical issues. This in-country reference group helped to address challenges that arose in different phases of the work, and it enabled the inter-agency collaboration and ownership that helped the work to take root and succeed. On an ongoing basis, D. Lamin provided the reference group, the CP Com, and the MSWGCA with regular updates on the learning work with communities and also on the subsequent CLCP work. Lamin also played a key role in enabling UNICEF support and connecting the work with the wider task of supporting the national child protection system.

Site Selection. The CP Com members agreed that the research should be conducted in two areas--Moyamba District within the Mende speaking southern area and Bombali District within the predominantly Temne speaking northern area. These two areas were regarded as broadly typical of Sierra Leone, which remains a primarily agricultural society. With support from CP Com members, Lamin and Wessells made subsequent site visits to these districts. Discussions with diverse stakeholders helped to identify within each district two non-contiguous but comparable Chiefdoms, each of which had three selected communities. The three

communities in Chiefdom A were comparable to those of Chiefdom B with regard to size, mode of living, socioeconomic status, ethnicity, access to resources such as health posts and schools, and access to external child protection supports such as NGOs and Government Social Workers. Within the 12 selected communities, the population of which ranged from 200 to 1,100 people, there was a total population of approximately 6,000 people.

Ethical considerations. The planning team reflected extensively on the Do No Harm principle in all phases of its work. The workers in the learning phase and subsequent phases were bound by the child safeguarding policy of Save the Children/Sierra Leone. To respect local people, the team decided to follow cultural scripts that favored meetings first with and support from Paramount Chiefs and lower Chiefs before meeting with full communities. To avoid community people being or feeling instrumentalized, the team agreed that the communities would be in the driver's seat during the CLCP work and that the learning phase would be conducted in a highly participatory, respectful manner that highlighted community agency and strengths as well as harms to children.

Early Engagement and Learning With Communities

Since Sierra Leonean communities frequently look to international NGOs for assistance, communities frequently harbor expectations that the arrival of outsiders, including internationals, likely signals that NGO money and projects will follow. This expectation, which reflects the power asymmetry between NGOs and communities, can create a tendency to please the NGO and focus on what they bring rather than on what the community itself can do. Specific steps were needed to moderate these expectations and create a more level playing field in regard to power. Accordingly, the entry process avoided flashy arrivals, the use of formal titles such as 'Dr.,' the use of technical language—including the phrase 'child protection'—that privileges outsiders' expertise, and discussions of projects and money. Instead, the emphasis was on the community's knowledge and modes of supporting children's well-being.

Entry into Communities

The community entry process began with D. Lamin and M. Wessells, who dressed down and arrived in a relatively inexpensive car, meeting with the Paramount Chiefs. To reduce the expectations associated with NGOs, they introduced themselves as part of the Children's Learning Group, recognizing that the initial focus was learning about children in the community. They asked the Paramount Chiefs how they viewed the situation of children in the community, which typically evoked a rich discussion suffused with empathy for children. They commented how NGOs had given too little attention to all the good things that communities do to help their children to be safe and to develop in a healthy way. They also expressed an interest in learning about the challenges that children in general face in the community, whom they go to for help, and other community sources of support for children.

Next, the visitors indicated that they would like to learn about issues beyond poverty and health issues, which frequently dominate discussions with community people. They indicated their interest in whatever challenges the community and its children identified, using as examples widely discussed problems such as children being out of school or young girls being

impregnated. They outlined how they would enable learning through a participatory process that involved discussions with small groups, interviews with selected adults, games with children, and participant observation in daily community and school settings. They noted their desire as well to learn from all the people rather than from only community leaders. Without exception, the Paramount Chiefs expressed their appreciation of this approach and noted how rare it is for outsiders to learn about and appreciate what communities do on behalf of children. The Chiefs also supported the idea of learning from the people since children are affected by what happens with parents, teachers, peers, and other people in the community and since everyone has a responsibility to support children.

Asked how they would like to be involved in the learning process and recognizing the importance of hearing different views, the Paramount Chiefs indicated that they should not take part in group discussions since no one would dare to disagree with the Paramount Chief. To respect the Chief's authority, the Paramount Chief would designate a capable advisor—usually the Chieftom Speaker—to observe the learning activities and report back periodically to the Paramount Chief.

The visitors also shared that after the learning activities had been conducted, they would report the findings back to the community both out of respect and also of hope that the community might be motivated to address any unresolved challenges facing children. The visitors mentioned that there could be the possibility of some collaboration by the Children's Learning Group but that this would be left up to the community and that there was no expectation or requirement of ongoing collaboration. The Paramount Chiefs expressed appreciation of this approach, which placed decision-making power in the hands of the community.

Often at the suggestion of the Paramount Chief, this process was repeated with authorities such as the Chieftom Speaker and the Section Chiefs, who then met with and explained the process to the Village Chiefs, who in turn discussed it with elder men and women and other community influentials.

The Learning Process

Methodology. Using a rapid ethnographic approach, researchers conducted participant observation in which they made first-hand observations of children in the context of family, peers, school, work, religious practice, and community life. Hour-long, in-depth interviews of a flexible nature were used to learn about the views of individual participants from various sub-groups and to probe why participants held the views that they had expressed. Timelines were used to learn about how participants viewed the normal child development process, identify key developmental milestones and what marks the transition from childhood to adulthood, and learn about children's roles and responsibilities at different stages of development.

Group discussions of approximately 90 minutes duration with approximately 10 participants were used to identify the things that local people saw as the most serious harms to children and to trace out the two most typical pathways and mechanisms of response to each of the top two child protection issues in regard to a hypothetical child. The discussion participants came from a pre-defined sub-group such as teenage girls, teenage boys, women, and men. Within

each subgroup, participants were selected with an eye toward capturing diversity of, for example, socio-economic status and ability status.

Body mapping was used to engage young children (5-13 years of age) and learn about their perspectives by having a group of children trace the outline of a child on a large sheet of drawing paper. Having colored in the drawn figure and named it, the children were asked questions such as “What do the eyes see that they like?” and “What do the eyes see that they don’t like?” Similar questions were asked regarding ears, mouth, hands, etc. Care was taken not to probe what the children had said since the intent was to avoid exploring the child’s own, possibly painful experiences.

In order to learn about linkages between community processes and the national child protection system, key informant interviews were conducted with Chiefs, members of Child Welfare Committees, and NGO child protection workers. At the district level, interviews were conducted with members of the District Council, staff of the MSWGCA, and FSU members.

Selecting and preparing the learning team. In both Moyamba and Bombali, respectively, a team of three national researchers worked with a Team Leader. D. Lamin was the Moyamba Team Leader, and Dora King was the Bombali Team Leader. The six national researchers had been selected for their prior experience in qualitative research, motivation, openness, flexibility, and understanding of the context and the languages used in the selected areas.

Early in 2011, the six national researchers participated in a two-week workshop in Freetown that aimed to develop the skills needed to collect quality data, sharpen ethical awareness and ability to manage challenges that might arise, and to field test and finalize the research tools. The workshop used a highly participatory methodology that included vignettes, role plays, discussion of ethical dilemmas, group problem-solving discussions, and field experience in participant observation, group discussions, and in-depth interviews. Careful attention was given to strengthening skills such as building trust, empathic listening, participant observation, enabling participation by different people, asking probing questions, being flexible and following the participants’ line of thought, note taking, and the creation of near verbatim records of what participants had said.

Data collection and analysis. The general research plan was for each researcher, who spoke the local language, to live in a particular village for two weeks and to focus in week 1 on participant observation, body mapping with children, and group discussions, since individual interviews could arouse jealousies. Subsequently, individual, key informant interviews were also conducted. The Team Leaders regularly read the written transcripts of their respective researchers, checked them against the tape-recorded interviews, and advised on how to improve their accuracy, comprehensiveness, and overall quality. The interviews were conducted in languages such as Mende, Temne, and Krio, and were subsequently translated into English.

For ethical reasons, no names or personal identifiers were collected, and the questions pertained to things that affect children in the community, without asking about personal experiences. Participation in discussions or interviews was voluntary and followed Columbia University IRB policies regarding informed consent and confidentiality.

A grounded methodology, with extensive triangulation, was used to analyze the qualitative data.

Key findings. Key protective factors were parental care and support from extended family members. Parents cared for their children, fed and clothed them, showed them how to become contributing family members, and taught proper behavior such as respect for elders and not stealing or fighting. Most parents sent their children to school and valued education. Grandmothers and elders frequently supported children and families by offering guidance and advice. Extended family members also helped to create a protective environment by, for example, an uncle taking in the children of his deceased brother.

Community-level protective factors were access to education, friendships with other children, and support from natural helpers such as teachers, religious leaders, women leaders, and youth leaders. In most communities, the Chief and other traditional leaders were seen as people who helped children and intervened when problems arose. Valuable preventative mechanisms were provided by the Chiefs and the traditional system of governance, which included by-laws against particular harmful practices. NGOs and FSUs did awareness raising on topics such as child abuse, and this work not only contributed to prevention but also built links between the community and the national child protection system.

Four principal risks (harms to children) were identified:

1. Teenage pregnancy out of wedlock: Consensual sex, transactional sex, and sexual abuse were all sources of this problem. Consensual sex usually involved relations with boyfriends, many of whom were classmates of similar age or a few years older. Pregnancies out of wedlock also occurred through transactional sex with older men, which was not uncommon and was associated with material benefits such as obtaining nice clothing or getting one's school fees paid. Sexual abuse occurred in several ways, one involved mothers 'sending' their daughters for purposes of material gain, often with a promise of marriage, to men who then 'virginated' (raped) them.

Girls start having sex by 10 years and continue until they are pregnant... (Women's group discussion, Moyamba)

There are plenty girls here that leave school early because of the 'man bizness.' They get involved and most times the men will deny the pregnancy, and some of the boys they run away to other places and leave the girls here to suffer. (Mother, Bombali)

Some are impregnated by the boys, others by their teachers while some become pregnant from farmers. (Girl, Bombali)

2. Out of school children: Significant numbers of young people who were of school going age were out of school. The identified causes were the schools being too far away, parents' inability to pay school fees and other school related costs, families' requirement that children work on their farms, and children's engagement in heavy work, which left children tired, sick, or otherwise unable to go to school. Children in Moyamba were often sent to live with uncles and others who elected not to send the children to school, making them work instead. Many girls dropped out of school after they had become pregnant, which happened frequently following initiation into the *Bondo* society (secret society where girls were initiated into womanhood, and

underwent FGM). Maltreatment at school, especially in the form of child beating by teachers, also contributed to school dropout. When leaving school was due to children's own decisions, adults tended to say that the children had not developed proper values or behavior, describing them as "stubborn" and "not serious." In contrast, children pointed out the significant hardships and stresses that they and other children encounter each day.

The other problem is that the child will be going to school for some years and when they reach some certain state the school will call for huge fees which the parent cannot pay. The child will leave school. Is that not backwardness? (Women's group discussion, Moyamba)

What affects the children's learning is this Bondo business. At times during school, children are put in the Bondo bush, two terms will pass, and by the time she comes out, has missed school, and then just gets pregnant and gets married (Young men's group discussion, Bombali)

3. Maltreatment of children not living with their biological parents: Significant numbers of children lived not with their biological parents but with uncles, aunts, or other extended family members, often in polygamous families. If both parents had died, for example, the children were taken in by extended family members of the parents, typically on the father's side. Discrimination in such situations was quite common, and the 'new' children in the household were expected to do extra work. Often, such children were subjected to maltreatment such as food deprivation and beatings, and they had few sources of support.

We are in the village and do not have a secondary school here. We send our children to stay with our relatives in towns where there are secondary schools. You will go and talk to this person so that your child will stay with him or her. But after some time those relatives will start to deny the children food in the house and if it is a girl child she will start to follow men in order to be able to get food. This will make them to get pregnant, leave school and then come back to us with the pregnancy. (Young men and women's group discussion, Moyamba)

4. Heavy work: Although some children who engaged in heavy work viewed it as a contribution to their families, heavy work was interconnected with problems such as maltreatment of children who were not living with their parents. Not uncommonly, older children were sent to live with relatives in another town as a means of gaining access to either a junior or senior secondary school. Extended family members typically expected children to work in exchange for food and housing while they attended school. However, some extended family members provided them with neither food nor access to school and only demanded that they work. Engagement in heavy work was identified as one of the leading causes of children either not being able to learn or being out of school altogether.

The parents give us a lot of work to do. When you come from school, they will not let you rest, they will ask you to beat the rice, fetch water, go to the bush and fetch firewood. We do a lot of jobs. At times we are hungry. There is no food to eat in the afternoon, but they will tell you to work. If you don't work, you will not eat. (Young woman, Bombali)

Children work for parents. ...Me, I get sick. I am in pain. Your body does not look good... You are thin, the body ages fast....The child dies earlier and people will say he died of witchcraft. (Young woman, Bombali)

Additional harms identified included child beating or ‘flogging’ as a means of disciplining children; cruelty in forms such as excessive punishment through means such as burning a child’s hand; sexual abuse of children by family members (called ‘incest’) or by someone outside the family (called ‘tampering’); neglect and bad parenting in forms such as leaving young children (2-3 years of age) on their own and in danger of wandering onto a road, where they could be hit by passing vehicles. With respect to spiritual harms, some people attributed children’s pain or illness to witchcraft. There were also reports of the ritual murder of children for purposes of consuming particular body parts, which was believed to confer great power. No direct observations were made of such rituals, yet children and villagers expressed fear of them.

Perhaps the most important finding was that a significant disconnect existed between the formal and non-formal aspects of the child protection system. The uptake and use of formal services was very low. In over 90% of cases, local people responded to harms to children via traditional, non-formal mechanisms such as family ‘compromise’ or referring the matter for action by the Chief. For example, if a girl became pregnant due to consensual sex with a boyfriend, the mother informed the father, who demanded that the girl identify ‘the owner of the pregnancy.’ Having identified the perpetrator, he and his wife went to the boy’s family, called on the boy to ‘answer’ that he was responsible, and asked the boy’s family to ‘settle as a family.’ If the boy accepted responsibility for the pregnancy, the boy’s family agreed to pay the girl’s school expenses for the current academic year with the hope that the girl will go back to school. The family also cared for the girl during the pregnancy who went to live with the boy’s family until she was ‘put to bed’ (delivered the baby).

Such non-formal, community mechanisms were often used even when the law required referral to and action by the FSUs. For example, if a girl became pregnant due to sexual exploitation or ‘tampering,’ the girl’s mother either arranged for an abortion via a traditional doctor or, more commonly, told the father. The parents then took the case to the Chief, who summoned the accused man, levied a fine, ordered him to pay the girl’s school fees, and instructed him to marry the girl. In some cases, the Chief referred the matter to the police, who took the man to jail and initiated an investigation. For the most part, though, the people preferred that the Chief settle the matter, keeping it within the Chiefdom.

The disconnect between non-formal and formal aspects of the child protection system was conspicuous also in the backlash against child rights. Although the Government, UNICEF, and NGOs had vigorously educated communities about child rights and the importance of reporting violations against children, local people identified ‘child rights’ as one of the top ten harms to children. Adults expressed strong concerns that child rights were interfering with their ability to be good parents -- for example, to discipline children and teach proper behavior. People also said that NGOs had taught children about their rights without placing equal emphasis on responsibilities, thereby contributing to unruly behavior. Some people said that child rights were outsiders’s ideas and did not fit the local context.

Formal child protection services struggled also with issues such as distance and cost. Most people said they had seldom seen the Government Social Worker who had been assigned to work in their Chieftdom. On the FSU side, the FSU workers were highly motivated and quite active in responding to criminal cases such as those involving child abuse. Yet most people said that they had little access to FSUs, which were not present in their communities. Access was a problem because local people could not afford to take time from farming to travel to a large town or city where the FSUs were to report offenses. Participants also said that the FSU actions provided little benefit to the victims, as little happened following their report.

CWCs had been established at Chieftdom level in the research sites and had received training by international NGOs. Although CWCs had been mandated by the Child Rights Act, opinion was mixed in regard to their functionality and effectiveness. Child protection workers and government workers in the formal system tended to see CWCs as effective, particularly when the Paramount Chief actively supported their work. The weight of the evidence, however, indicated that CWCs were struggling. Most participants made no mention of CWCs. Also, CWCs encountered challenges such as inconsistent training, lack of standardized operational guidance, excessive reliance on volunteer effort, and village people's lack of access to the CWCs, which were typically located in Chieftdom headquarters towns.

Sharing the Findings with Communities

The key findings from the learning phase were fed back to community people in multi-community meetings in an atmosphere of food, refreshments, and fun, with care taken to avoid formal presentations. In Bombali, D. King presented findings verbally in small chunks and using everyday language, and she asked whether they were accurate. Having fed back all the findings, she asked the communities what they thought should be done. In Moyamba, D. Lamin used verbal feedback with chanting from participants. First, he stated a key finding such as the widespread harm of teenage pregnancy out of wedlock and sources of the problem. To validate the findings and enable participation, he asked questions such as 'Did we hear you correctly?' which led people to chant back 'Yes' or 'That's right' or to interrupt and say that something was incorrect or missing. Many people chimed in enthusiastically, and people agreed the findings reflected the actual situation in their communities. Numerous people commented that the process had given them a new appreciation of the situation of children and how they needed additional support.

Having shared all the findings, he paused, creating a space for reflection. People stepped into this space, posing questions for themselves such as 'What are we going to do about these harms to children?' Such questions indicated collective caring about children's well-being and responsibility for addressing them. Also, they signaled community ownership of both the harms to children and the process for addressing them. As communities discussed what they might do to address particular issues, the communities began the longer processes of community planning and action to address the harms to children. Far from being passive affairs, the feedback meetings served as calls to action as the communities took responsibility for addressing harms to children.

Community Decision to Partner

The next step entailed a decision by the communities in the two intervention clusters whether to partner with the outsiders. The decision whether to address harms to children alone or to partner with the lead members of the learning team occurred through a process of dialogue that was driven internally by communities and Chiefdoms. The feeding back of the findings included sharing them with each Paramount Chief, who also confirmed their accuracy. The Chiefs expressed their happiness with how the process had respected people and the Chiefs themselves, and they indicated that they had heard how much the children and other community members had participated and enjoyed the process. Also, they discussed various harms to children and expressed their desire to work to help address them. Asked whether it could be useful to have ongoing discussions with outsiders and to have full community participation, as had occurred in the learning phase, the Chiefs responded affirmatively.

D. Lamin suggested that it would be valuable for the communities themselves to decide whether to partner, and the Chiefs agreed. He added that if communities themselves decided to partner, the lead members of the learning team and selected other people who worked under the umbrella of the Columbia Group for Children in Adversity (hereafter referred to as the ‘Columbia Group’ which subsequently was renamed Child Resilience Alliance) would be happy to continue working with all the people in the communities to help them decide how to address self-selected harms to children and take action to address them. The outsiders would play a facilitative, non-directive role, with no promises of money. For the comparison communities, he added that members of the learning team could periodically visit to check in with communities about the situation of their children and what they were doing to address children’s issues.

Within each of the two intervention Chiefdoms, this meeting was followed by lively, internal discussions within the communities about whether to partner. The Paramount Chiefs initiated the discussions by talking with the lower Chiefs and indicating that the decisions should be left to the communities. This led to a series of community meetings and discussions about whether to move forward on their own or to partner with the outsiders. Although these meetings were kept internal and continued for over a month, the two sets of communities within the intervention Chiefdoms reached out and signaled their desire to partner in a community-led process. Although the communities themselves did not offer reasons for their decision, the Paramount Chiefs indicated that the communities wanted to partner because they were happy with the learning process and its respect for community people.

Facilitator Selection and Preparation

Following the community discussions about whether to partner with the Columbia Group, D. Lamin and/or M. Manyeh visited the communities in Moyamba and Bombali, respectively, and expressed their appreciation for the opportunity to collaborate. They emphasized that the process would be led by the community and would be unlike the typical process of an NGO project in which outside ‘experts’ led the decision-making and the work. They also emphasized that the Columbia Group would play a facilitative, non-directive role and would also help to document the communities’ work, accomplishments, and challenges. They indicated their hope

that the communities would teach the Columbia Group about the children and how to support them and that the community members would learn much, too, in a rich process of co-learning.

The communities favored having an external facilitator. This likely reflected their recent, positive experience with an external learning team, which some community members described as having helped them to gain a new appreciation of children's situation. Also, an external facilitator was relatively free of vested interest with different people or groups and was in a good position to encourage participation and respect the views of many different people.

The Selection Process

Initially, the selection process sought to work through UNICEF, which had extensive personnel selection experience. Following its rules for transparency and fairness, posters for the position of facilitator were circulated that called for experience in working with communities; ability to establish trust and respect; ability to work with different people, including children; effective listening; capacities for enabling collective problem-solving; and so on. Owing partly to the high levels of unemployment in Freetown, this approach generated several hundred candidates, which overloaded the search team. The short-listed candidates came to the interview at UNICEF headquarters with formal dress and behavior that were appropriate for competing for a formal post at UNICEF or an NGO. Also, the interview format likely enabled an excessively formal approach. Many candidates emphasized their educational attainments, and conducted themselves in a formal, stiff manner that made it difficult to discern whether they had good 'soft' skills of empathic listening, building trust with others, enabling dialogue and decision-making by people who had little formal education, interacting constructively with children, reaching out and bringing different people into a collective process, and ethical sensitivity.

To address these challenges, the process was repeated with adjustments such as holding the sessions outside of Freetown, networking and reaching out to people who were recommended as good grassroots facilitators and informing candidates that the selection process would feature discussion and role plays and they should come dressed and prepared to talk with ordinary community people in a rural village. Members of the selection team and colleagues who had been recruited to play diverse roles conducted role plays designed to elicit and spark discussion of the soft skills that were needed. To enable ownership of the wider process, the colleagues included social workers, FSU members, and community service workers.

This highly participatory process proved to be much more useful in enabling the team to decide who had the orientation and skills required to become an effective facilitator for the CLCP. Two talented, middle aged, male candidates were selected--one for Moyamba and one for Bombali. Since both facilitators had experience mostly with directive facilitation in which they occasionally 'facipulated' by giving advice or encouraging the community to move in a particular direction, training was needed to correct this facilitator-driven approach.

Training and preparation

In 2012, a 10-day training was provided in Moyamba for the two facilitators. The training was led by D. Lamin and M. Manyeh, with documentation and support from M. Wessells. This

team is subsequently referred to as ‘the organizers.’ The methodology involved role plays followed by reflection and discussion, with outside colleagues playing pre-assigned roles as community members (See Wessells, 2018 toolkit). Emphasis was placed on the aforementioned skills plus those of relating with children of different gender and age groups, understanding power dynamics, enabling an inclusive process, and managing conflict. The process emphasized the importance of reflection and learning from one’s mistakes. Quite often, an initial role play in which the facilitator performed poorly was followed by facilitator reflection and also group reflection on what had gone awry and what the facilitator could do better. Repetition of the role play enabled the facilitator to improve. Interspersed with the role plays were group discussions of how the approach differed from the facilitator’s approach in the work of NGOs in Sierra Leone. Over time, this combination enabled the facilitators to strengthen their skills and to deepen their understanding of the approach and the orientation it required. Throughout, the facilitators learned to background their own views and preferences, value those of diverse community members, and shift the power to make decisions to the communities.

A key emphasis in the training was the importance of respecting ‘community time.’ This meant that the facilitators would not rush communities or expect them to meet pre-defined time tables and benchmarks. If communities needed more time to discuss which harm to children to focus on, the facilitators respected their process and followed the pace of the community discussions. Also, if the facilitators saw that there continued to be significant disagreement on an issue, they would avoid rushing the process, recognizing that it is natural for communities to have disagreements and to make progress in discussing some issues but not others. It was not the facilitators’ job to try to force or impose agreement or, if an agreement were achieved, to define its terms or elements. However, the facilitators were asked to encourage communities to reflect on issues such as the feasibility of different approaches suggested for addressing harms to children and also the value of collaborating with formal services and child protection authorities, without guiding discussions toward preconceived conclusions.

Extensive attention was also devoted to ethical issues such as the importance of maintaining facilitator boundaries. During the learning phase, young male researchers had commented how young villagers had invited them to engage in dancing, often accompanied by drinking. Role plays addressed this kind of challenge, with the reflections affirming the importance of not engaging in personal relationships or sexual activity with villagers. Also, the facilitators learned what to do if they observed a violation against children or if someone reported a violation against children to them. This involved action via Save the Children or UNICEF, not by the facilitator, who needed to adhere to their facilitative role.

From experience, the organizers recognized the need for ongoing training, backstopping, and support for the facilitators. They knew that unforeseen challenges could arise in any community, and that linkages with formal services could also pose challenges that required additional support. Also, the organizers appreciated how well-intentioned facilitators might backslide into giving advice or subtly guiding communities. By design, the facilitators’ role changed over time, with the facilitators progressively handing over their functions to the community. Ongoing reflection and training was needed to enable this transition.

By design, the facilitators rotated among the three communities, initially spending approximately one week per month in each community. Ongoing training and backstopping for the facilitators was provided by Mentors who visited the facilitators, observed their work with communities, reflected on what was going well and in which areas they needed improvement, and provided skill specific training. The initial Mentors were M. Manyeh in Bombali and D. Lamin in Moyamba. Over time, M. Manyeh became the main Mentor, as work pressures led D. Lamin to play more of an advisory role. Additional learning and reflection occurred during M. Wessells' visits to Sierra Leone, which usually included one or two days of team reflection and discussions of challenges and how to address them. This system of ongoing training and layered support proved to be both necessary and effective.

The Community Planning Process

The community planning discussions were intended to focus initially on the selection of one harm to children¹ to address and then on how to address that harm through a community designed action. However, it was recognized that communities may select multiple harms to address or may select a 'root cause' harm that enables other harms to children.

Deciding Which Issues to Address

The facilitators began their work by reiterating to community people that the community held the power and would make the key decisions. Having discussed this with their Chiefs, the community members were comfortable with making the decisions themselves. Then they asked 'How can the community decide which harm(s) to children to address?' Typically, community members indicated that everyone in the village should participate and there should be a community meeting set in the Chief's barray, with extensive discussion and a decision by the whole community. In a supportive tone, the facilitator asked follow-up questions intended to spark reflection:

- Does everyone come to community meetings? Who does not come?
- Why do some people not come to community meetings?
- Do girls usually speak up at community meetings? Why not?
- Can boys speak up at community meeting? Why not?

As people discussed such questions, they become more aware that very poor families usually do not participate in community meetings since they need to do extra work to survive. Also, people with disabilities may not participate due to stigma or fear of rejection. Community members also reflected that large community meetings are dominated by adults and are not friendly spaces for children to speak up.

By asking questions such as 'Would it be useful for children to be able to participate in discussions of harms to children?' and 'What could be done to enable girls/boys to have greater voice in discussions of harms to children and which harm to address?' This often sparked

¹ Guidance on CLCP (Wessells, 2018) notes that communities may choose to address multiple harms to children or a single harm to children. In this case study, the focus on a single harm to children reflected the desire of the research team to simplify the intervention in hopes of making it easier to determine which aspects benefitted children.

discussion of inviting children to speak in the open meeting. However, elder women usually noted that girls faced problems that they would not feel comfortable discussing with the full community, including the parents, present. This led to discussion about how the community could create a supportive context in which many different people participated and children and others were able to voice their issues and concerns. Through a process of dialogue, the communities decided to have an iterative process that mixed large community discussions and small group discussions with 10-15 people about harms to children and which one to address. The small groups initially suggested were for girls and boys, respectively, yet women, men, and even elders all said they had their own need to talk, leading to five small groups. The ground rule established by communities was that for the girls' and boys' group discussions, the small group would report their summary of their discussions back to the full community meeting without any identifiers of who had said what or who in the community may have caused a particular problem. The community agreed to focus on general harms to children in the village, thereby avoiding the difficulties that could arise if children were asked to discuss their personal experiences of issues such as sexual abuse.

These discussions generated many ideas about which harms to address, and discussions continued for months (see the box below). The facilitator thanked each participant or small group for their suggestions, without favoring one over another. Reminding everyone that this was not a debate and no ideas were 'right' or 'wrong,' the facilitator invited reflection on the strengths and

Timeline

January, 2011 - April, 2011: Ethnographic data collection

July, 2011: Feedback of ethnographic findings and community reflection

January, 2012: Training workshop for facilitators, mentors, and District government

February, 2012 – March, 2013:

- Community clusters in Bombali and Moyamba, respectively, select teenage pregnancy as the priority issue and develop plans to address it through family planning, sexual and reproductive health education, and life skills.

- Task Force workshops Jan.-March, 2013 developed implementation plans, which were finalized through community dialogues. April, 2014: Community action to reduce teenage pregnancy begins.

June, 2014: Participatory evaluation workshops are conducted in Bombali and Moyamba, with final steps developed for handing the facilitation and coordination functions over to the communities.

potential limitations of different suggestions, taking care to invite participants not to put down other's ideas but to focus on practical strengths and limits. In the discussions, some participants said things such as 'Our children are harmed by lack of discipline, and we should beat them when they behave badly.' This often led others to ask 'Why should we beat our children, which harms them?' Over time, some issues such as teenage pregnancy out of wedlock consistently

garnered support, whereas other issues did not. In this manner, even traditional practices such as beating children for purposes of discipline were challenged or identified as areas of disagreement, leading them not to carry forward.

To facilitate the planning process and benefit from a cross-village exchange of ideas, the three communities in each intervention cluster decided to form an Inter-Village Planning Task Force (see Child Resilience Alliance, 2018). This Task Force had five members from each of the three villages, with the five members elected from each of the sub-groups: girls, boys, men, women, and elders. The Task Force had a facilitative role and was not a master planning group. Through an iterative process, ideas were generated at community level through a mixture of baray discussions and small group discussions. The ideas from these dialogues were fed into a meeting of the Task Force, where the representatives from different villages could hear the thinking of their counterparts from other villages. At the Task Force meetings, the facilitators did not steer the discussions but helped to keep a focus on finding common ground. The thinking from the Task Force discussions were then fed back to communities, thereby stimulating another round of discussions.

The discussions for selecting which harm to children to address were conducted over a period of nine months. A slow process was important in enabling inclusive participation and the intensive dialogues that were needed to negotiate disagreements. At times, the discussions shaded into consideration of steps needed to address particular harms. Early in the discussions, male elders resisted the idea of focusing on teenage pregnancy since they were concerned that action would likely involve the use of contraceptives, which they saw as undermining young people's morals. Over time, the elder men's wives tended to bring them around by asking questions such as 'Isn't it true that our daughters are still being harmed by becoming pregnant out of wedlock and that nothing we have tried has worked to change this? Wouldn't it be better to try a different approach?' Moderate men began speaking in favor of the use of contraceptives. Teenagers also gave thoughtful, mature inputs into these discussions, and adults were impressed with their insight and sense of responsibility to their families. The negotiation of views occurred not only in public discussions such as those in the baray but also in private discussions at home.

Both intervention clusters chose to address teenage pregnancy, which was often referred to as 'early pregnancy.' Teenage pregnancy caused some children to drop out of school, and was linked to violence, as nearly one-third of the teenage pregnancies were the result of sexual abuse and exploitation (Coinco, 2011). Since many families were unable to feed another person, teenage pregnancies and births frequently led girl mothers to turn to sex work as a means of survival. Nationwide, concerns about teenage pregnancy rose sharply, leading the President to declare in 2013 a state of national emergency in regard to teenage pregnancy.

How Communities Developed an Action Plan

During the intervention planning, the facilitators encouraged full participation by diverse people and asked communities how their action might link with actors in the formal health or child protection system. Because the community people had heard of the work done by Marie Stopes and others, the early planning discussions unanimously identified family planning and sexual and reproductive health as key topics for the intervention. As communities increasingly

avored the use of contraceptives, M. Manyeh approached the District Medical Officers, who indicated their willingness to supply contraceptives and insure that health post staff had been trained on how to insert implants.

Discussions in sub-groups, villages, and the wider Task Force indicated the importance of life skills such as being able to say 'No' to unwanted sex. Fortunately, NGOs such as Marie Stopes in Bombali and Restless Development in Moyamba were willing to partner and support work on issues of family planning, sexual and reproductive health, and life skills. Communities themselves drove the decisions to strengthen their capacities by working with these NGOs.

The Task Force enabled dialogues about how to prevent teenage pregnancies were an integral part of the community action planning, which included aspects such as collective responsibility for reducing teenage pregnancy; peer education; child leadership and messaging; parent-child discussions; and use of contraceptives. During early 2014, at workshops conducted in Moyamba and Bombali, respectively, the Task Force members integrated ideas from many community discussions and developed an outline action plan, which was shared with the communities and refined through community dialogues. By design, the plans left room for community groups to improvise and exercise their creativity in areas such as developing media including songs and dramas

Community Action

An important first step in implementing the community plans was to strengthen community members' knowledge of family planning, sexual and reproductive health, and life skills. Recognizing children's role in the planning and the influence they might wield in implementation, each community selected five teenage girls and five teenage boys to serve as Peer Educators. The Peer Educators then received week-long participatory training from the NGOs on family planning, sexual and reproductive health, and life skills. The initial training took place June-July, 2013, with follow up training provided March, 2014. In advance of these trainings, the Mentors worked carefully with each NGO to ensure that they adapted their methodology and approach to fit the CLCP by, for example, not using adult scripted messages but enabling children to create contextually meaningful messages.

To enable inter-village coordination of the CLCP, each village in an intervention cluster selected a focal point to help communicate what had been done and what remained to be done in implementing the action plans. The three focal points communicated regularly with a coordinator for the intervention cluster. The coordinator and the focal points played facilitative roles only. With these changes in place, the former external facilitators became monitors, who regularly visited villages and engaged in participant observation.

Elements of the Community Action

Overall, the community-led action to reduce teenage pregnancy had ten elements, as shown in Table 1 on the following page. At the heart of the process were collective dialogues and collective decision making. The dialogues about teenage pregnancy and means of preventing it typically began in the Chief's barray. Throughout the intervention process, Task Force

members or village authorities continued to organize dialogues in the barray to discuss issues such as puberty, family planning and contraception, sexually transmitted infections, the

Element	Description
Collective dialogue, awareness raising	Extensive collective reflection and dialogue occurred in the barray, and in sub-group discussions about the main harms to children, which issue should be addressed, how to address the self-selected issue of teenage pregnancy. Dialogues on the latter continued into the action phase.
Collective decision-making, empowerment, and responsibility	Holding the power and making their own decisions, communities saw the action process as 'theirs' and took responsibility for ensuring its success. They empowered each other by encouraging participation, mobilizing different sub-groups, and drawing in more people.
Linkage of communities with health services	The District Medical Office supplied contraceptives and trained health post nurses to do procedures such as implants. People visited local health posts for contraceptives and invited nurses to visit the villages and help educate people about puberty, sex and reproductive health.
Peer education and messaging using culturally relevant media	Peer Educators were trained by community selected NGOs and developed messages to educate peers on issues of family planning, sexual and reproductive health, and life skills. They used culturally appropriate media such as song and drama to convey key messages.
Education	Children, parents, teachers, and other community members emphasized the importance of children staying in and being 'serious' in school.
Child leadership	Teenage girls and boys played a prominent role in all aspects of the planning and action, drawing on young people's energy and creativity.
Inclusion and outreach	Representatives of diverse sub-groups took part in the Task Force that facilitated much of the community action to prevent teenage pregnancy. To include marginalized people such as out of school children and children with disabilities, the Task Force members and also Peer Educators made home visits on a regular basis.
Parent-child discussions	Parents and children discussed issues of puberty, sexual and reproductive health, sex, and teenage pregnancy prevention. In some cases, the children were better informed than adults and helped to correct misconceptions.
Role modeling	Through dramas, songs, and daily interactions with peers, young people, including teenage boys, signaled that they wanted to prevent teenage pregnancy. Parents provided role models for each other by talking constructively with their children about teenage pregnancy.
Legitimation by authority	The Paramount Chiefs, the Chiefdom Speaker, and other community leaders such as teachers and religious leaders publicly supported the importance of the community action to prevent teenage pregnancy and encouraged people to get involved in it.

Table 1. Ten key elements of the community-led intervention to address teenage pregnancy.

importance of delaying sex or engaging in safe sex. Since not everyone participated in discussions in the barray, the Peer Educators and Task Force members made home visits to learn the views of marginalized children and families. Dialogues often following teenagers'

performances of dramas and songs, and spontaneous dialogues occurred over meals, in schools, and during daily activities.

At each point, the communities led the intervention and decided whether, when, where, and how to implement it, with the Task Force facilitating the action process. Also, teachers and school authorities sometimes decided to hold open discussions at school on topics such as puberty, teenage pregnancy, and pregnancy prevention. In churches, pastors sometimes devoted sermons to the topic. These and the activities sparked increased community awareness of the problems of teenage pregnancy and increased commitment to the community-led action.

Throughout the intervention, awareness of and knowledge about various aspects of family planning, sexual and reproductive health, and life skills was promoted through peer education using youth driven messages and the use of culturally appropriate media. Among these activities were songs and dramas (vignettes) which fit the local culture and likely contributed further to local ownership over the action. The community adults shared power with children and enabled them to exercise their creativity in composing and spreading key messages. Teenagers in Moyamba constructed the message '5910,' which meant that for five minutes of pleasure, one gets nine months of pregnancy, one child, and zero future. Although teenagers' use of this message in small gatherings or in public meetings typically evoked laughter and excitement, the message embodied teenagers' view that education is the future and that young people should maintain their access to education by not becoming pregnant. Peer education also involved street drama followed by discussion (see the box on the following page).

Throughout the community-led action, inclusiveness was promoted by inviting new people into the action process. To include people who were marginalized and did not participate in large meetings, the Peer Educators and Task Force members made home visits. Parents became highly engaged in the action as well, with some parents commenting on how the children were helping them to learn more about contraception, pregnancy, and sexual and reproductive health. Also, various community groups such as Mothers' Clubs became active by integrating children's issues and teenage pregnancy into their trainings and outreach activities.

Additional support for collective caring and action came through modeling and support from traditional leaders. As people observed the excitement and commitment of others, they became more likely to participate in the discussions and community action process. Also, the Paramount Chief, the Chieftom Speakers, and lower Chiefs expressed their support for the community-led action, thereby legitimating it and helping to mobilize action by community members.

Community Reflection and Adjustment

As they took action to prevent teenage pregnancy, community members engaged informally in observation and discussion of what was going well or poorly. In essence, this process was part of what NGO workers would call 'monitoring and evaluation.' An example of ongoing monitoring related to observations that early in the action process, communities did not fully trust the Task Force members. In both Moyamba and Bombali, some community members who did not go to meetings or get involved in the community action thought that the Task Force

members must be getting paid since they worked hard and visibly promoted children's well-being. Fortunately, ongoing observation and monitoring indicated that this problem decreased over time. As more community members got involved in community action to reduce teenage

Example of a Street Drama and Discussion

To emphasize the importance of staying in school and avoiding teenage pregnancy, a teenage girl and boy developed and performed a two-part street drama with discussion for a large group of assembled villagers. In the first part, the girl and boy expressed feeling attracted to each other. Having gone to the video hall on the weekend, they drank together and afterwards had unprotected sex. Projecting forward, the drama showed the girl having morning sickness and missing school due to pregnancy. Subsequently, she and the boy both had to drop out of school and felt that their futures had been ruined.

The second part of the drama depicted different choices and outcomes. Having expressed feeling a mutual attraction, the girl and the boy expressed their strong desire to stay in school, which required avoiding a pregnancy. Together they made a plan how to avoid the girl becoming pregnant. They then acted on that plan and continued their education with the intent to marry and begin a family afterwards. Following their education, they fulfilled their dream of marrying, starting a family, and being good community members.

This performance evoked excited discussion, with numerous people affirming vigorously that the first part showed the reality of how teenage girls become pregnant in the community and the negative consequences the pregnancy had for girls, boys, and their families. In response to the second part, people exclaimed that it is so important for girls and boys to stay in school and to avoid girls becoming pregnant. In some villages, there were animated discussions about abstinence versus contraception as means of preventing teenage pregnancy out of wedlock.

pregnancy, and especially as they began to achieve positive results, questions about Task Force members' motives subsided, and respect for the Task Force members increased.

Informal evaluation occurred in the intervention clusters and individual communities as Task Force members and Peer Educators periodically stepped back and discussed both their accomplishments and challenges or things that were not going according to plans. The latter triggered discussions about adjustments that were needed to address the challenges. In Bombali, for example, Task Force members and Peer Educators noticed that teenagers had been going to the health post to obtain contraceptives on a regular basis. However, frustration arose since contraceptives were not always delivered regularly to the health posts, causing them to run out of contraceptives. Having discussed this problem, the action facilitators notified the Mentor, M. Manyeh of the problem. She then visited and discussed the contraception shortage issue with the District Ministry of Health, which subsequently took steps to strengthen the supply chain and flow of contraceptives to the health posts.

Over time, the process of community reflection and adjustment also had wider effects. In Moyamba, as the community-led action to reduce teenage pregnancy proceeded, people discussed how teenage pregnancy occurred not only out of wedlock but through early wedlock. Subsequently, they decided to expand their effort to reduce teenage pregnancy by addressing early marriage. This example illustrates how CLCP is an iterative process that, once begun, tends to motivate communities to expand their work in protecting children through new cycles of community-led learning, planning, and action to support children.

Key Findings

The intent had been to rely equally on the quantitative and the qualitative data, but the eruption of the Ebola crisis in Sierra Leone in August, 2014 made it impossible to conduct the planned endline data collection. Fortunately, a mid-line data collection occurred in December, 2013 (T2). Although it provided useful information, it occurred only 8-9 months following the start of the community action, which was likely too short a time for the community action to have its full impact. As a result, this section relies more heavily on qualitative data, including from evaluation workshops in June, 2014 that enabled extensive discussion with Task Force members and Peer Educators in the intervention clusters.

The key findings may be divided into (1) process findings that relate to the planning and action process and (2) actual outcomes for children. These are discussed in turn, although there was some overlap as noted below.

Process Findings

The community members, mentors and facilitators agreed that the people themselves had led the process and that the facilitators had not guided or led them. In other words, the overall process had good fidelity to the CLCP principles. In addition, there were four main process findings.

Community ownership. High levels of community ownership were evident in how many people volunteered their time and work, without material compensation, and regularly referred to the intervention as 'ours,' stating that NGOs and the government support them but do not lead the intervention. The participants indicated that they held the power and said that their work was motivated from within and based on their caring for children.

Nonformal-formal linkage and collaboration. The intervention process significantly improved communities' collaboration and linkage with the local health posts. In contrast to previous low use of health posts, many teenagers and/or their parents visited the health posts regularly for contraceptives or advice. Also, communities frequently invited nurses and other health staff to visit in order to educate people about puberty, sex, and preventing teenage pregnancy.

Contraception. The District Medical Officers fulfilled their promise to supply the contraceptives and train the health staff. Relative to the comparison condition, teenagers in the intervention communities reported increased intent to use condoms regularly and increased

willingness to ask their partner to use a condom. These can be precursors of wider changes in behavior and social norms related to sex.

Child leadership. Girls and boys were highly visible and active in the community-led planning and action to address teenage pregnancy. They were highly motivated internally since teenage pregnancy was not a remote problem but one that strongly affected the lives of children, particularly girls. During the planning and action process, children used their dynamism and creativity to develop useful ways of addressing teenage pregnancy that went beyond the ideas that adults had generated. As children were serious in school and helped communities to achieve their priority of reducing teenage pregnancy, children gained new status and came to be seen as ‘serious’ and as contributing members of their communities.

Promising Outcomes for Children

Several important outcomes for children were discernible, yet it is important to regard them as promising since, as noted above, the quantitative data were collected only a short time following the beginning of the community action, and the Ebola crisis scuttled the later endline evaluation that had been planned. Still, three important outcomes for children were identified.

Life skills. Teenage girls reported that because of the intervention, they said 'No' more frequently to unwanted sex. Both girls and boys said that they had learned how to discuss and negotiate with their partners in regard to sex, and also how to plan their sexual activities in light of wider, life goals. In addition, boys said openly that they had a responsibility to prevent teenage pregnancy. This responsibility taking contrasted sharply with the boys' previous behavior.

Teenage pregnancy. Participant observations and interviews with health post staff, monitors, teenagers, and adults indicated a significant decrease in teenage pregnancies. In both intervention clusters, participants reported that in an average school year (September-June) before the intervention had begun, there were five or six teenage pregnancies. In contrast, in the 2013-2014 school year, fewer teenage pregnancies had occurred. During that period, half the communities reported no new teenage pregnancies, and the other half reported only one new teenage pregnancy. These figures were confirmed by health post workers and also by grandmothers, who are respected community figures and knew the details of girls' lives.

Education. Participants, including children and teachers, said consistently that school dropouts had decreased. Also, both children and parents reported that children were more ‘serious’ in school.

These trends were not observed in the comparison clusters, where the rates of teenage pregnancy reportedly increased or showed no decline during the timeframe of this work. Additional information about these findings and the methodologies used may be found in Child Resilience Alliance (2018) (MGM4), Stark et al., (2012, 2014, 2015), and Wessells et al. (2012). For additional information on how the Ebola crisis sharply increased teenage pregnancy and undermined the community action, see Kostelny et al. (2016).

Challenges

Even before the Ebola crisis, this work encountered numerous challenges. These are discussed below, together with the steps taken to alleviate them.

Distance from health posts. Some rural communities were 8-10 kilometers from the nearest health post, making it difficult to obtain contraceptives. To help address this challenge, a motorbike was provided to the relevant Chiefdom so that the Paramount Chief could assign it for use on tasks such as visiting the health post to obtain contraceptives. Also, as mobile services were introduced in the health sector, efforts were made to include contraceptives in the services.

Misconceptions about contraceptives. Early on in the community action, the use of contraceptives was hampered by parental misconceptions such as the belief that using contraceptives would subsequently make it impossible or unlikely that a girl could become pregnant after she had become a married adult. Fortunately, Peer Educators succeeded over time in correcting these misconceptions through non-formal education. As children became the teachers of the adults, families and communities gained new respect for children.

Food insecurity and volunteer fatigue. Although CLCP runs on the unpaid, volunteer efforts of many people, especially the Task Force members and Peer Educators, numerous community members said that participation the community action took them away from their farming, which was their main source of livelihood. To help manage this challenge, small funds were provided near the end of the work for seeds and tools that were used to enable collective farming on land donated by the Chief. The collectively grown food was made available not only to those who worked the land and planted but also to people such as Task Force members and Peer Educators.

Measurement. It is inherently difficult to measure accurately how often teenagers engaged in sex, used or did not use contraceptives, or used them correctly, as self-reports on surveys may be subject to strong social desirability bias. Efforts to ask instead about children in general may be biased by rumors and repeat messages circulated among peers. Similar problems hampered the measurement of the frequency of teenage pregnancies, many of which may never get reported to a health post. Also, girls with unwanted pregnancies may hide them from peers and others and may obtain an abortion or take steps to self-abort. Although proxy measures such as unfavorable attitudes toward pregnancy by teenagers may be useful, attitudes often are not accurate predictors of actual behavior.

This action research, like the wider fields of child protection and public health, had no easy answers for these challenges. However, two key steps seemed useful in addressing them. Recognizing that intentions predict behavior better than attitudes do and also appreciating the importance of peer relationships for teenagers, the survey asked questions to teenagers about whether, for example, they and their close friends sought to use contraceptives (Stark et al., 2014). Also, in an effort to rely on local sources of accurate information, the narratives of teenagers and general community members were triangulated with the observations of grandmothers, who in Sierra Leone are revered, trusted figures and who know much about the lives of girls and were keenly attuned to issues of teenage pregnancy. To enable girls, parents, or

grandmothers to speak openly about teenage pregnancies, care was taken to reduce the stigma that might have occurred had a girl become pregnant during the time when the community was working to reduce teenage pregnancy. Communities themselves fought against such stigma by using the aphorism ‘Accidents happen.’

New Directions: Scaling Up

An important question is whether CLCP is scalable. Recent work in Sierra Leone has begun to address this question, and with promising, preliminary results.

The Scale Up Process

Even before the COVID-19 pandemic, the Community Engagement Sub-Group under the Ministry of Social Welfare, Gender, and Children’s Affairs, decided to expand the use of CLCP as part of its efforts to strengthen prevention in regard to children’s protection and well-being. With the support of UNICEF and the Child Resilience Alliance (CRA), a training of trainers workshop was conducted by D. Lamin and M. Wessells in January, 2020 for 20 child protection workers from NGOs and also 5 District Social Officers under the Ministry. Following the workshop, the community-led work was expanded to numerous communities in multiple districts. A novel feature of this scale up pilot was that the community-led approach was implemented by NGOs working with community partners.

Following the workshop and the COVID-19 pandemic, 16 agencies, some of which had UNICEF support, implemented the community-led approach in over 80 communities spread across 8 districts. Both women and men served as facilitators who had been selected primarily through community processes. In some communities, the facilitator was first identified by the Chief and then endorsed by the community. In other communities, the facilitator was elected at a large community meeting. In some communities, facilitators were volunteers who worked for the Ministry of Social Welfare in a particular district, and were given a stipend and transportation. The facilitators all spoke the local languages (e.g., Mende in the South; Temne and Loko in the North) and had a good understanding of the local context in which they worked.

To enable effective facilitation by different agencies, a team of four mentors who were led by A. Tholly (Coordinator) and D. Lamin (Senior Advisor) was formed. Two of the mentors had served as facilitators in the work described above. Traveling frequently and spending approximately three weeks in the field each month, the mentors met with and observed facilitators of the community-led work from different agencies, providing coaching and enabling skills development as needed. The mentors observed and reflected together on how the work was going, what challenges had arisen, possible means of addressing the challenges, and making needed adjustments.

Evaluation

In May 2023, an evaluation was conducted to determine whether the scale up work successfully embodied CLCP principles (Kostelny et al., 2024). This was important because the initial CLCP work had not been done by international or national NGOs, which conduct a large

percentage of the community level child protection work in Sierra Leone. An important question, then, is whether NGOs that had used mostly expert-driven approaches could successfully use CLCP, which requires adherence to the principles outlined above (see Chapter 1).

The evaluation sought to learn primarily about the effectiveness of the facilitation processes and their fidelity to CLCP principles. It also sought to learn about the mentoring processes and their successes and challenges, and about the organizational support for the CLCP. The evaluation also examined the community processes and action on behalf of children, with particular attention to inclusivity, ownership, and satisfaction with the CLCP process. The evaluation focused on two districts from different parts of the country and included 6 agencies and 9 communities. UNICEF helped to guide the site selection, with attention to diversity and the need to learn both from areas where the CLCP was going well and areas where the work encountered more than the usual challenges.

Working with translators and with support from the mentoring team, an international researcher conducted key informant interviews with facilitators, trainers, program managers, agency leaders, and mentors. Focus group discussions were conducted with community people, including women, men, young women, young men, girls, and boys.

Promising Findings, Challenges, and Implications

The main findings, together with challenges, were:

Fidelity to CLCP principles. The facilitators demonstrated good adherence to CLCP principles in working with communities. Showing keen attention to power dynamics and community ownership, they attended to qualities such as humility, respect, and trust that are needed to shift power to communities. They also spoke in knowledgeable ways about how to enable inclusivity, participation, and ownership. In most cases, community members, too, identified characteristics of the facilitators' work that confirmed their compliance with CLCP principles. A significant challenge, however, was the need for additional training in order to sharpen their skills, learn more about how to talk with children or deal with challenges such as handling resistant community members.

Effective mentoring. The facilitators lauded mentors for their effective support and teamwork. The mentoring team also served as the 'eyes and ears' of the scale-up system, helping to identify challenges and guide needed adjustments in the scale-up work. The mentors supported coordination with Government efforts by, for example, meeting with and giving regular updates to District Social Officers.

In regard to challenges, the mentoring system encountered a heavier workload than had been anticipated due to the participation of a greater number of agencies and the expansion of the scale up to a larger number of districts. To meet this challenge, the mentoring team added a fourth mentor, as described above. Transportation was also a significant challenge owing to the rising fuel costs, the large distances between some sites, the poor road conditions, and periodic flooding that made particular areas inaccessible. The flexibility, coordination skill, and joint problem-solving ethos of the mentoring team were helpful in meeting these challenges. Also, in

some communities, the community facilitator seemed to take a back seat to the mentor, who was described as facilitating community meetings and giving them ideas. Additional mentor training and reflection are needed to address this challenge.

Organizational Support. Ministry officials in Freetown spoke highly of CLCP, noting its beneficial effects for communities. UNICEF's support played a key role in enabling the engagement of the Ministry and the Community Engagement Sub-Group that supported the scale up. NGOs, too, supported the scale up of CLCP. In some cases, NGO staff who had participated in the initial training of trainers brought their enthusiasm for community-led approaches back to their NGO, igniting keen interest there as well among program managers, trainers, and National Directors, who viewed sustainability as an important value added of the approach. Some agencies incorporated the community-led approach into their strategic planning or also in work in other sectors such as WASH, youth empowerment, and women's empowerment.

However, NGOs felt constrained by the shortage of funding from donors to support CLCP, and some NGOs noted the operational challenges associated with working according to community time. Government workers noted the challenges associated with having less than 1% of the national budget allocated for children's well-being. Challenges arose also from staff turnover. In one agency, a new National Director was advised by consultants to switch to a 'report and respond' model, leading them to end the agency work on CLCP.

Community processes, actions, and views. Site visits with nine communities revealed that the communities had organized groups such as 7-10 person task forces to help communities address issues such as teenage pregnancy, children out of school, wayward children, and children's engagement in heavy work. In some cases, the children's focus was integrated into an existing group. Complementing the task forces were other community groups such as youth groups and mothers' clubs, who also brought people into the process of supporting children's well-being.

Since diverse child protection issues were connected with poverty and economic hardship, most communities formed groups to do collective farming, using some of the resulting income for a savings and loan arrangement. Using money from this, people supported education, which they saw as valuable in its own right and as a means for preventing teen pregnancy and school dropout. Activities to support education often included repairing or building a school, providing breakfast and lunch that many children needed in order to learn, and buying materials such as shoes and uniforms that were required of students. Complementing these activities, mothers' clubs monitored children's school attendance and ensured that children's basic needs were met. Youth groups discussed the importance of education and encouraged children to continue their education. Parents talked with their children about going to school, especially secondary school for girls which in the past had been attended mostly by boys, and talked with and advised their children about sex and pregnancy.

Although the evaluation did not examine in depth the outcomes for children, community members identified as positive outcomes for children reduced early pregnancy (under 18 years of age) and early marriage (under 18 years of age), and increased education participation, including for girls. Participants also identified improvements for families, as both children and parents

reported that the CLCP had improved parent-child relationships. The relationships between husbands and wives had improved, as couples quarreled less over typical issues such as whether to use the husband's or the wife's money in buying food and essentials for children.

Satisfaction with CLCP. A finding that bodes positively for the future is that the CLCP approach spontaneously spread to nearby villages, where people were eager to achieve some of the benefits they had seen in the villages that participated in the scale up.

Other villages ask 'How are we doing this?' We have taught others. We talk to other youth when we meet them. We share how we did it, like the savings and loan box.
(Young man, group discussion)

Also, people said they liked the CLCP approach since the community worked on its own priorities and it had enabled the community to come together and work in a collaborative manner to support its children.

(This approach) shows us many things that we have forgotten to do. How to gather together and push a problem forward. Now we solve problems on our own. We start our own project. When we call people, all come. All have benefitted. (Community facilitator, key informant interview)

Before, the NGO would pick what to do. Now we pick what people in our community want. (Community facilitator, key informant interview)

Collectively, these findings suggest that CLCP is scalable and that communities actively prefer it and seek to use it. Much additional work is required to scale it up fully and ensure its financial integration within the Government. Still, this case study indicates how civil society approaches such as CLCP complement the formal child protection system and can promote alignment with and collaboration by locally owned, nonformal and formal aspects of the national child protection system.

3. Learning From Kenya: Community-Led Action to Address ‘Early Sex’

Preparing the Way

Context

A global, interagency study of community-based child protection found that the approach had a weak evidence base and identified community ownership as the most important determinant of its effectiveness and sustainability (Wessells, 2009). It also reported that the community-based approach, which is mostly expert-driven, did not achieve high levels of community ownership. As mentioned in Chapter 1 (pages 36-37), these findings led Save the Children, UNICEF, and other agencies to convene a meeting in Nairobi to decide next steps that could help strengthen communities’ role and ownership in child protection. The UNICEF-hosted meeting brought together a mix of East African and global stakeholders from different levels, including community level. Key priorities that emerged from the multi-day discussion were to strengthen the evidence base, enable higher levels of ownership, and strengthen linkages between grassroots efforts and national child protection systems. The idea was to learn from and with partners from the global South about how to accomplish these priorities.

To move forward, a global Interagency Learning Initiative (ILI) coordinated by Save the Children and including diverse international NGOs and also donors formed and decided to test the effectiveness of a more participatory, locally owned child protection approach in East and Southern Africa and in West Africa, respectively. A call was sent to UNICEF country offices in each region to see which offices were interested and well positioned to support the learning and practice strengthening work on child protection. Since the UNICEF offices in Sierra Leone and Kenya expressed keen interest, these two countries became the centers for the ILI work. The Sierra Leone work, which began in 2010, had generated the initial principles and approach of CLCP by 2013. The Kenya work began in 2011, with local adaptation and testing of the CLCP beginning in 2015.

At the time, Kenya had a multitude of child protection issues and a government system that had a wide array of laws and policies intended to address them. In addition to being badly affected by the HIV/AIDS pandemic, Kenya had very high levels of violence against children. A 2010 Violence Against Children and Youth Survey reported that 76% of young women and 80% of young men had experienced sexual, physical, or emotional violence before they had reached the age of 18 years (UNICEF/Kenya et al., 2012). A 2019 Violence Against Children and Youth Survey indicated a reduction in sexual, physical, or emotional abuse of Kenyan children (Annor et al., 2022). Nevertheless, women and girls continue to be subjected to significant levels of violence, including sexual violence (Human Rights Watch, 2021; Sarnquist et al., 2023).

The Kenyan Government has taken significant steps to address child protection issues and strengthen services for children who have been violated. The 2010 Kenyan Constitution legalized children’s right to be protected from abuse, neglect, harmful cultural practices, hazardous labor, and all forms of violence (UNICEF Kenya, 2024). Also, a 2009 mapping of the Kenya national child protection system (NCCS, 2010) developed guidelines for strengthening child protection systems at the County level in a process of decentralization. This included

enabling linkages between the formal and informal aspects of the national child protection system by organizing or participating in multi-stakeholder bodies and networks such as Area Advisory Councils (AACs), which included a mix of civil society and Government actors. The CLCP learning was viewed as a valuable complement to this mapping of the national child protection system. More recently, the Government of Kenya has taken steps to close the gap between Kenya's extensive child protective laws and their enforcement by strengthening the capacities of police (Davenport & Mutisya, 2024).

In-Country Planning Process

In 2011, the learning team consisted of Mike Wessells (PI), Kathleen Kostelny (Lead International Researcher for the Columbia Group for Children in Adversity), Sarah Lilley (ILI Coordinator), and Maryam Abdikadir of UNICEF/Kenya. During the learning phase, Jemayo Chabate Barthe was team leader for Mombassa, and Ken Ondoro was team leader in Kilifi and Kisii. K. Ondoro subsequently served as Lead National Researcher for all subsequent work on CLCP in Kilifi.

Reference group. A Kenyan Reference Group, coordinated by Save the Children Kenya, guided the development and learning, advised on strategic issues related to the CLCP and its implications for strengthening practice, and helped to address challenges that arose during the work. Its members included Kenyan organizations such as Action Aid International, AMREF, ANPPCAN, APHIA PLUS, CARE, CEFA, ChildFund, Child Line, CLAN, CRADLE, Girl Child Network, IRC, KAACR, Plan International, Save the Children, and World Vision, who opened doors at grassroots level. Its members also included Government actors as discussed below. K. Kostelny provided the Reference Group and the Government with regular updates on the learning from the ethnographic work, and K. Ondoro subsequently provided them with updates on the CLCP, its outcomes for children, and its implications.

Government actors. UNICEF Kenya helped to develop an effective partnership with the Kenyan Government by identifying the key Ministries to engage with and by helping to relate the CLCP work with UNICEF's work and also with the Government's strategic efforts on child protection. Key meetings with Government actors were held with the Ministry of Gender, Children and Social Development, and the Department of Children's Services at Nairobi level. At Sub-County and County levels, regular meetings were held with Children's Officers and civil society leaders.

From the early stages of this action research, steps were taken to update and influence the Department of Children's Services via its Field Office, which oversees the child protection work in different counties. The research team met regularly with Judy Njoki, Director of the Field Office, who subsequently became the Deputy Director of the Department of Children's Services. In addition, meetings were held regularly with the inter-agency group of NGOs that advised the Field Office. The meetings shared the latest findings and learning from the action research and invited discussion of the implications for practice, with the research team emphasizing the importance of community action, the value of listening to children's and local people's perspectives, and the priority of enabling County child protection offices to engage more deeply with communities. An indicator of the success of these efforts was that the lead national

researcher was frequently invited by the Office to give input on different issues or to provide trainings to Government child protection officers in different Counties.

Site Selection

A highly consultative process was used to determine the sites, which, by design, were not a nationally representative sample. Meetings were held with the Kenyan Reference Group, and diverse NGOs and Government stakeholders in Kenya to determine which regions of the country could provide the most useful learning. To achieve diversity, an effort was made to include urban and rural areas and also areas from different parts of Kenya. Three areas were ultimately selected for the initial learning phase: slum areas in Mombasa, rural areas in Kilifi in the Coast area in eastern Kenya, and rural areas in Kisii in the Nyanza area in Western Kenya. The plan was to conduct learning in each site and to subsequently select one of the sites for the full CLCP work and action research using the quasi-experimental design described earlier (see pages 55-57).

Mombasa was selected because it had large slum areas that had received little attention and had myriad, interacting child protection concerns including child sex tourism, early marriage, early pregnancy, child labor, and physical child abuse. Also, people living in slums (technically ‘informal settlements’) suffered greater than average poverty. Kilifi was selected because of its proximity to Mombasa and offered the opportunity to learn whether and how Kilifi serves as a ‘feeder’ for children’s entry into sex tourism in Mombasa. Kisii was selected because little was known about child protection issues in that particular area and it had high rates of HIV and AIDS.

Following the learning phase, the Kilifi area was selected for the full CLCP process and testing using the quasi-experimental design. In addition to being relatively stable and accessible, Kilifi was found in the learning phase to have significant problems of sexual exploitation and abuse of girls, early pregnancy, and out of school children. The Kilifi area was composed of two sites (comprised of two adjoining villages) that were comparable in their child protection threats, size, socio-economic status, and access to health, education, and child protection services, as indicated by information collected from local authorities and direct observation. The two sites were to become the intervention and comparison areas used to test the effectiveness of CLCP.

Ethical considerations. In all phases of work, the team adhered to the Do No Harm principle. The researchers were governed by Save the Children’s Child Safeguarding Policy, adapted for research purposes during the initial phase of the action research. Subsequently, ethical guidance and approval was provided by Columbia University and African International University IRB policies and reviews. Informed consent was obtained through careful procedures that avoided subtle coercion, and people whom the participants knew and trusted helped to explain the purpose of the action research, the steps involved, and possible risks or benefits. Parental consent was obtained for children’s participation, and children’s assent was also obtained. To protect confidentiality, the records contained no names or other personal identifiers. Throughout, care was taken not to raise expectations.

All phases of preparation and work included a focus on ethical sensitivity and reflection. Community people were not asked about their own experiences, but rather about children in the

community in general to avoid picking open emotional wounds. To enable people's dignity and agency, the team endeavored to have the communities be in the 'driver's seat' and make the key decisions.

The evaluation design included a delayed intervention strategy which eventually extended the community-led process and intervention to the former comparison community, which is often used to address concerns about designs that call for a comparison group. A further ethical obligation included feeding the findings from all phases of the research back to the communities. Failure to do this would not only be disrespectful but would constitute an extractive approach that is contrary to the spirit of a community-led process and could also make local people feel objectified and exploited. Accordingly, the key findings were fed back to the participating communities in a respectful, accessible manner, with appreciation for their collective accomplishments.

Early Engagement and Learning with Communities

Entry into Communities

As in Sierra Leone, the research strove to reduce the power asymmetry between NGOs and communities by emphasizing the community's knowledge and experience in supporting children over an expert driven approach. The researchers dressed modestly and respectfully, did not use technical language, and did not use titles such as 'Dr.' or 'Researcher.' The team emphasized that they were learners, and that the community was their teacher, and the team wanted to talk with children, parents, and community members about their views on children, what people do to support them, and what harms happen to them. No promises of aid were made. The team followed cultural traditions which included meeting first with district and local government officials to discuss the learning process, followed by the Chief, Assistant Chief, and elders before meeting with the entire community.

The Learning Process

The initial, learning phase of the research was conducted in 2012-2013 in Mombasa and Kilifi in the Coast area, and in Kisii in Nyanza area, while subsequent phases continued through 2023 in Kilifi. The research endeavored to provide a rich, grounded picture of local beliefs, values, and practices in regard to children, their developing activities and social relations, the main harms or risks to children, and the community mechanisms for their protection and well-being. The research also endeavored to learn whether and how the CBCPMs are linked with elements of the formal, Government-led aspects of the national child protection system.

Methodology. Following the methodology developed and used in Sierra Leone (see pages 60-61), the learning phase in Kenya used rapid ethnography to learn about children's lives, harms to children, protective factors, and what happened when various harms to children occurred. To explore the functioning of existing community-level mechanisms of child protection, people were asked in multiple contexts what happens when a particular child protection issue arises—who do people actually go to, who makes the decisions, which actions are taken, and how do various stakeholders who occupy different social positions view the

outcomes. People were free to identify any process or mechanisms of response by, for example, indigenous processes, NGO committees, or aspects of the national child protection system. This was a grassroots process of mapping the functional pathways through which people responded to child protection risks.

The researchers lived and worked in the selected areas for 15-25 days. Their work included: in depth interviews and group discussions with young women, elder women, young men, elder men, teen girls and teen boys; timelines with a range of participants to learn about key developmental milestones, children's roles and responsibilities, and the markers for children transitioning to adulthood; and participant observation of children in the context of family, peers, work, and community. For young children aged 5-13, participatory body mapping was done with separate groups of boys and girls to learn what children liked and disliked as a means of learning about harms to children and protective factors. Key informant interviews were also conducted with chiefs, elders, religious leaders, schoolteachers and other leaders in the community. At district level, key informant interviews were conducted with child protection officers. Interviews were recorded, with participants' consent.

Selecting and preparing the learning team. The research teams consisted of a total of 17 Kenyan researchers (5 in Mombasa, 6 in Kilifi, and 6 in Kisii, with each having a team leader). The researchers were assigned to specific areas according to their qualifications such as understanding the context and speaking the dominant local language. As in Sierra Leone, to prepare for the research, the researchers engaged in a highly participatory 7-11 day workshop based on training needs and context, led by the international and Kenyan researchers.

To develop skills for using various tools (see Child Resilience Alliance, 2018), the workshop included vignettes, role plays, discussion of ethical dilemmas, group problem-solving discussions, and field experience in participant observation, group discussions, and in-depth interviews. These activities used an action-reflection methodology wherein group reflection and problem-solving followed each activity, with particular emphasis on how to ask open-ended and probing questions. Also, the workshop strove to sharpen ethical awareness of ill-advised approaches such as asking children to narrate their own personal experiences of harms, which could be re-traumatizing or stigmatizing, or both. Instead, the researchers were trained to ask general questions about all or most children in the area. The researchers also received training on how to manage challenges that frequently arise in the field, such as demands to be included or jealousies that arose because of misunderstandings about why some people had been selected whereas others had not. The first week of the workshop focused mostly on learning specific tools and developing skills of verbatim or near verbatim documentation. The second week field tested and finalized the research tools in the local languages (Kiswahili and Giriama),

Data collection and analysis. For ethical reasons, no names or personal identifiers were collected or recorded. Participation in interviews or discussions was voluntary and followed Columbia University IRB policies regarding informed consent and confidentiality. The first week of data collection consisted mostly of participant observation and group discussions to build familiarity and trust and to reduce concerns about strangers talking with people individually. Each night or the following day, the researchers transcribed their interviews using

their notes and recordings. The Team Leaders then checked transcripts for accuracy and quality, comparing them with the recordings and notes.

The Team Leaders oversaw the data collection, worked to promote high quality data, identified gaps and took steps to address them, and provided continual advising and mentoring throughout data collection. The Team Leaders also advised on the data analysis, which was led by two international researchers (Kostelny & Wessells) from the Columbia Group for Children in Adversity, which had the principal responsibility for the technical aspects of the research, backstopped the Team Leaders, and led the data analysis. The analysis used a grounded approach that identified and analyzed emergent categories, response pathways, and ideas about causal pathways, with extensive triangulation.

Key findings. Most people defined children by their behavior and abilities rather than by their chronological age. Children were seen as people who were dependent on parents for physical needs, had no responsibilities, or had childish behavior. Children's development involved the reciprocal relationship between children and parents and children's increasing responsibilities with age, increased stature, and biological changes. Children were expected to obey their parents, who used a mixture of advising and harsh beatings to instill discipline and good behavior and values.

A child is the one who does not do anything. The child depends on the parent for schooling, feeding, and much more. A child should respect his parents and elders and obey and follow the rules of the family. (Man, Mombasa)

Frequently cited markers were physical changes associated with puberty, sexual activity, performing tasks of adults, undergoing cultural rituals, and marriage. Girls who were married or pregnant were no longer considered children, and the same was true for girls and boys who were sexually active.

At 12 years, a girl becomes an adult since she has now started experiencing men. She now feels she is a grown up and goes to other areas to look for men since she is free. (Woman, Mombasa).

An important protective factor was the family, which taught children how to behave and provided guidance and support. Mothers were especially important in educating their daughters about pregnancy, how to behave with boys, and avoiding 'bad company'. Community-level factors included guidance from religious institutions, which were seen as essential for moral education and teaching children good values. Teachers' guidance, education, and monitoring were also important, as was influence from youth groups and peers with good behavior. In some sites, peer counseling by older girls who had gotten pregnant while young was also a strategy for preventing early pregnancy. Village elders also monitored children's behavior and used corporal punishment as well as softer methods of guidance if children were out of school.

Main harms to children. Across all sites, the three main harms to children were out of school children, early pregnancy, and sexual abuse and exploitation. Other harms included alcohol and drug abuse, poor parenting (e.g., parents neglecting children, not providing for their

basic needs, not sending their children to school, and not being good role models), early sex, heavy labor and child beating. Although the researchers had been trained to focus on issues other than poverty, the discussions frequently included poverty, which was seen as a root cause of many of the harms to children. The weight of these harms fell most heavily on children from relatively poor families.

1. Children out of school: Across sites, many children were out of school due to their families' inability to pay school fees, including the nonformal fees for exams, drinking water, electricity, and other items.

It is because of the small expenses like uniform, admission fees and other small expenses. Although the government announced that education was free for all, there are still small expenses that force parents to choose between educating the child and buying food for the family. Children go to school without eating. (Elder, Mombasa)

Other contributing factors were being required to work, parental neglect, and girls getting pregnant.

Girls also missed many days of school because they could not afford sanitary towels during menstruation. Many of these girls struggled in school, dropped out, began idling and spending unsupervised time with boys and men, and then became pregnant.

2. Sexual Abuse and Exploitation. In Mombasa slums, rape and sexual exploitation reportedly occurred frequently. The perpetrators included people in positions of power and authority such as teachers and elders, and people in girls' households. In Kisii, where rape was also identified, transactional and consensual sex led to early pregnancies. In all areas, transactional sex was reported to be widespread due to high levels of deprivation and inability to meet basic needs such as that for food.

These transactions also contained elements of force as well as economic exploitation. In Mombasa, adult men frequently bought food for children, and then sexually abused them. In Kilifi, significant numbers of school age girls were out of school, lived in poverty and exchanged sex for food, money, or sanitary pads. Needing to travel to reach school, many girls accepted rides from *boda boda* (motorbike) drivers, who then demanded sex for the transportation. This system took a heavy toll on the girls, many of whom became pregnant at an early age and dropped out of school.

3. Early pregnancy. Early pregnancy, which was a widespread problem in all sites, had diverse sources, including consensual sex, transactional sex, prostitution, and sexual abuse. Some girls became pregnant before their first menstrual period, and pregnancy before finishing primary school was not uncommon. Early pregnancy led girls to drop out of school due to shame, inability to concentrate, or their need to obtain money to support their children. Also, early pregnancy served as a gateway to sexual exploitation. For example, girls who had become pregnant as the result of consensual sex often used transactional sex as a means of getting food or money for their children.

For girls, mostly is the issue of early pregnancy. There are many young girls in this community whom by the end of their primary education have fallen pregnant. (Man, in-depth interview, Mombasa)

Overall, there was good convergence between community views and those formal system actors such as Chiefs, Assistant Chiefs, elders, and Area Advisory Committee members. Of interest, some actors within the formal system, as well as community people, reported that child rights were harmful to children. They noted that in the past, before child rights had been taught to local people, girls who became pregnant were unable to go to school. Seeing this as a deterrent to girls becoming pregnant, they believed that child rights, which held that even pregnant girls and young mothers had the right to education, tacitly encouraged girls to become pregnant by enabling the girls to give birth and go back to school. Others saw child rights as having undermined people's ability to discipline children using methods of corporal punishment.

The learning also documented the extensive linkages between communities and the formal aspects of the national child protection systems. A key source of this linkage was the Chief, who was Government appointed and not only received various child protection cases but also engaged in outreach at the community level. In Kilifi, the Chiefs received reports of early pregnancy from teachers, village elders, and the Assistant Chief, and then addressed the case through other government stakeholders, working with the District Children's Officer (DCO), the District Advisory Council (DAC), and the Location Advisory Council (LAC) as well as the police. Also, the Chief helped with rape cases by advising parents, helping parents to report at the police station, and taking the perpetrator to court if he were found.

Linkages between communities and the formal aspects of the child protection system were supported by official leaders underneath the Chief and also by community influentials in areas such as religion and health. The Chief worked as part of a network of community authorities that included village elders and the Assistant Chief. In some locations, the Assistant Chief served as the main operating officer in receiving cases pertaining to harms against children. To address the problem of children being out of school due to pressures to work, the Assistant Chief convinced children to go to school, and engaged the teacher in making a special register so that he could monitor their attendance. In some cases, the Assistant Chiefs were women, who played an active role in preventing early pregnancy. Elders also enabled linkages by connecting parents with the police. Also, community health workers served as connectors between the government health posts and clinics and the local community. In all the villages, religious leaders were highly respected figures who frequently engaged on community child protection issues and liaised with the groups and leaders identified above.

Above the community level, multi-stakeholder forums helped to link communities with formal aspects of the child protection system. The Area Advisory Council (AAC) included government officers such as the DCO and the Chief, as well as religious leaders and other nonformal actors. The AAC sensitized the community on children's rights and the importance of education, and they also rescued girls whose parents had led them into marriage early. Beneath the AAC, the LAC operated at the location level and assisted in cases of children out of school, early pregnancy, early marriage, and child labor.

International NGOs, who built the capacities of various partners, and received, referred, and helped to manage cases of child abuse, helped to connect communities with the formal child protection system. In Kilifi, an NGO consortium helped to support more than 50,000 orphans. At community level, community-based organizations connected with international NGOs by supporting their advocacy and social monitoring of community projects.

Despite these connections between communities and formal aspects of the national child protection system, there were visible limits on people's willingness of people to use the formal system to report clearly statutory violations such as the rape of a child or other sexual abuse. A majority of participants said that people would not report a case such as the rape of a child, especially if a family member were the perpetrator and someone who helped to support the family economically. People viewed this situation as a 'family matter' and were reluctant to report because it brought shame on the family. However, participants indicated that people would report sexual abuse of a child by a father, but only if everyone, including an opinion leader, knew about it.

In the case of rape of a child by a stranger, participants spoke of wanting to avoid coming under suspicion, the wasting of time, or the wrath of the community. Participants frequently said they would not report an offence to police due to bribery and corruption or to practical obstacles such as the distance to reach the officer who received such reports. Overall, people preferred to solve such problems locally rather than go through the formal system. Local solutions frequently entailed the family of the perpetrator making payment to the family of the girl, whereas in others it involved conducting a ritual.

Sharing the Findings with Communities

The main findings were fed back to local people in a full community meeting by the Team Leaders in a non-technical manner, using the local idioms and terms that reflected the language and views of local people. Having described each harm to children, the Team Leader asked if that was correct. Across all sites, and for each harm, the community agreed, chiming in with more comments, which included expressions of appreciation for the team's desire to learn from them. Many said it was the first time that they had received feedback after 'outsiders' had come to collect information, reporting that they felt appreciated, and their views respected.

The community feedback meeting also afforded space for reflection. In some areas, community members began asking themselves what they were going to do to address these harms to their children. One of the Kilifi communities decided to form an out of school committee to monitor children who were not going to school. Thus the reflections from the feedback meetings enabled ownership by communities as they began taking responsibility for addressing the harms to children.

The findings were shared also with Chiefs and district officials, who confirmed that the results aligned with what they had been seeing. They also indicated that they were pleased with the learning process and welcomed further collaboration.

Selecting the Site for the Next Phases

Funding limitations made it necessary to select only one site to participate in the next phases of the action research. The selection was guided by consultation with the Kenyan Reference Group and also the global Reference Group. Kilifi was chosen since it was safe, accessible, and had an NGO partner, World Vision, who was willing to provide operational support in the area. Extensive discussions were also conducted with Kilifi government officials such as the Governor, Sub-County Officers, and Sub-County Children's Officers to determine whether the action research would be useful. The Chiefs of the village were also then consulted. All the officials wholeheartedly agreed that it would be useful and were willing to support it.

The action research design (see pp. 55-57) called for two comparable clusters of communities, one of which would undergo CLCP and the other serving as a comparison site. A random assignment process designated Marafa as the intervention (CLCP) site and Bamba as the comparison site. Marafa included two villages, which were peri-urban and predominantly rural, respectively.

Community Decision to Partner

After meeting with the officials described above, the Chief convened a baraza (an open community meeting) where the Lead National Researcher met with the full community to discuss whether the community wanted to continue working on children's issues, and if it would be useful to have a facilitator during the process of choosing a harm and taking action to address it. Expressing their enjoyment of the preceding learning phase and the insights it had provided, the community overwhelmingly responded that they would like to have a facilitator and to take part in community-led planning and action.

The Facilitator Selection and Preparation Process

World Vision-Kenya, the operational agency facilitating the process, agreed to hire and oversee a CLCP facilitator, and to prepare the intervention communities for community-led action to address a particular child protection issue. Initially, their hiring process relied on using criteria that favored a university degree, overshadowing community experience and the need for soft skills such as listening, empathy, and reaching out to include diverse people. Consultation between the Columbia Group and World Vision led to a revised, highly participatory selection process that featured role plays, problem solving and soft skills.

First, the top candidates each participated as the facilitator in role plays that engaged local workers in various roles in hypothetical child protection scenarios. The top two candidates then participated in a weeklong training workshop, which, like that which had been conducted in Sierra Leone (see pp. 67-68), used role plays with feedback and reflection to strengthen skills such as deep listening, empathy, enabling discussion rather than debate by people who were situated in different ways, and enabling nonjudgmental dialogue. The workshop also addressed topics such as managing conflict and understanding power dynamics, the importance of reflection, respecting community time, and ethical issues, including maintaining facilitator boundaries.

By the end of the training, a participatory daylong selection process identified Mr. Jotham Mchombo as the best candidate for facilitating the CLCP. Although he had no university degree, he was then hired by World Vision. After the workshop, the Lead National Researcher, who is well known to and respected by the intervention community, introduced J. Mchombo to the Chief, the Village Elders, and diverse opinion leaders and resource people in the two villages.

To support the facilitator and ensure fidelity to the principles of CLCP, the lead national researcher mentored him, making regular field visits, and was in turn backstopped by the international researchers.

The Community Planning Process

The planning process consisted of two steps: selecting which harm to children to address and then developing a plan for addressing it. For purposes of clarity, these are discussed separately, but they overlapped partly, as discussions of which issue to address often considered whether there were practical steps for addressing it.

Deciding Which Issue to Address

Over the next 10 months, the facilitator used a slow process of inclusive dialogue, like that used in Sierra Leone (pages 69-70), designed to enable communities to decide together which issue to address and to stimulate high levels of community ownership. In each village, the process consisted of full community discussions followed by sub-group discussions with small groups of girls, boys, women, and men. This process was not imposed by the facilitator but was constructed by the villages, following discussion of the facilitator's open-ended questions such as 'How could the community decide which harm to children to address?' and 'Do girls and boys usually speak up during whole community meetings in the baraza?' 'Why or why not?' Both villages agreed that the small group discussions were important for different sub-groups to speak freely. Since they also agreed that the content of the discussions should be fed back in general terms (without names, etc.) to the full community meeting, the voices of girls and boys became more prominent in community meetings.

The process was highly inclusive and gave greater voice to children than usually occurs. The discussions also included poor and marginalized groups who had often been excluded from participation in full community meetings. The communities decided to reach the most vulnerable through home visits by sub-group representatives. This inclusive process generated considerable excitement, as local people said that this was the first time such a thing had been done in their village.

The community process of choosing which harm to children to address was non-linear and involved scheduled meetings and smaller, spontaneous discussions in everyday settings. Initial community discussions focused mostly on harms to children such as early pregnancy, poor parenting, and 'early sex' (early sexual debut). Over time the discussions emphasized that early pregnancy, and also related harms such as early marriage stemmed from early sex. Participants noted that children as young as nine years reportedly engaged in sex for diverse reasons,

including that it had become a 'fashion' among children and children are idle during school holidays and find boyfriends and girlfriends. Additional causes identified were parents' poor skills of talking with and advising their children, and their failure to provide for their basic needs (especially for sanitary towels), thereby leading girls to engage in transactional sex, especially with the *boda boda* drivers. Because many different people and the four

Timeline

July 2012 – August 2013: Ethnographic data collection in three areas

July-August 2012: Mombasa

November-December 2012: Kilifi

July-August 2013: Kisii

June-July 2014: Well-being outcomes data collection in Kilifi

February 2015: Facilitator hired

March 2015 – January 2016: Selection of early sex as issue to be addressed

February – June 2016: Planning the intervention

July 2016 – 1st baseline data collection

January 2017 – December 2019: Community-led action to address early sex

October-November 2019: Endline data collection

sub-groups affirmed the importance of early sex, the communities agreed unanimously to address early sex, which was a precursor or root cause of harms such as early pregnancy, early marriage, children being out of school, and negative health influences such as HIV.

Discussions of which harm to children to address naturally evoked dialogue about possible interventions, which considered issues such as feasibility, low cost, sustainability, and linkage with the formal, government led aspects of the child protection system. Each time possible government linkages were suggested, the lead national researcher met with relevant government officials in the local area to identify whether they were interested in collaborating with the communities, which services they would like to provide, and the likelihood that the government could deliver these services.

Developing an Action Plan

Upon the selection of early sex as the issue to be addressed, the community members of both villages elected a planning committee, with six representatives from the subgroups of each village. The community agreed that each sub-group would continue to meet to decide on the activities that would be used to address early sex. This planning process enabled girls to speak openly about sensitive issues such as sexual abuse and exploitation, without fear of retaliation

against them. Since the sub-groups fed their suggestions back to the full community, it also enabled adults to learn about children's lived experiences and their perspectives on what actions could address early sex.

The facilitator encouraged inclusive dialogue about possible interventions in the full community meetings, sub-group discussions, and planning committee meetings. Of note, the *boda boda* drivers participated in the discussions and wanted to also address the issue of early sex, as they felt that they had been demonized unfairly due to their engagement with young girls. Unlike debates, these dialogues moved slowly and explored with respect the pros and cons of different suggestions and steered away from arriving quickly at the 'right' approach.

During the discussions, girls and boys brought forward diverse ideas for how to address early sex. To help prevent the idling after school that created a fertile context for sexual exploitation, they decided that girls and boys should each form their own teams to play football (soccer), which would prevent idling and engagement with early sex or drugs, and enable them to have fun and support each other for staying in school. The girls also decided that it was important to develop life skills such as being able to say 'No' to unwanted sexual advances. Wanting to increase awareness about early sex and how it contributed to teenage pregnancy, early marriage, and school dropout, the girls and boys suggested that the community action should use street dramas followed by discussions and should also include peer education. Since these suggestions resonated with the full community and became part of the intervention plan, it can be said that children played lead roles in helping the community to develop its plan.

Adults contributed, too, by suggesting the need for better parenting. Having identified poor parenting as one of the risks leading to early sex and early pregnancy, the parents decided to have parenting sessions to discuss and educate themselves about good parenting (as they themselves defined it), to learn how to better guide and counsel their children about sex and pregnancy, how to better support their children's education, and to learn new parenting skills. The parents noted that in previous generations, parents had talked with their children about puberty, sex, and pregnancy but that this practice had 'fallen off the map' in the current generation of parents. At the planning stage, there remained some uncertainty about how to enable parents to develop the needed skills. As is true in regard to much of CLCP, learning through experience during the action phase proved to be highly valuable for the community.

Throughout the planning discussions, the lead national researcher monitored and documented the facilitation process, making direct observations and taking extensive notes, which were shared on a regular basis with the facilitator and the international researchers. In addition, he talked with various sub-groups, gathering information about how the process was perceived by people who were positioned in different ways in the communities. He also gave timely updates to the relevant government officials. The local health minister, who was aware of early sex and how it harmed children, indicated they were willing and eager to link with the community-led intervention.

Community Action

As had been the case in Sierra Leone (see Ch. 2), the children's voice and leadership, together with the community mobilization and awareness raising during the learning and

planning phases, set the stage for and carried over into the community-led action in Marafa.

Football with Life Skill Sessions

To reduce idling and provide peer support for staying in school, girls and boys each formed a football club and quickly recruited members. The football teams were managed by a captain selected by the club members and a coach who was a volunteer from the community. The clubs created the slogan '*Stop sex, education is good, let's abstain!*' and displayed it on a banner at practices, games, and tournaments. Football practices entailed playing football and also having sessions with a trusted, group-selected community member who helped them to learn life skills and discuss the importance of education and avoiding pregnancy. The life skills included critical thinking, decision making, and problem solving. The life skill mentoring occurred on weekends and school holidays, when children were idle and had been at risk of engaging in early sex.

The football games in the village became opportunities to draw the community together, after which community discussions focused on the importance of girls staying in school and not being abused or becoming pregnant early. The teams also shared this message during tournaments with teams from other villages in the area. While most of the boys were motivated by passion and the idea that football keeps them away from being idle and indulging in 'bad activities', girls were motivated chiefly by the idea of a brighter future, as they learned from role models such as teachers and successful footballers who had secured scholarships to pursue further education.

Theater

Boys and girls developed and performed short plays at football games, in the community, and in other villages. Girls and boys wrote the scripts, acted out the roles, enabled and participated in the group discussions, and took stock of how it had gone so they could make needed adjustments going forward. The theater group primarily performed scenes that reflected real-life situations within the community. Their aim was to educate both boys and girls about the consequences of early pregnancy and engaging in early sexual activity while still in school. The performances also emphasized the importance of building self-esteem and, in particular for girls, the confidence and ability to say no to unwanted sexual advances.

Parenting Sessions

To help organize parenting sessions, the parents selected two leaders, a mother and a father. To facilitate the group, the parents invited a former teacher from the community, who had experience in working to strengthen parenting and who volunteered his time. Both mothers and fathers attended the sessions together. This approach differed from that usually used by outside agencies for parenting sessions, which discussed pre-planned topics and often struggled to attract fathers. Because the parents themselves ran the sessions and chose the topics as well as the meeting time, mothers and fathers enthusiastically participated in them.

The parenting facilitator helped parents to develop the skills they needed for positive, informative discussions with their children. about puberty, sex, and pregnancy. They also learned

how to set rules in the home regarding, for example, treating each other with respect, and the importance of monitoring their children and knowing their location and activities.

After the sessions had been going on for approximately 18 months, the community lost its parenting facilitator, who was posted to another area in his work. Feeling that they had benefitted from having a facilitator, the parents looked for other options. They had heard of Kesho Kenya, a Kenyan NGO known by the lead national researcher, who asked whether working with them might be an option. The parents indicated they would be interested in having Kesho Kenya's support to continue the sessions, so the lead national researcher reached out to them to explore their interest and willingness to adapt their methodology to CLCP. The latter was important since, like most Kenyan NGOs, Kesho Kenya used a standardized, expert driven approach. Having indicated that the community had to be in the driver's seat and had their own parenting program, Kesho Kenya agreed they were keenly interested in the CLCP and were willing to develop the alternate, community-led approach. Kesho Kenya worked with boys on life skills and provided participatory training for parents on good parenting skills, positive methods of discipline, and building skills of communication between parents and children.

Community Reflection and Adjustment

On a regular basis, the community stepped back from its action and reflected on its successes and its challenges as well as possible steps for addressing the challenges. Early on in the community-led action, the community recognized that their initial focus had been on girls activities and that too few boys were involved. In response, the community reached out to boys and achieved a better balance between the number of boys and girls participating in their gender-specific groups. A second adjustment occurred at a time of drought-induced food scarcity, which led some girls to engage in transactional sex. In response, the community decided to enable children to engage in kale farming to provide income for basic necessities. Using small funds that had been provided for seeds and tools, the girls and boys took turns tending to the kale farm, often walking many kilometers to fetch and carry water. The increased food availability reduced the spike in early sex.

Perhaps the most significant adjustment occurred in response to *disco matanga*, which were discos to raise money for funeral expenses. Alcohol and drugs were widely used at the discos, where girls were frequently abused and raped. The community members realized that to fully address early sex, they needed to stop *disco matanga*. Having lobbied the Chief, the Chief responded by banning *disco matanga*, and local people complied with this order since they had generated the idea behind it themselves. This action illustrates how in CLCP local people held themselves accountable for the well-being of their children.

In the third year (2019) of Marafa's community-led process, community members also reflected on their successes, challenges, and future activities in a two-day reflection session facilitated by the Lead National Researcher and an international researcher. People reflected that to protect their own children, they needed to take steps to reduce the harms to children who were from neighboring villages and who interacted with Marafa children. As one participant said:

We have always been saying that our children are not safe until our neighbors also get the same information that we have. So we have to find ways of reaching out to them (Man, Marafa).

Subsequently, the community began sharing what they had learned with the closest neighboring village.

Key Findings

The community-led action generated high levels of community ownership and numerous positive outcomes for children (Kostelny et al., 2020). To increase clarity, the process and outcome findings are discussed separately, although ownership was both a process and an outcome.

Process Findings

The community-led action led to a high level of community ownership, especially increases in children's agency, significant leadership by children, and community ownership of the process. In addition, valuable connections were strengthened between community-led action and government processes of child protection. Moreover, a spontaneous spread of the community-led action occurred in some of the surrounding villages.

Community Ownership. Many different people participated in the community-led planning and action, and they tended to speak of the process as 'ours' rather than as an NGO driven process. Community people took pride that they had identified key harms to children and had taken community-led action to address them. Community members were the key resources and led the conceptualization and implementation of the community-led action, without pay. For example, a teacher worked tirelessly and without pay with parents on how to better support their children in avoiding early sex. Similarly, female and male football coaches and mentors from the community helped girls and boys in their football and life skills activities, without monetary compensation. These natural helpers reported that their motivation was to help children, not to earn money. These findings highlight the importance of internal motivation, as community members showed collective concern about early sex, felt responsible for addressing it, and took ownership for the issue, the collective process and action, and the outcomes for children.

Nonformal-formal linkage and collaboration. The CLCP strengthened the linkage between community action on child protection and well-being and Government processes of child protection. Before the CLCP had begun, children and teenagers were reluctant to visit health posts for help with pregnancy prevention or sexually transmitted diseases due to stigmatization concerns. Through the CLCP, however, the health workers partnered with the community to educate about preventing pregnancy, puberty, and other health issues. Also, to end *disco matanga*, the community petitioned not only the Chief but also the Deputy County Commissioner. The collaboration between the people, the Chief, and the Government was essential in banning this harmful practice.

Children’s agency and influencing. Far from being participants in adult designed processes, girls and boys in Marafa emerged as key agents and actors in the CLCP. During the initial planning discussions, girls and boys shared their ideas about how early sex harmed children and identified actions such as football with life skills that would help to keep children in school, reduce idling, and prevent early sexual activity. Subsequently, children became highly visible in the community-led action, which sparked much excitement and animated the ensuing discussions of preventing early sex. After receiving training on life skills, pregnancy prevention, and the importance of staying in school, some girls and boys became peer educators who reached out to peers, bringing them into the process and communicating key messages about abstinence, avoiding pregnancy, and staying in school. Community people commented how the children themselves had become central actors in the community-led action.

Outcomes for Children

The significant outcomes for children included reduced early sex, reduced early pregnancy, increased life skills and education participation, and improved parent-child relations.

Early sex. Early sex decreased in Marafa, especially among younger children 8 – 11 years of age. As shown in Figure 3, a reduction in early sex for girls occurred in both Marafa and

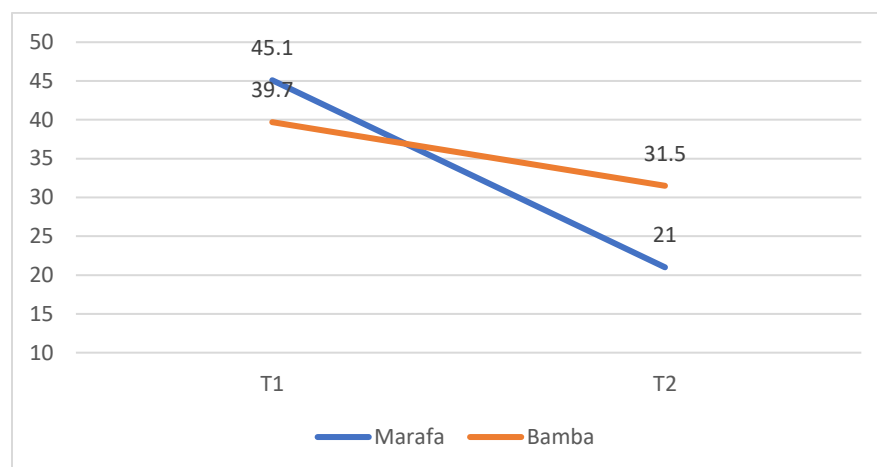


Figure 3. The percentage of children who reported that that sex activity was common among 8 – 11 year old girls in their community. (T1 = Baseline and T2 = Endline)

Bamba, but the reduction was significantly greater in Marafa. A similar pattern occurred in boys as well. There was also a reduction in early sex among girls aged 12-15 years, and the reduction was significantly greater in Marafa than in Bamba. Narrative data indicated that in Bamba, a youth group had been active in addressing children’s engagement in sex and pregnancy, and this likely contributed to the reduction in early sex reported in Bamba.

Both girls and boys frequently attributed the reductions in early sex to their involvement in football activities and the accompanying guidance and life skills.

We have really been motivated... We have become very successful just because of football and avoiding the bad groups. We have now learned through the sessions that we have had that it is better to sacrifice now, concentrate on education, and you will definitely be successful. (Focus group discussion with girls, Marafa).

Girls highlighted the value of developing life skills such as the ability to say ‘No’ to men that were discussed in connection with football practices and tournaments.

Early pregnancy. Early pregnancy had decreased significantly in Marafa. In the intervention villages, the endline data indicated that no new pregnancies had occurred in the preceding 12 months (Kostelny et al., 2020). In contrast, people in Bamba (the comparison community) said consistently that early pregnancy was a significant problem and that 8 girls out of 30 from the local primary school had become pregnant in the school year during the same period. This finding from Bamba fit with county statistics showing that pregnancy had been increasing in all the surrounding villages in Marafa during the period in which the action research was conducted.

Other parts of Kilifi are greatly affected with early sex and pregnancy. But this intervention has reduced them in Marafa. (Children’s Officer, Department of Children’s Services)

Girls, boys, and adults not only confirmed the reduction in early pregnancy, but also indicated that it was due to support from parents, life skills such as saying ‘No,’ staying in school, positive role modeling, and men’s awareness of how lack of basic necessities such as sanitary towels made girls vulnerable to men. Many people, including the Chief of Marafa, said that the ending of *disco matanga* had played a role in reducing early pregnancy.

Parental care of children. The parenting sessions that were part of the CLCP had a highly positive impact on parents’ ability to discuss sex and pregnancy with their children (see Figure 4 on the following page). The parents reported that before the parenting sessions, they had not talked with their daughters, but now they enjoyed talking with their children and had begun to treat them better. Echoing this finding, children said consistently that they enjoyed being able to talk with their parents in ways that had not been done previously and that they felt an increased connection with their parents.

Narrative data indicated that parental care of children had improved in Marafa. Before the community-led action, it was common for parents to tell girls to look after their own daily needs, which often led girls to engage in transactional sex to obtain sanitary pads, food, and other items. Through the parenting sessions and the wider CLCP, parents in Marafa showed increased commitment to meeting girls’ basic needs as a way of reducing transactional sex. Men talked about how they had gained new awareness of how the lack of basic necessities such as sanitary towels made girls vulnerable to men who offered to give girls the towels but in exchange for sex.

Speaking as parents, men said they had learned how to better support their daughters.

Parenting has improved. Before, we didn’t talk about sex, their future. But now we

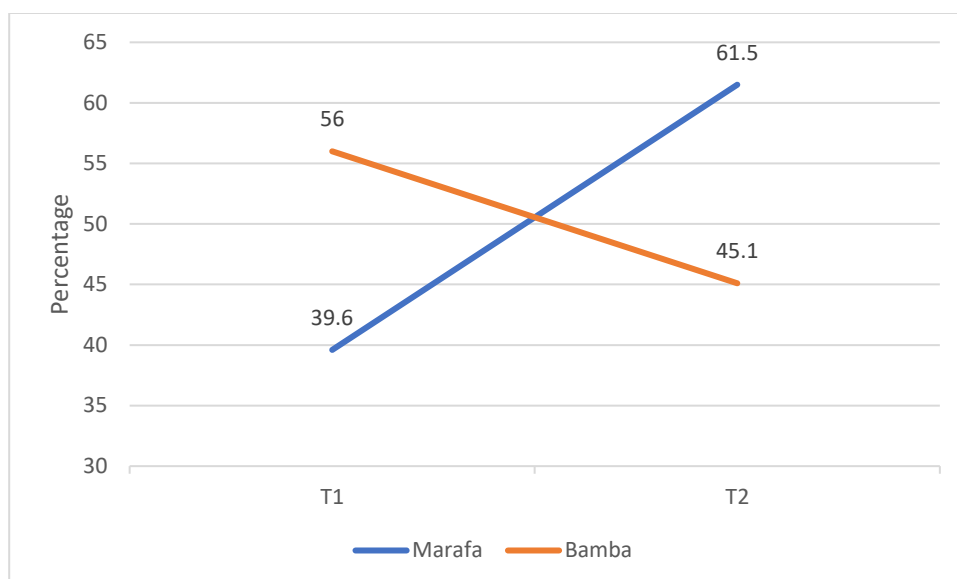


Figure 4. The percentage of parents who reported that they often discussed sex and pregnancy with their children by location at baseline and endline (T1=baseline; T2=endline).

do...Parents are now concerned about their well-being, about creating a safe environment for their child. (Elder, Marafa)

In Bamba, no such activation occurred for parents around caring for their children. Indeed, women complained that the men were disinterested and were alcohol abusers.

These positive changes in parenting helped men to break out of previous social norms. Previously men were not involved in children's issues, and especially girls' issues. As a result of the community-led action, men actively participated in parenting sessions, talked to their children about sensitive topics, and actively engaged in economic initiatives so that they could provide sanitary towels and other basic needs for their daughters so that they did not have to engage in transactional sex.

School Participation. The community-led action led to reduced school dropout from primary school and increased participation and learning in school. In Marafa, the percentage of children who attended school increased significantly between the baseline and endline measurement periods, whereas in Bamba, there was a slight decrease in the percentage of children attending school during the same period. Also, significantly more children in Marafa than in Bamba went to school regularly. The Education Officer in Marafa confirmed that children's school attendance had increased, and children were completing primary school, though secondary education participation remained a challenge.

The parents in Marafa attributed increased school participation to the improved parenting and to the community formation of an out of school committee that responded to cases of children who were out of school. Children's narrative indicated that the reduction in idling and early sex, together with changing peer and parental influences on children, led to reduced school

dropout and increased participation and learning in school. This contrasted sharply with Bamba, which had no community committee that tracked or responded to school attendance and showed no increase in school participation. In Bamba, children who were out of school remained at increased risk of teenage pregnancy.

Sustainability

The facilitating team continued to visit the intervention villages in Marafa following 2019, when the grant that had supported the CLCP there had ended. A visit in 2023 revealed that the community-led activities continued to occur and animated the enthusiasm of both parents and young people. Parents continued to have parenting sessions where they supported each other, and youth played football matches and had life skill sessions on issues with which they were grappling. The parenting group evolved to form a self-help group that focused on economic development to enable them to meet the basic needs of their children. The sustainability of the CLCP reflected the high level of community ownership.

We have done it. We will continue to do it. It is ours. (Elder, Marafa)

Challenges

Although Kenya Government actors were highly supportive initially, election related changes in staff brought in new players. At the same time, UNICEF/Kenya underwent multiple changes in child protection leadership, which limited engagement with the Government. During the community action phase, it was challenging to find the right Government partner, as discussions with higher level leaders in the Department of Children's Services (DCS) indicated that they were more attuned to political agendas than to our approach of engaging deeply with communities. Fortunately, this problem was addressed by working closely with the Head of the Field Operations Office of the Department of Children's Services. Being very community oriented, she became a champion of CLCP, integrated it into DCS strategic plans, and linked the team that facilitated the CLCP with diverse county-level Children's Officers, many of whom learned extensively about the approach and its value added and supported the use of CLCP.

Inter-agency coordination also proved to be challenging. By design, Save the Children coordinated the initial inter-agency meetings and helped to promote our approach, methods, and findings. However, turnover of leaders in their office, coupled with extensive attention to the difficult situation in Dadaab, created a vacuum. The facilitating team addressed this gap by being flexible and scanning for who was well positioned to take on the coordination of the inter-agency process. After March, 2014, DCS played this important role, with support from Save and World Vision as well.

A significant operational challenge occurred during the period in which World Vision hired and oversaw the facilitator. It was standard World Vision procedure to require all staff, including the facilitator, to participate in workshops, attend daily prayer, or participate in other tasks typically assigned to child protection staff. This was problematic since the design of the CLCP required that the facilitator be in or very near the community on a full time basis to encourage constructive discussions and conduct participant observation. Following discussions with the international researchers, the regional human resources manager of World vision agreed

to enable the facilitator to live near and work in the communities full time. Also, the lead national researcher monitored the situation and as needed, used persuasion to correct any departures from this agreement by citing the facilitator's Terms of Reference.

Economic challenges posed severe challenges to girls and families. During the first year of the CLCP work, a drought had worsened already severe poverty in the area. As parents in Bamba and Marafa who had relied on subsistence farming lost their ability to grow food, girls increasingly engaged in transactional sex for food. In year three of the CLCP work, inflation, which had reached 300% for many basic food items, also impacted parents' ability to provide food, driving girls into transactional sex. Violent demonstrations protested the rising prices and limited travel and the completion of all the planned activities in the final year.

The national elections were also a source of disruption. Politicians offered money in exchange for votes, and they waved money at girls to get sex. As some demonstrations turned violent, it was necessary to postpone the endline data collection due to the disruptions and people suspecting the researchers of being demonstrators. Also, a key mobilizer for the community-led activities became engaged with one of the political parties, causing friction in the community because of the conflict of interest (he worked for an unpopular politician). During the lead up to the election, he stepped back from the community activities, though he re-engaged with the community-led work following the election (and the defeat of his candidate).

Extension and Scale Up

After the CLCP had proven to be effective in Marafa, it would have been ethically questionable to have left Bamba, the former comparison site, without benefits for their children. Accordingly, the CLCP process and findings from Marafa were shared with people in Bamba together with the question whether they, too, would like to develop and use CLCP in their own area. The people enthusiastically embraced the approach and said they would like to move forward with the CLCP.

Extension with Innovation

With outside facilitation and a slow, inclusive process, the people of Bamba engaged in community dialogues and planning to identify the main harm to children and various activities to address it. The early discussions focused on learning about the harms to children and featured the voices of both girls and boys. The discussions indicated that girls often became pregnant at a young age due to their inability to pay for sanitary towels, which led them into transactional sex with the *boda boda* (motorcycle taxis). Girls also did not go to school when menstruating when they did not have sanitary towels. The community selected early pregnancy as the main issue to address, and, as the community action progressed, they also took steps to address related issues such as being out of school that affected children's well-being.

To address early pregnancy, the community decided to start football activities for girls and boys to keep children busy and teach them life skills and the importance of staying in school. Football practice and games were followed by life skill sessions on avoiding early sex and pregnancy and staying in school. Children and youth chose mentors from the community whom

they respected. To address the lack of sanitary towels for girls, the community linked with a local organization that taught them how to make the towels, which the community then provided for all girls in the village. Men played an important role in this effort and helped sew reusable sanitary towels for the girls.

Challenges arose due to the COVID-19 pandemic, which restricted many of the planned community activities during the first year of the community-led action. Communities were unable to gather as a large group safely, travel between villages was restricted, and suspicions of people coming in from outside made it impossible for the international researcher and the Lead National Researcher to make field visits. Risks to children increased not only from COVID itself but also due to children being out of school and the food scarcity that stemmed from parents having lost their sources of income. The rates of early pregnancy increased as the dire economic situation led girls to turn to transactional sex in the surrounding areas.

Having taken stock of their work and reflected on how to ensure the well-being of all children amidst the challenges posed by COVID-19 and drought, the community developed valuable economic innovations. They decided to engage in numerous income generating activities, including brick making, soap making, and vegetable farming. They used the proceeds from these initiatives to pay school fees so older children could go to school, ensure that children had more than one meal a day, and provide basic necessities for girls so they would not be lured into transactional sex. They also made and served porridge for young children (pre-school age) at school since children had stopped coming to school due to fainting from hunger in school and inability to concentrate.

An evaluation indicated that the CLCP in Bamba had numerous positive outcomes for children, including reductions in early sex and early pregnancy.

We went from 5 pregnancies in 2021, to 1 in 2022, and 0 In 2023. (Woman, Bamba)

Young children were now going to school, and more girls were finishing primary and secondary school.

As a teacher, I have to say that we are no longer experiencing absenteeism in school because of the feeding program. We are happy that there is no child who is not coming to school. (Teacher, Bamba)

Through the income generating activities, parents had become more able to provide for the basic needs of children, especially girls. Both parents and children reported that child-parent relationships had improved.

The community work in Bamba to support children confirmed the effectiveness of CLCP and also illustrated its flexibility and how it affords space for community adjustments and innovations in fluid circumstances. Even though the community used an approach that was similar to that which had been used in Marafa, the people of Bamba made important adaptations and innovations as they confronted the risks posed by COVID-19 and the drought. This

flexibility enables communities to develop a highly contextualized approach and to make innovations that ensure their accountability to children.

Spontaneous and Horizontal Scale Up

An exciting if spontaneous and unexpected outcome of the CLCP work in Marafa was its spontaneous spread. Children, youth, and parents in villages within 50 kilometers of Marafa had heard in marketplaces or through attendance at football tournaments and other public spaces about the community-led activities. Several villages expressed eagerness to have similar activities in their own communities, and some community members from other villages took the initiative by spontaneously attending the community-led meetings in Marafa.

This spontaneous spread intermixed with horizontal scale up efforts in which communities that used CLCP intentionally reached out to neighboring communities. The children from the intervention villages became highly motivated ambassadors who spread their work by visiting other communities to play football. On one occasion, girls and boys walked nearly 20 kilometers to the neighboring villages to play football.

Organized tournaments also helped to spread the intervention. Over two years, the children from the intervention villages, together with their coaches and other natural helpers, organized and conducted 18 tournaments. Following each, the girls and boys described their work on addressing early sex and emphasized the importance of not idling, avoiding early sex and teenage pregnancy, and staying in school. These discussions struck a resonant chord, as people from the neighboring villages, too, had been having problems with early sex and early pregnancy. People from the neighboring villages sometimes asked whether they could have the community-led intervention in their own villages. Several of the neighboring communities formed their own football teams following their participation in a tournament.

Parents from the intervention communities in Marafa recognized how problems such as teenage pregnancy and early sex tended to spread as children developed girlfriends or boyfriends from other communities. Eager to help spread the intervention across different communities, the parents reached out to neighboring villages, sharing their learning and the positive changes that the CLCP had enabled. This spread of the local action by community members themselves indicates that local people see the community-led approach as highly valuable, and it augurs well for sustainability.

To document and learn from the community-to-community scale up processes, the Lead National Researcher and Lead International Researcher worked to learn from 20 communities and develop case studies on the scale up in the period 2020-2023. [The evaluation focused on four villages in the Marafa area. It included key informant interviews with village elders, teachers, and facilitators, and group discussions with community members, including girls, boys, women, and men.](#) The findings from this documentation effort are summarized briefly below.

The planned spread process. The parents' group in Marafa felt motivated both by wanting to share what they had learned and also by the desire to help their own children.

Some of the neighbors who are our friends sometimes come to visit us and they see or hear what the children and the parents are doing and they request if we could also help them do the same. (Man, Marafa)

They saw that it was good that our children were not idle. They wanted the same for their children. (Woman, Marafa)

The people in Marafa emphasized that they could not adequately support their own children without reaching out to communities that were outside their CLCP work.

But you remember, we started this ourselves even before you started talking about it and we saw the need to support our neighbors for the benefit of our children because some of our children have girlfriends and boyfriends from those neighboring villages. If neighbors don't have skills, we have to empower them (Group Discussion, intervention committee)

The children have learned from those players (on the Marafa team). People have gotten the message... They also want their children to go to school. To protect them from drugs. For girls not to get pregnant. (Elder, Marafa)

In 2020, the Marafa intervention committee decided to invite representatives of the other villages to a meeting in Marafa to tell the visitors about the community-led process and share what they had done. They hoped that the visitors would return home and ask their community whether they wanted representatives from Marafa to visit and share their experiences. If particular villages were interested, Marafa community representatives would then come to their village. If the villages then decided to engage in such a process, the Marafa community would help support them.

The Marafa village elder then called other village elders in the area, told them about the meeting, and asked them to send representatives from their village. The meeting sparked strong interest, and the representatives said they would share what had been discussed at the meeting with their respective villages and then inform Marafa if they were interested in having a visit from the Marafa team. All the villages expressed keen interest.

Next, the Marafa intervention committee organized two teams – one adult, and one youth – that had actively participated in the community-led process to visit the other communities. The adult team included seven adults, and the youth team included the captains of the girls' and boys' football teams as well as other youth who were active in the youth activities. The teams would spread across the 20 villages, with two adult team members and at least two youth going to each village. The visits to different villages were delayed by the COVID-19 pandemic, which led to travel restrictions and prohibitions of large group meetings. When COVID restrictions eased in 2021, the visits occurred, with all 20 communities welcoming the idea of the Marafa team's visit. Subsequently, all the communities initiated, to varying degrees, actions to improve the well-being of children.

Key findings. The evaluation found that overall, the CLCP work in the scale up communities had good fidelity with the principles of CLCP (see pp. 37-40). The communities

had developed and led their own sports activities for children, parenting sessions, and economic initiatives, especially chicken farming, to support their children's well-being. Participation and activities were most extensive in the communities that were closest to and had interacted more with Marafa. The Marafa team also reported that some of the villages showed an important change in attitude about reporting the rape of a child.

There is a change in attitude about reporting rape because of community discussions. Villages are now reporting rape to government authorities... Before, it was only reported if it was a gang rape. (Group discussion, Marafa intervention committee)

This finding bodes well for using CLCP to strengthen the linkages between the formal and non-formal parts of the wider child protection system in Kenya.

The process and results may be illustrated by the scale up work in a community near Marafa. The visit by the Marafa representatives described how they had gone about planning and conducting their CLCP. As part of Marafa's outreach, their child and youth theater group visited to perform plays about pregnancy and early sex. They described the theater activities:

We made a play where a girl comes from school, meets a boda boda guy and then the boda boda guy gives the girl one hundred shillings, sleeps with the girl and then the girl gets pregnant.... It was big, almost all the community members attended. So after that act, we ask parents and children [in separate groups] whether this happens in the community and all of them would respond yes. After that, we asked how they can avoid this. After that, we moved to the next play where the parents do not give girls basic needs such as food and sanitary towels at home, the girl would then look for another man to provide her with those needs and then end up getting pregnant. After that we would also ask the same questions to both parents and children whether this happens at home and how can we avoid these things.

This role play generated rich discussion in the visited community about how they, too, had problems of early sex, early pregnancy, and children out of school that had increased during the COVID pandemic. The collective caring that people felt was added to the community sense of responsibility that had been generated by their Chief's recent instruction to ensure that their girls did not become pregnant. The Marafa team's visit was not only well timed but also tangible means for addressing the problems.

In the ensuing planning discussions, the community chose to focus on early pregnancy, which related to issues of sexual exploitation, early marriage, and school dropout, which also related to drug use and negative peer influences. To address this nexus of problems, the community decided to have sessions for parents and to organize sports plus life skills activities for children and youth. The girls and boys football teams selected the slogan *Footballers against teenage pregnancy and drug abuse*. To help pay children's school fees, they formed a self-help group that used chicken farming to generate additional income for families.

The preliminary outcomes for children were increased education participation, reduced use of drugs and association with peers who had negative influence, and reduced teenage pregnancy.

My chicken laid eggs. I sell eggs and get money to buy another 50 chicks... We use the money to pay school fees for our children. (Parent participant)

We benefited as youth. We joined a football team... This brought the youth together. We were given footballs. The playing football has helped. The youth are off drugs and bad company. (Youth participant)

The children reported that they wanted to stay in school and saw the community action as helping them to avoid problems of pregnancy and drug use. The youth liked the football because it was exciting and enabled youth cooperation and solidarity. Parents also agreed that youth are not involved in drugs and negative peer relationships because of the sports activities and other community actions.

These encouraging findings are best regarded as preliminary since the evaluation methodology was considerably less robust and intensive as that which had been used in testing the CLCP effectiveness in Marafa. Nevertheless, they are valuable in showing the potential scalability of CLCP. Equally important, they illustrate that scaling up can be done in a locally owned way that helps to shift power to local actors.

4. Learning From India: Community-Led Action to Address School Dropout and Early Marriage in Jharkhand²

Preparing the Way

Context

India is the world's most populous country with a population of 1.428 billion people, is home to 19% of the world's children, and has the world's largest population of adolescents, 10-19 years of age (UNICEF/India, 2023). Indian children are subject to a wide array of child protection risks such as early marriage, sexual violence, child labor, trafficking, online bullying, discrimination, intimate partner violence, sexual exploitation, and children living in inadequate institutional settings, among many others (UNICEF, 2025). These risks are fed and amplified by strong norms of patriarchy and an entrenched system of caste discrimination. At the same time, the Indian government has extensive laws that protect children and services that support children's well-being. Indian civil society has social norms of supporting vulnerable children and includes many NGOs that work to support children's well-being. As illustrated by the Gandhian revolution and India's quest for independence from colonial domination, India has a long history of people power and of local action by communities.

Beginning in 2008-9, the dominant framework for community-level child protection was the Integrated Child Protection Scheme (ICPS), which the Indian government had launched in 2008 to support vulnerable children. The ICPS required each village to have a Village Level Child Protection Committee (VLCPC) that would monitor violations against children, report violations to authorities, and work to prevent violations against children. The VLCPCs connected with Block-Level Child protection Committees and District-level structures that handled serious violations against children and supported the work of the VLCPCs.

In Country Planning Process

In 2015, the CLCP work began in Jharkhand, a state that borders West Bengal in the western part of India. The CLCP work was initiated at the invitation of the Ms. Paromita Chowdhuri, who led the India team of the Oak Foundation, which was the primary funder of the ILI work conducted in Sierra Leone and Kenya. The desire of the Oak-India group was to enrich the engagement with communities in Jharkhand by four, distinguished Indian NGOs that had been working there with Oak support. These agencies were CINI (the Children in Need Institute), Chetna Vikas, Plan-India, and Praxis. An Oak facilitated visit in 2015 by M. Wessells, then of the Columbia Group for Children in Adversity (subsequently called the Child Resilience Alliance (CRA)), enabled site visits and discussions with the key child protection specialists and program managers from the four prospective partner agencies. These discussions helped to build collaborative relationships and established a respectful orientation of co-learning by all the agencies involved. The discussions indicated that the Indian agencies valued participatory

² Although the India case study is not part of the work conducted under the ILI, it uses similar methodology and provides a valuable illustration of how national and international NGOs can use CLCP.

approaches, were interested in strengthening community ownership and leadership in efforts to protect children, and they wanted also to use robust evaluations to test the effectiveness of their efforts to protect children.

Over the following two months, a plan was developed to conduct participatory action research in Jharkhand using a CLCP, a quasi-experimental design, and an overall approach similar to that which had been used in Sierra Leone and Kenya. Oak-India funded the work via a grant to the Columbia Group, which then made sub-grants to each of the four Indian partner agencies. A key interest of Oak India was to enable the Indian agencies to take the CLCP approach on board, integrating it into their ongoing operations and agency culture.

Core Group. An important initial step by the participating agencies was to establish a Core Group with a formal Memorandum of Understanding (MoU) that delineated the complementary, respective roles of each agency. Because CINI and Chetna Vikas were practice oriented and grounded in different communities, they had the primary responsibility for working directly with communities. Each of them hired and oversaw the work of one facilitator and two community mobilizers in the communities where the CLCP work was conducted. Praxis, which had a long, distinguished record of participatory work in India and other countries, served as the learning arm of the Core Group and led the learning phase, the ongoing documentation of the CLCP work, and the ethical training required for this work. Praxis also led the participatory training of the facilitators and mobilizers and made periodic site visits during which they interacted with natural leaders, youth, children, and diverse community members. Plan India convened the Core Group meetings and also the meetings with an inter-agency Reference Group. Plan India also enabled the strategic planning for the Core Group and, until 2023, facilitated the work with the Jharkhand Government, UNICEF-Jharkhand, and the Government of India in an effort to raise awareness of the value added of CLCP and influence different stakeholders to support the use of CLCP in protecting children. The Columbia Group (subsequently the CRA) helped to strengthen capacities for CLCP work, enable co-learning across countries on CLCP, and facilitated reflection and co-learning on how to integrate CLCP into agency operations.

Importantly, the Core Group acted collaboratively, with the entire Core Group making key decisions, conducting strategic planning, and shaping the substance of the work at all levels. Meeting twice each year, the Core Group developed healthy patterns of transparency, sharing of information, co-learning, and navigating the dynamic, complex environment of child protection in India.

Reference Group. Early on, the Core Group formed and met on a regular basis with an Inter-agency Reference Group, which includes UNICEF, Save the Children, World Vision, and numerous other NGOs. These agencies have been useful sounding boards for analyzing the CLCP approach and its differences and value added relative to other approaches to child protection. The Reference Group agencies also offered highly useful learning from their own strategies for community engagement and helped to use their networks for disseminating information on the CLCP. The Reference Group offered advice on key issues and engaged in collaborative advocacy with the Core Group to support the use of community-led approaches.

Engagement with formal child protection system actors. The Indian partner agencies in the Core Group had existing relationships with the Jharkhand Government and with UNICEF Jharkhand. Initial meetings in 2015 with the Chief of Child Protection for UNICEF Jharkhand explained the CLCP approach and its value added and also outlined the planned multi-year work and its benefits for children. In presenting the value added, key points were that the approach featured child participation and, in related work in Sierra Leone and Kenya, had a track record of successfully addressing aspects of gender-based violence. Also, the strong community ownership engendered by CLCP stood to increase the sustainability of the community action process and the outcomes for children.

Multiple initial meetings were also held with the Government of Jharkhand (Department of Social Welfare; Director, Integrated Child Protection Scheme; Department of Women, Child Development and Social Security; Department of Panchayati Raj), which oversaw much of the work related to children's protection and well-being. These meetings introduced CLCP and emphasized how it complemented the ICPS by activating a civil society process of child protection that could potentially strengthen the more top-down approaches of the ICPS. This was of interest because the Department was aware that in many villages, the VLCPCs had not yet been formed or were not functional in supporting vulnerable children. Also, the Director understood that VLCPCs would be limited in their work if community people did not themselves understand and support the work on child protection. Having received information on the site selection, the Director's office asked for regular updates, which were provided on an ongoing basis.

Site selection. In selecting the sites for the CLCP work, the Core Group sought to include a mix of rural and more urban areas and also tribal people, who comprise over 25% of the population in Jharkhand. To fit the quasi-experimental design of the initial phase of work (see the design description, pages 55-57), the Core Group identified two pairs of districts—Khunti and Ranchi, and Dhanbad and Giridih. Within each pair were two clusters of three communities that were comparable in size, demographics, language, socio-economic status, and child protection issues. The villages within Khunti and Ranchi were mostly rural and had significant tribal populations, whereas the communities in Dhanbad and Giridih were better connected with urban centers and had greater demographic diversity. Within each pair of districts, one cluster was assigned randomly to the intervention (CLCP) condition while the other cluster was designated as a comparison (no CLCP) condition. Khunti and Dhanbad were the areas in which the CLCP occurred, with facilitation by CINI and Chetna Vikas, respectively.

Ethical considerations. The Core Group reflected extensively on the Do No Harm principle in all phases of its work. Each of the agencies was bound by the child protection policy of the Columbia Group (and CRA) and several Indian agencies in the Core Group also had their own child safeguarding policies and were energetic in implementing them.

However, Core Group discussions indicated that significant complexity was associated with policies that mandate direct reporting of violations to authorities. Direct reporting of a serious violation against a young mother, for example, could lead to retaliatory violence against her and her children. To manage this situation, the Core Group developed a system, which is described further in Chapter 6 (pages 161-163), that enabled child protection action when it was

warranted yet kept the focus on supporting the emergence of effective, appropriate community mechanisms that prevent and respond to such situations in the future.

The Learning Phase

Child protection workers from CINI and Chetna Vikas entered their respective communities in 2015 and spent time with community leaders, natural leaders, children, parents and teachers learning broadly about the situation of the children. They also met with the Gram Sabha (if it was active), the village council or assembly where people discuss issues and make decisions on how to move forward. CINI and Chetna Vikas communicated their interest in learning from and with the community about who is a child, what activities children participate in, what are the main harms to children, and which people and services support children. They indicated that the findings would be shared with the community, which could then decide whether and how they wanted to move forward in supporting children. Although no promises of aid or money were mentioned, many Indian villages have experience with NGOs, which may have contributed to expectations of aid or money.

Methodology

Praxis, which had extensive experience using participatory methods, led the design and conduct of the learning phase, with inputs from the full Core Group. Praxis carefully selected an array of methods (see Table 2) that had proven useful in diverse Indian contexts and could illuminate children's lives, the situations of children and the harms they experience, and the dynamics of power and exclusion. In view of the collectivist orientation of Indian society, the methods engaged groups of people, who themselves worked together to construct the various maps, diagrams, and schedules in a highly participatory process.

Dimensions explored	Tools used
Identification of safe and unsafe places for children, located within the trajectory of children's movements out of their home and village	<i>Mobility Mapping</i>
Hardships faced by children of different profiles and their families in their daily lives, especially during difficult times	<i>Daily Activity Schedule</i>
Status of children in terms of their own indicators of well being and factors influencing the same; aspirations of an 'ideal' and 'safe' childhood.	<i>Cobweb Analysis</i>
Identification of most vulnerable children in the community, in terms of incidence of different kinds of hardships and issues of protection	<i>Social Mapping</i>
Variations in availability of livelihoods, incidence of child labour and compulsion of distress migration etc.	<i>Seasonality Diagram</i>
Drivers of livelihood choice, e.g. availability, adequacy of income, hazards, whether a family-based enterprise, etc.	<i>Matrix Scoring</i>
Potential of local institutions, in terms of inclusiveness, accessibility, functional regularity, etc.	
Causes and underlying sub-causes of various issues of protection and their impacts on children.	<i>Cause and Effect Analysis</i>

Table 2. Participatory tools used during the learning phase.

By design, these methods were not used in a lockstep manner but in a flexible approach that fit the rhythms of the village and the situation of diverse participants, who included girls, boys, women, men, workers in Government services, and people who were positioned in different ways, including those who were marginalized.

Researcher Selection and Preparation

Via its extensive research networks, Praxis selected 20 researchers who had experience in collecting qualitative data in Indian contexts. The researchers came from diverse social groups, including Scheduled Tribes, Scheduled Castes, and other vulnerable groups. Eight of the researchers were women, and four of the researchers were drawn from the Right to Work campaign in Jharkhand.

The researchers participated in a weeklong training facilitated by Praxis. The training provided hands-on experience using the different methods and emphasized the importance of building trust with local people, including people of different backgrounds and ages, including children. The training highlighted the importance of empathic listening and the value of maintaining an observational, nonjudgmental stance and capturing people's ideas as accurately as possible. Discussions of and reflections on ethical issues were also central in the training. In addition to learning how to adhere to principles of informed consent and confidentiality, the participants discussed how to be respectful of local people and their work and school schedules, how to include different sub-groups and avoid discrimination, how to ask questions about children in general without singling out individual children, and how to make the process productive and enjoyable while minimizing the participants' stress.

Data Collection and Analysis

The data were collected in January and early February 2016. To build trust and relationship with local people, the researchers dressed and spoke according to local norms and worked in a flexible manner that respected the schedule and situation of local people and gave the researcher considerable discretion about how to adjust to people's situation. On day 1, the researcher moved freely in the community, reaching out to different sections and sub-groups, talking informally and also introducing themselves, explaining their purpose of learning together about children's situation and lives, and setting up appointments to talk with different sub-groups, usually of ten or fewer people. If they encountered impoverished households that were engaged in daily chores such as cleaning the harvesting yards or mopping floors, they offered to help out and in some cases actually helped with the chores and requested time for discussions.

The visual and narrative data were analyzed by an Indian team consisting of experienced researchers organized by Praxis. Working inductively and attending to the views of different sub-groups, they identified key themes and concepts, and patterns evident in the participants' frequently identified activities, pathways, harms to children, indices of children's well-being, and causal analyses. Disagreements about common themes or patterns led to more extensive team discussions, which often enabled deeper insights and agreement on particular themes or patterns. When agreement was not achieved, the team regarded the potential common theme or pattern as needing further investigation and did not include it in the learning report.

Key Findings

Participants saw a child not as someone under 18 years of age but as someone who is unable to take care of themselves and/or having the appearance of being grown up. The situation of children and the harms they were exposed to varied considerably by gender, as outlined below.

Child labor. In Jharkhand villages, young people who are 10-12 years old are no longer regarded as children. In a mostly agricultural setting, they are expected to help support their families in livelihood activities such as farming. Among very poor families, children as young as 6 years of age participated in work to help support their families.

A toddler or one below six years of age is a child. Children above this age group can take care of themselves and do not require parental care.

We do not consider anyone above 12 years as a child, as by this time they start appearing like a 'grown-up.'

Children were often preferred for unskilled, repetitive work such as sowing paddies, washing utensils, or making bricks. In some communities, boys took on very low wage jobs such as loading or unloading materials, whereas girls worked mostly as agricultural laborers. Girls also worked extensively on unpaid chores such as collecting firewood, fetching water, babysitting younger siblings, and cooking food. This work frequently led children to be absent from school or to drop out of school entirely. In Scheduled Tribe communities, girls' work was so extensive that they worked from 5 AM to 8 PM, leading them to attend school for less than 15 days per month.

Children engaged in work that was stigmatized or unsafe. In one area, children from Scheduled Caste communities regarded as 'untouchables' are not provided with agricultural work and instead collect rags, metal scraps, and glass pieces, or wash dishes in hotels. In rural areas, children often engage in unsafe migration to urban centers to find work. Whereas boys migrated mostly with neighbors and family members, girls from tribal communities migrated without such protections and often lacked sufficient information about the modalities and terms of employment in the cities. Participants reported that several years back, some girls had gone missing after they had migrated, leading the Gram sabha to prohibit girls' employment outside the village when sufficient information was not available about the terms of employment.

Child marriage. Although marriage of people under 18 years of age is a punishable offence in Jharkhand, the practice remains widespread, and children at the age of 12 years were married in some villages. Children who participate in labor are seen as ready for marriage as soon as they start contributing to family income and appear physically grown up.

Child (under 18 years) marriage arrangements varied considerably, as some children are married by their families without the child's consent. Contributing factors to this kind of arrangement included the fear that girl would indulge in sexual relationships or would elope with

someone; fears that the girl would be subjected to sexual violence and that she and the family honor would be ‘protected’ by marriage; and social and economic pressure associated with dowry. Norms of gender and patriarchy contributed to this kind of marital arrangement, as families see the girl as a burden as she grows up. Since dowry rates are often proportional to the girl’s age, parents may prefer to marry off girls early so they incur less expense on their development and reduce dowry payments.

In the second kind of arrangement, the children decide to marry without or against the parents’ consent. In the third kind, children 15-16 years of age initiate marriage, which is accepted and upheld as part of traditional norms. Usually, a boy brings a girl to his house and keeps her there for a couple of months, after which they marry with the blessings of the family and community.

Child beating. A prevalent form of violence against children was child beating (corporal punishment), which occurred in schools, homes, and places of work. Child beating at school or home is often seen as necessary for preventing deviant activities or the development of bad habits. As one student stated, “If we fail to complete homework, we prefer not to go to school because of fear of punishment.” In the workplace, children from marginalized communities are often harassed by employers who come from the dominant sections of the local communities.

Sexual assault and Eve teasing. Girls indicated that sexual assaults on girls occur, leading parents to place strong restrictions on their activities. Some groups of girls said that assaults were more likely to occur on younger girls since they were more fearful and therefore less likely to speak out or even understand the severity of the abuse she has been subjected to.

On a daily level, girls were subjected to Eve teasing, which involved sexual harassment, from boys or men, including distant relatives. Eve teasing might involve cat calls, lewd comments, or unwanted touching or fondling. Since it is often a precursor for full scale sexual assaults, it is highly threatening and causes girls very significant distress. The narratives of girls indicated how this situation is worsened by the tendency of the girls’ parents and others to blame the girls for the Eve teasing.

If our guardians come to know about taunts and comments we face every day, they will think the entire fault is ours; so if something happens, we do not talk about it.

People living in the neighborhood start spreading rumours about the character of girls if they come to know they are being eve-teased by boys.

If a boy is troubling us we would take help from our brothers and try to sort out the matter. We would make sure it doesn’t come into the ears of our parents.

The blaming of girls for Eve teasing and the isolation they experience in handling such harms is part of the wider problems facing girls in Jharkhand. In addition to bearing a very heavy workload, having to miss or drop out of school, and being seen as a burden on their families, girls are subjected to extremely strict codes of behavior that prohibit talking with or looking at boys. These discriminatory codes limit their social development, deny girls

their rights to participation and development, and cement girls' secondary status in a strongly male dominated society.

Further, extreme cases of gender-based violence were indicated by participants in Dhanbad and Giridih, where there had been incidents of female foeticide.

Alcohol and substance abuse. Facing a multiplicity of stresses and harms, children in Jharkhand—particularly boys—consume alcohol at an early age, even before they have turned 10. Alcohol use and abuse by children is particularly prevalent in tribal communities where it is part of their culture and children receive toddy (local liquor) at a young age. Some children also start consuming available addictive substances such as Bhang (a cannabis-based drink), Ganga (weed), and Paan (betel leaves). As they grow up, their preference often shifts to beer and whisky, which they purchase from local markets. Alcohol and substance abuse is often encouraged by 'bad influence' peers, especially those who are out of school and engage in activities such as gambling.

School dropout. School dropouts were relatively frequent among children. The causes of school dropout included economic pressures on children to help support their family; the family's inability to afford education; economic pressures for migration; no opportunities for higher education, particularly for girls; a low faith in the quality of the Government provided education; and disorientation and learning difficulties due to alcohol use. Protection issues also contributed to dropout, as girls feared sexual harassment and children from *dalit* communities and tribal communities suffered discrimination and humiliation in schools. Both parents and children tended to see education as less important for children than working to help support the family. Also, they regarded education as being unlikely to increase earnings or opportunities for upward mobility, especially for disadvantaged families. As one participant put it, 'Those having a graduate degree are also working as daily wagers like the ones who dropped out of school.'

Local responses to harms faced by children. Because child labor and child marriage were seen as 'normal' practices in most communities, the communities felt little need to take action to reduce such practices. Harms such as sexual abuse against children were viewed as harmful but usually went unreported by the family, which might be seen as losing honor and being ostracized as a result. Also, participants indicated that violations against children went unreported because of the societal tendency to blame the victim. A girl who had suffered sexual assault might be seen as having brought the problem on herself, and she might be seen as having disgraced both her family and her community. Overall, then, people tended not to report harms to children to the authorities.

However, some communities were motivated to take action against particular harms to children. In one case, girls faced threats of abduction or trafficking, so the local community prevented girls from accepting ambiguous job offers in cities. Religious institutions were also identified as helping to limit the early sexual activity of children, particularly near urban centers where children were initiated into sexual activity from a very

young age. These observations suggested the possibility that with appropriate facilitation, the communities might engage in further community-led action on behalf of children.

Feedback to Communities

Following the completion of the learning report (Core Group, 2016), Praxis shared the findings using simple language and in an appreciative manner with the communities that had participated. This sharing in group meetings generated considerable interest and discussion among community people, thereby setting the stage for the next rounds of work.

Community Decision to Partner

CINI and Chetna Vikas worked with the intervention communities in their respective areas to develop a plan for collaboration. First, they approached the community leaders to ask about their interest in having a partnership in which the communities would take the lead in deciding which issues to address, planning how to address them, and actually implementing their plan to protect and support children. The external organization would help to facilitate the planning process, monitor and document the process, and document also the community-led action. Based on the positive community experience with the learning phase, the community leaders expressed interest in this collaborative approach and granted permission to speak with others in the community. Subsequently, CINI and Chetna Vikas organized larger community meetings and also group meetings with Gram sabhas, youth groups, women's groups, and natural leaders to learn whether they, too, were interested in forming such a partnership. In both Dhanbad and Khunti, community people supported the idea of collaborating and said they liked that they would themselves take the lead and make the key decisions.

Facilitator Selection and Preparation

For each intervention cluster, CINI and Chetna Vikas hired an external male facilitator who was highly familiar with the context, spoke the local languages, and had a highly participatory orientation. From within each of the three intervention communities, they also hired a community mobilizer who supported the facilitator within each community and promoted and encouraged the CLCP within each community. This mixed model aimed to provide a mix of external and internal support for the communities.

In mid-2016, Praxis conducted a week-long training for the new facilitators and community mobilizers, with support from several other Core Group agencies. Broadly following the model that had been used in Sierra Leone and Kenya, the workshop used role plays with feedback and reflection to strengthen skills of empathy, deep listening, working with children, understanding power dynamics and gender and caste issues inside communities, respecting 'community time,' managing conflict in a constructive manner, and enabling an inclusive process. In all the role plays and discussions, emphasis was placed on being non-directive, keeping one's own values and views in the background, adopting a stance of curiosity and co-learning, and keeping the decision-making power in the hands of the community. Discussions and reflections also centered on ethical aspects such as maintaining professional boundaries, promoting equity and avoiding discrimination, working with gender sensitivity and

appropriateness; not discussing the protection issues of individual children; and respecting child safeguarding, including what to do if someone wanted to report a violation against children. Ongoing training for the facilitators was provided during semi-annual Core Group meetings.

After the training workshop, the facilitators began their work with the intervention communities, building upon what had been done earlier and following the timeline below.

Phase	Dates
Learning phase	December, 2015 – February, 2016
Planning phase - Selection of harm to children - Intervention planning - Baseline data collection	April, 2016 – April, 2017 May – August, 2017 June, 2017
Intervention phase - Endline data collection	September, 2017 – mid-March, 2020 October-November, 2020

On a regular basis, the facilitators visited each of their three communities where they also met with the respective community mobilizer, who followed up with the community members on what had been discussed with the facilitator. On site, the facilitators and mobilizers received ongoing training via observations by and supportive discussions with visiting members of CINI, Chetna Vikas, Plan-India, or Praxis.

Planning Phase

In the planning phase, the intervention clusters first chose a harm to children to address and then designed their community-led action to address the identified harm. Natural leaders included both adults and children with gender representation. The natural leaders had the following characteristics: Sensitive to and aware of issues affecting children; clearly willing to act on social issues, especially those related to children; articulate; confident; accessible; good listener; respected by local communities; and ability to engage in discussions and bring in people from diverse sub-groups. Of note, the term ‘natural leaders’ was used by Core Group members to refer to people who have no official title but invest themselves in the work, lead particular activities or processes, and become influential in the community work. Although the term is used relatively widely in global discussions, it was new to community people. As discussed later (pages 163-164), the use of the term raised challenges at community level.

Selection of a Harm to Children

From April 2016 to April 2017, the facilitators worked in their respective intervention cluster to enable inclusive dialogue about which harm to children to address. These discussions built on the learning phase findings and invited local people to think systematically about which harms to children seemed most significant, which were cross cutting or were possible root causes, and which seemed amenable to community led intervention. The facilitators worked with diligence to ensure inclusivity by reaching out to people in all habitations, regardless of their social position and level of influence.

To enable a highly participatory process at community level, the communities held large community meetings that were intermixed with small group discussions among groups of ten or so girls, boys, women, or men, respectively. The small group discussions were designed to provide a safe space in which girls, for example, could speak openly about issues related to sensitive topics such as sexual abuse, without men or boys present. With no names disclosed, the main ideas from these discussions were fed back into the larger community discussions. This process was key in enabling the voices of girls and boys to be heard and in helping different subgroups to learn from each other. Communities came to see with greater clarity that the harms to children were highly gendered and that a gender sensitive approach would be necessary for an effective intervention.

As the communities narrowed their discussions down to a 'short list' of three or so main harms to children, the facilitators began working to enable all three villages in each intervention cluster to plan together which harm to children they could address in a collaborative manner. To facilitate the discussions across villages, an Inter-Village Task Force (IVTF) was formed, with the members including five, community selected representatives from each village. The IVTF was designed to play a facilitative role and to help the three villages agree one harm to children to be addressed. The selection process occurred in iterative cycles, with each cycle consisting of an IVTF meeting followed by a community meeting and small group discussions in each village.

Dhanbad. In Dhanbad, the communities decided to address child marriage, which was seen as causing significant harm to children by disrupting education, enabling early childbirth, and depriving children of opportunities to improve their lives and futures. The majority of villagers from the intervention cluster saw addressing child marriage as a common interest since it saves the next generation by reducing mortality, preventing child labor, and enabling education. It was also consistent with the Anganwadi (rural childcare center) implementing the 'Kanyadan Yojana', which incentivizes delaying girls' marriage to age 18 or older.

A challenge encountered in the Dhanbad planning process was in getting people to come to the planning meetings. Although this challenge decreased over time, it was mostly women who participated in the collective meetings.

During the early days, we had to make a lot of efforts in bringing people to the meeting; now people come to the meeting on their own and have discussions in their family and SHGs. Everyone's cooperation and collective effort has been the main reason of the success of this initiative. Women eventually understood the purpose of the initiative.
(Woman planning collective member, Narkopi)

Still, the planning collective, called the Child Protection Committee in each village in Dhanbad had 17 members from different habitations of the village and included adults, adolescents, panchayat representatives, and members of Self-Help Groups, School Management Committees, and Anganwadis.

Khunti. In Khunti, the communities discussed a nexus of problems such as children playing cards, alcohol abuse, dropping out of school, and engaging in labor. Following extensive discussions, the communities selected school dropout, which they saw as the root cause and a

precursor of the other harms to children. The village level collectives each had 16 members, including the Gram Pradham (Village Head), the ward level representative of the panchayat, teachers, and representatives of the adolescent girls and boys. The members consisted of men as well as women, and adolescent girls and boys. Working hard to be inclusive, the collectives succeeded in bringing in men as well as women, and boys and girls. A challenge, however, was that in one village, the participation of Muslims was relatively low.

In Khunti and also Dhanbad, the discussions of which harm to children to address shaded into considerations of possible interventions since communities wanted to have a sense that practical steps for addressing a particular harm existed before they made a final decision about which harm to address. These discussions laid the foundation for the development of full community action plans to address the selected harm to children.

Minimum opportunities for every child. To strengthen support for children in the wider community, the Indian NGOs decided to add a step between the selection of the harm to children to be addressed and the community development of its action plan. This step invited community members to identify and commit to fulfilling ‘minimum opportunities’ for every child. This step enabled communities to dialogue and develop a shared, long-term vision for their children and to support all children. It also helped communities to look at the bigger picture regarding its children and to avoid excessive fixation on addressing the self-selected harm to children. Through this process, the communities in Khunti and Dhanbad committed to supporting education up to the graduation level and the intermediate level, respectively. This commitment applied regardless of gender and emphasized the value of girls’ education in a manner that departed sharply from the previous norm of downplaying advanced education for girls.

The Development of Community Action Plans

Having decided what to address, the intervention clusters shifted to a focus on how to address the selected harms to children. As before, the action planning discussions were highly inclusive, with lively participation by children. Consistent with a social ecological approach (Alliance for Child Protection in Humanitarian Action, 2019; Boothby et al., 2006), the community action planning in both intervention clusters featured the engagement of people at different levels—family, peers, school, and community.

Dhanbad. The community action plan in Dhanbad to address child marriage included numerous elements:

- Regular meetings by the natural leaders to monitor the implementation of the plan, identify gaps, and make any needed adjustments, with outreach to increasing numbers of people with encouragement to get involved in the community action;
- Wall writings, campaigns, street plays, and sports events to raise awareness about the adverse effects of child marriage;
- Identification of potential cases of child marriage and work with families to prevent it;
- Linkage with different groups to help take steps that prevented impending child marriages;
- Identification of economically disadvantaged households plus linkage with supportive government schemes;
- Monitoring of and encouragement for keeping children in school;

- Networking with SHGs; and
- Discussions and problem-solving with *Mahila Samohs*, Panchayat representatives, and the Gram sabha.

Khunti. The community action plan in Khunti to reduce school dropout included elements such as the following:

- Regular meetings by the natural leaders to monitor the implementation of the plan, identify gaps, and make any needed adjustments, with outreach to increasing numbers of people and encouragement to get involved in the community action;
- Discussions with children and families about the importance of staying in school;
- Community and school identification of out of school children;
- Visits with families to learn the reasons for school dropout and engage in problem-solving about how to enable their children's return to school;
- Community use of a self-designed scorecard for rating schools on their quality of learning, play areas, safety, sanitation, and food, with the results used to influence schools to make improvements;
- Discussions in Gram sabha meetings about children's issues such as out of school children and collective problem-solving on how to address them;
- Discussions of children's issues with women's groups (*Mahila Mandals*);
- Street dramas and campaigns that illustrate the situation of children out of school followed by discussions of how to enable children to return to and stay in school; and
- Discussions and linkage with other groups such as the Panchayati Raj Institutions (panchayats).
- Linkage with Self-Help Groups (SHGs) and other local groups that can help to enable children to stay in school.

During the planning process, both intervention clusters established a foundation for collaboration of the community-led process with VLCPCs and also panchayat level processes (panchayats are government sanctioned people's assemblies that include multiple villages). In Khunti, where the VLCPCs had not formed when the planning discussions had begun, the community-led process identified and helped to engender dialogues with members of the VLCPCs. In both intervention clusters, a good spirit of collaboration has evolved. At the heart of this collaboration is the understanding that VLCPCs, where they have been formed, cannot be a one-stop shop for child protection at community level as they need the support of complementary, civil society processes that prioritize prevention.

Community-Led Action

The community-led actions galvanized work by many different people, including girls and boys, who used their creativity and energy to help the actions move forward. During the community-led actions, the facilitators and community mobilizers continued to work with the communities, but over time, the community members themselves came to perform the different facilitation functions and to lead the community action on behalf of children. Both community-led actions continued approximately 2.5 years before they were interrupted by the eruption of the COVID-19 pandemic in mid-March 2020.

Dhanbad

In addressing child marriage, the collectives held weekly meetings where they planned their activities such as *nukkad natak* (street corner plays), rallies, wall writing, picnics, and cultural activities aimed to raise awareness and discussion of the importance of preventing child marriages. When the collectives learned of an impending child marriage, they engaged with the families and other actors to prevent it.

Once a case of early marriage of a 16-year-old girl came to light, committee counseled the family to wait at least till 18 years of age and family agreed to it. It happened last year or the year before that. (Committee member, Pawapur)

The Child Protection Committee worked in an inter-sectoral manner by connecting with existing networks in diverse sectors. For example, Aganwadi workers played an active role in the Child Protection Committee and also made home visits, interweaving their work on health and child protection. Members of the Self-Help Groups used SHG meetings for spreading messages or sharing information, and members of the School Management Committee helped to enable school-based activities.

Besides members we also include SHG women in our meeting, so that they could spread the message in their SHGs and VOs thus their participation is also given importance to. As every SHG has different meeting date, we haven't fixed any single date for our committee meeting, as this is also not sure I would be available on that particular date. Per the availability of majority I coordinate and inform them the date, that's the job of AWW. I keep visiting every household so it's not a problem for me. I do both jobs together perfectly well. (Member of village level collective)

Inclusivity remained a high priority during the community-led action, as natural leaders reached out to marginalized areas, enabling participation from all segments of the communities, as indicated in the box on the following page. This example serves as a reminder of the power differences that exist within communities and how deliberate steps may need to be taken to include and to help invigorate remote, marginalized areas of communities at all stages of the CLCP process.

An important part of taking action to prevent child marriage was to share information about services available, providing a community clearinghouse for information. Both girls and Committee members said that the community-led action had successfully linked girls and families with different services and programs, and they emphasized the importance of education. The coordination that arose across these different groups was likely both an effect of the community-led process and a source of increased participation in it. As the SHGs became active in discussing children's issues, increasing numbers of people became attentive to issues of child marriage and were more likely to participate in community-led initiatives to end child marriage.

Khunti

In tribal communities of Khunti, the collectives collaborated closely with the traditional

In Dhanbad, for over a year, the Pawapur community collective meeting lacked representation from Ranwatand, a specific habitation where mostly tribal people (350 families) lived in a remote area 1.5 km from the main part of Pawapur. Ranwatand residents rarely attended meetings for community-led planning and action, citing the high opportunity costs of attending those meetings. Recognising the high incidence of child marriage in Ranwatand habitation, the natural leaders reached out and engaged in an open dialogue with the community, exploring reasons of the preference for early marriage of daughters. The people in Ranwatand said that most families are engaged in daily wage activities and had difficulties in accessing basic services due to their remote location. They emphasized the exclusion of children from the nearest Anganwadi center as their most pressing concern.

Pawapur's natural leaders discussed their children's challenges and the community collective's initiatives to prevent early marriage. This dialogue motivated an educated young girl from Ranwatand to initiate preschool education for 17 children. This showcases how inclusive problem-solving dialogues can inspire initiatives. Pawapur adolescent girls organized Nukkad Nataks (street plays) in both Pawapur and Ranwatand to raise awareness against child marriage. (Adapted from Core Group, 2023)

institution of the Gram sabha, which has supported the community-led initiative to prevent school dropout and has helped to legitimate it.

We discuss about issues of children in our meetings and find out solutions for them. We discuss all issues in the meetings of the committee only, but for decision on bigger issues, the case is discussed in Gram sabha, so that entire village could participate and conclusions could be drawn. (Adolescent male)

The collectives also worked closely with groups of adolescents. The adolescent groups, known locally as 'Kishore Kishori Samooh,' conducted detailed peer tracking of who is in or out of school. They did this by visiting each household and taking stock of whether children of school going age were in or out of school and were attending regularly or not. They also worked with teachers, enabling them to understand and work to improve conditions at schools and also to verify reports of particular children being out of school.

Every week, the meeting happens on Saturday. The child-tracking sheet is reviewed and updated once every month during larger meeting. In small meetings of adolescents that happen every Saturday, we only gather details from children, which are then verified with attendance records at the school. (Collective member)

As the collectives did this case-based work, they also continued to organize street plays, rallies, and sports events that highlighted the importance of children staying in school and continuing their learning and development.

In taking action to prevent and reduce school dropout, the collectives mobilized action via diverse community networks, the most important of which was the Gram sabha. The participants said consistently that before the community-led action, the Gram sabha meetings had not taken up issues facing children and had seldom included women's voices and participation. In the community-led action, however, the Gram sabha became one of the key networks and mobilizers of action as it regularly helped to solve problems that had led children to be out of school. As illustrated in the box on the following page, the Gram sabha became more attentive to gender issues and also helped to address the challenges such as child marriage that kept girls out of school. The collectives collaborated with the District-Level Child Welfare Committee, which received referrals from the village collectives and helped out of school children to return to school.

The collectives also collaborated with the schools, whose School Management Committees monitored school attendance and notified the collective when a child was out of school. Adolescent groups exercised leadership in street dramas, rallies, and community mapping, and they also made home visits to talk with out of school children. The Siladon panchayat, which included the intervention villages in Kunti, also supported the action to reduce school dropout by giving a school better furniture, which increased children's motivation to stay in school. Other groups and networks, too, played important roles. Teachers connected with collectives helped to make the school a more inviting and appropriate learning environment. The

Community Reflection and Adjustment

On an ongoing basis, natural leaders and other community members discussed what was going well and the challenges they faced in implementing their action plans. Also, the Core Group organized periodic reflection workshops that enabled natural leaders and collective members to step back, ask what was needed to address the challenges they encountered, and which adjustments were needed to address the challenges. Following these workshops, the natural leaders worked to implement the necessary adjustments, with support from the facilitators and community mobilizers.

Significant steps were taken to enable the intervention communities to lead the entire process. Beginning in the late planning period and continuing through 2022, the facilitators intentionally stepped back from activities such as organizing meetings, handing over this responsibility to the collectives. In addition, Core Group agencies engaged with the communities on exit planning. In planning discussions, communities took stock of how they were focused on local needs and priorities rather than outside agendas. They also reflected on how their capacities for supporting vulnerable children had changed and what capacities they needed to strengthen to continue the CLCP independently. Reflections also examined what locally available resources could enable the continuation of the CLCP. These and other reflections sparked community

Early Intervention to Prevent Child Marriage and School Dropout

In Khunti, a 16-year-old girl faced early forced marriage despite her wish to complete intermediate education. Concerned for her, her friends informed the community collective. Soon this information reached the Gram Pradhan (leader) of the village, who had been supportive of the community's initiative to promote education.

The Gram Pradhan, supported by natural leaders, verified the situation with the girl's father and discussed the issue in the Gram sabha. Together, they persuaded the father to delay the marriage, emphasizing the girl's desire to complete her intermediate education and reminding him of the collective vision of change, wherein every child, regardless of gender, is given an opportunity to complete their graduation.

Despite initial resistance, the father agreed to negotiate with the groom's parents to delay the wedding for two years and received support from the Gram Pradhan and natural leaders in negotiating the matter with the groom and his father.

The wedding was eventually called off as the families reached an agreement to delay the marriage. In order to build trust between both families, the Gram Pradhan allowed the groom and his family to participate in community events and visit each other's village on important occasions. This gesture indicated their interest in maintaining the alliance and explained that the delay was solely to support the girl's education.

Two years later, the wedding occurred with community-wide celebration, and no further incidents of early marriage were reported. The community's supportive stance on education and fear of public scrutiny contributed to a positive shift in societal norms, discouraging early marriages in the village.

generated ideas about adjustments that they needed to make. Subsequently, the collectives, working in collaboration with different stakeholders, networks, and groups, made the necessary adjustments.

Adjustments were also necessitated by external, uncontrolled factors. Since the eruption of the global COVID-19 pandemic in 2020 made it too dangerous to hold large group meetings and discussions, work was conducted in smaller meetings, with wearing of masks and adjusted seating arrangements to reduce contact and possible spread of the virus. Since Core Group staff were prohibited from being in the villages, the villages did their CLCP work with less input from the Core Group agencies, assuming even greater responsibility. Other adjustments, however, were the result of internal considerations such as increased motivation to address multiple harms to children. In Khunti, for example, the collectives learned that, despite their existing work, some girls were dropping out of school because of early marriage. As indicated in the preceding box (see page X), they adjusted their approach by working also to reduce and prevent child marriage.

Key Findings

Community-led actions had both valuable process effects and outcomes for children.

Process Effects

In both sites, the community-led actions created an inclusive process that mobilized communities for action to address the selected harms to children, achieved high levels of community ownership, and enabled community collaboration with formal child protection mechanisms. In doing so, communities developed long-term vision for their children and spontaneously began to address not only their self-selected harm but also other harm to children.

Dhanbad. In Dhanbad, inclusivity was evident in the engagement of children, adults, Anganwadi workers, and Self-Help Groups in planning and implementing the community-led action to reduce early marriage. In the survey, over three-quarters of the participants from intervention communities indicated that they saw the community-led action as worthwhile, and more than half the participants said they actively participated in the initiatives. Particularly noteworthy was the participation and leadership by child and adolescent girls, who frequently led street dramas and helped to encourage children to not get married early and to continue their education.

The survey data indicated that the intervention communities had more effectively organized themselves for action to prevent child marriage than the comparison communities had. Over time, both the intervention and comparison communities increasingly planned to intervene and prevent impending child marriages, but this increase was significantly higher in the intervention cluster than in the comparison cluster (see Fig. 5 on the following page).

The participants in Dhanbad attributed their strong organization and planning to address child marriage to the work of the community collectives.

Earlier we never came to know if marriage of any of our friends was fixed. Now with the committee, we come to know about such incidents before their occurrence. Also through the committee we get to know about the dropouts and chances of drop out in vulnerable families. The main role of the committee is to stay alert and keep itself updated about the happenings. Our reach has expanded to a wider population of the village through association with the committee. (Adolescent girl, Tantri village)

This view, which was prevalent in the intervention cluster, indicated a high level of community ownership, for it was the communities rather than external agencies that had mobilized and organized themselves for action. The communities themselves took responsibility for addressing the priority harms to children that they had identified.

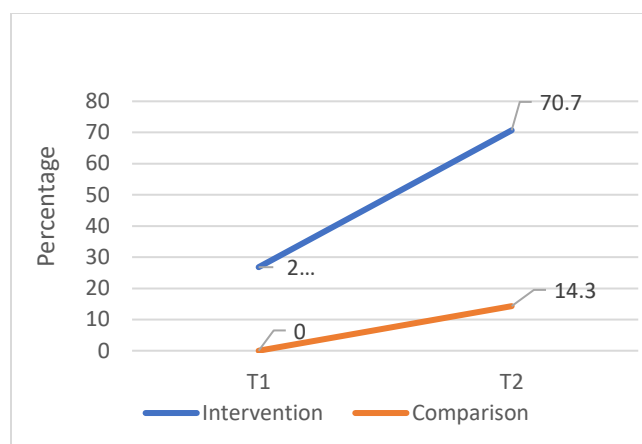


Figure 5. The percentage of participants who agreed or strongly agreed that communities have a plan to intervene if a family is planning to marry their daughter at an early age by area at baseline (T1) and endline (T2).

In Dhanbad, it was not feasible to collaborate with VLCPCs, which had not been formed. However, the communities collaborated with block level authorities by referring difficult cases to them or getting advice from them. Also, the CLCP work helped to connect families and children with services such as the Aanganwadis and Self-Help Groups.

Khunti. In Khunti, the intervention communities achieved inclusivity largely by working through a network of networks that enabled a whole community approach. The collectives collaborated with diverse groups and networks such as adolescents, parents, the Gram sabha, and School Management Committees. Having identified the out of school children, teachers and community leaders visited the homes to learn more about the children's situation. Also, the parents of the children who had dropped out of school were invited to meet and talk with the collective. The collectives took a supportive stance that emphasized collaborative problem-solving and finding a way to enable the children to return to school.

Radhika [not the child's actual name] had dropped out from school. We raised the issue during our committee meeting, and several home visits were made to understand the reason. Radhika said there is no one to look after the family, as her mother manages the household all by herself and her only brother got separated after marriage. Though she wanted to study, she was helpless. We felt that it would be good to take this matter to the Gram sabha. The Gram pradhan encouraged Radhika's mother to send her to school. She was linked with school and now she goes to school. (Collective member)

High levels of community ownership were evident in the work of the natural leaders—adolescents as well as adults—and in the collective decision-making and action via the Gram sabha and other endogenous networks that were indigenous community networks and bodies. Community members appreciated CINI's facilitation and support, yet they viewed the processes of issue selection, and planning and action as their own since they held the power, made the key decisions, and led the collective action.

In their CLCP work, the intervention communities collaborated with the formal child protection mechanisms even though the VLCPCs were not functional. When the collectives identified children who were out of school and who needed support beyond that which could be provided by the community, they referred the cases to the District Level Child Welfare Committee. In several cases, the District Level Child Protection Committee helped the referred children to return to school. In addition to helping to address the harm of children being out of school, this collaboration helped to raise awareness of the District Level Child Protection Committee and of how working with it could help the communities to support their children more effectively. More broadly, this collaboration helped to build trust with formal child protection authorities.

Outcomes for Children

In both Dhanbad and Khunti, important outcomes were reductions in the selected harm to children, increased education participation, and increased valuation of girls and women.

Dhanbad. Although the illegality of child marriage made it difficult to obtain precise measures of its frequency, the qualitative data consistently indicated that child marriage had been reduced in Dhanbad.

4-5 years back, girls were married at the age of 15-17 years. But now one girl is rarely married before 18 years. Also, the people now discuss how marrying off girls early creates psychological pressure on the mental health of the girls. (Adolescent Girl, Pawapur village)

Earlier there would be 5-6 cases of child marriage in the village during any year, which has reduced to 2 over the period. Although there has been no case during this year so far, the reason could be the Corona pandemic. But I believe that it wouldn't be more than 2, even otherwise. There were some social norms, and it will take some time for people to get out of that mindset. (Health worker, Tantri Village)

Consistent with these narratives, survey participants indicated that marriages had been prevented by community intervention, with significantly greater increases in community action over time T2 in Dhandbad than in Giridih (see Figure 6 on the following page).

A contributing factor in reducing child marriage may have been the increased education participation by adolescents. Adolescent girls and boys said that families viewed girls' education as more important and actively enabled it.

When girls share about their problems we also invite parents and discuss and try to resolve it. One woman approached me if she can get support for her daughter's education... We assured her that we will provide books and also help her in completing the course. Later, both the daughter and the mother agreed and now the girl is studying in graduation. We made the mother understand how her graduate daughter can provide tuitions and make a living. (Adolescent girl, Tantri)

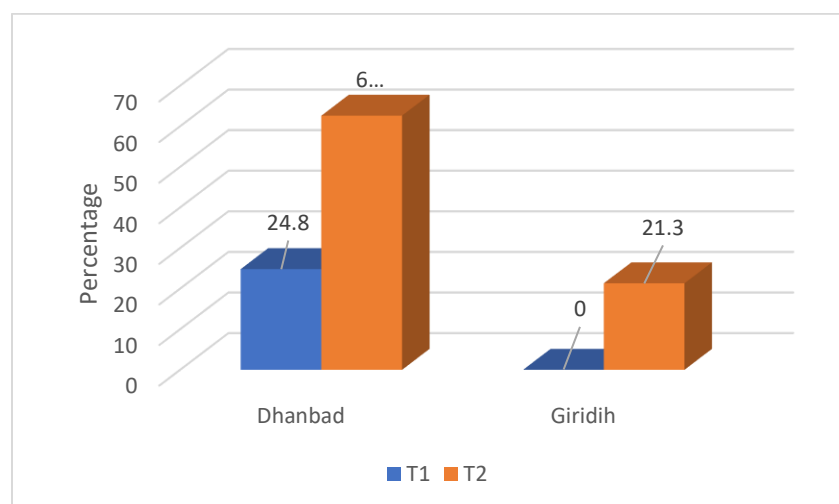


Figure 6. The percentage of respondents who agree or strongly agree that there are girls who have had their marriages prevented by community intervention by area at T1 and T2.

My father took the decision of educating my sister considering her interest and she is pursuing science in her graduation. He wanted my sister to be an example for others.
(Adolescent boy, Tantri)

Also, the survey data indicated that the reductions in the percentage of children aged 12-17 years who had never attended school were significantly larger in Dhanbad than in Giridih.

The positive effect that the community-led action had on the value attached to girls was evident when adolescent girls spoke of how they had come to participate in meetings of the Gram sabha, something they had not done before the intervention.

Earlier, neither the girls participated nor were they called by the Gram sabha to participate in the meeting. People also started noticing us after we took out rallies. It's only after we started having regular meetings and rallies the people of the village started knowing about us. We attend Gram sabha meetings only if there is a big meeting involving discussions on important issues and involve PRI members and other key members of the village as well. If the meetings are convened by Mukhiya or ward members or any expert or official from outside, then we too receive invitation.
(Adolescent girl, Narkopi)

The increased valuing of girls enabled increased freedom and education participation.

We were never given so much of freedom and encouragement to study. Also we attend coaching classes and often in case of delays we used to be scolded. However, now we don't get scolded for being late. Attitudes of parents have changed. Now we go in groups and attend college, and the parents remain stress-free too.

Viewing girls as assets rather than liabilities, parents in Dhanbad began investing more in their daughters' education.

They [parents] now take into consideration the interest of the children in education and also they assess their economic condition if they will be able to support their children's education. In deciding about the marriage of girls, they seek the consent of their children. All these changes are result of the change that has come due to time and to some extent it's the efforts of the collective as well. (Adolescent Girls from Pawapur and Narkopi Village)

With parents having become increasingly appreciative of girls' value and needs, girls found it easier to share their demands for education with their parents and also became more comfortable in voicing their reservations about marriage and negotiating for a later marriage.

Yes, adolescent girls now try to negotiate with their parents in order to continue their studies and delay the marriage. Earlier they never used to say anything to their parents. Meetings and discussions with girls have helped in developing confidence in them. Now parents also give attention to their children. (Committee member, Narkopi)

This joint dialogue and decision making about marriage led to improved relations between girls and their parents. Over time, parents came to see marrying girls at the higher age as their responsibility and also as a right of the child. These family level changes complemented and added to the community level changes in early marriage.

Khunti. The community-led action decreased children's dropout from school and increased their education participation.

Some Didis ['sisters' representing the community] came to our school to know about children's attendance. I supported them as much as I could. I provided them with a list of such students who had been irregular in the recent past. This resulted in increased regularity of children from the following month, though the trend of absenteeism returned a few months later. I think this will improve slowly. This has definitely reduced the dropout rates. (Teacher, Kumkuma Village)

Now all children are going to school; no one is into gambling now. Now adult men go to other villages for gambling or playing cards and parents are more concerned about studies of children. (Collective member, Taro Village)

During the intervention period, 22 children who had dropped out of school returned to school through the action of committee members, community leaders, and in some cases the Gram sabhas. In cases in which a child's parents had not supported education, the committee members helped the parents and family members to understand the value of education for both the child and the family. If a child was out of school due to poverty, the committee tried to link the family with SHGs and emphasized the long-term value of education. Also, the committee members helped children who represented lower caste categories to obtain the documents needed

to attend school. The committee members also helped girls to obtain the documents they needed to continue their education.

The reduced school dropout also meant that children stayed in school longer and completed higher levels than children had typically achieved before the community-led action. The benefits for girls' education were noteworthy.

Earlier most of the children studied up to 7th or 8th grades. For girls, 6th grade was the common upper limit of education. Now most of the children aspire to complete at least 10th grade and will continue further if their parents agree. Girls aspire to complete at least the 10+2 grade. At present at least 4-5 girls are studying in graduation, which is a recent development. (Aganwadi worker, Taro village)

Girls' participation in vocational training also increased.

Improvements in the status of girls and women likely contributed to girls' increased participation in education and vocational training. Before the intervention, girls were not expected to continue education, and if they stepped outside their limited boundaries, males spoke badly about them, damaging their reputation and well-being. The community action process helped to change the environment and make it more supportive, as girls and women more often spoke and became more influential in the Gram sabha.

Peers and families played important roles in keeping children in school, as was evident in the impact achieved by the Kishori baithak (meeting of adolescents).

There was a case where a girl dropped out after completing 8th grade. We reached out to her and requested her to attend kishori baithak [the adolescents' meeting], and finally managed to convince her to pursue her education. (Collective member, Taro)

Also, parents changed their attitudes toward education and committed to keeping their children in school. Since Khunti was an agricultural area, parents had previously tended to take or allow their children out of school during the intensive periods of agricultural work. The intervention helped to change this situation.

Earlier parents were not that serious regarding schooling of children. But after the awareness drive, meetings and rallies parents are more serious now and also engage with their children more.

In addition, parents showed better understanding of and improved relations with their children.

There are many changes as the parents have started understanding their children and began supporting them in their studies. The fathers have stopped drinking alcohol. Also, the mentality of parents has changed regarding the practice of child marriage. (Adolescent boys, Kumkuma)

The community members noted also that the community-led action had decreased both child marriage and child labor. As communities activated themselves around a particular, self-

selected issue, the community members become increasingly attentive to diverse issues affecting children and more active in addressing them.

Although these results are promising and hopeful, numerous challenges remain. For one thing, ongoing problems such as extreme poverty, not having the appropriate documents such as the Aadhar card, the caste and income certificate, or *Khatiyani*, a document related to land ownership) or loss of parents led to new cases of school dropout. Ongoing work is needed to address these issues. Also, work in one of the intervention communities had to be suspended early on due to the community involvement in the Pathalgiri movement and associated security concerns. Perhaps the greatest challenge came from the COVID-19 pandemic, which temporarily shut down education. Fortunately, the Government and communities rapidly restarted education in February 2022.

Challenges

The CLCP work faced numerous external challenges such as ongoing patriarchy, increasing economic pressures, and rapid shifts in Government policies on child protection. The economic pressures fell heavily on natural helpers, leading to turnover issues. Also, disputes between the Government and tribal communities made it unsafe to continue the work in one of the communities that had initially participated in the CLCP. Internally, challenges arose due to frequent turnover of the facilitators and communities' ongoing reliance on NGOs for information about Government services. These and other challenges facing CLCP are discussed further in Chapter 6.

Scale Up and Collaboration with Panchayats

The recent and current CLCP work in India features the scale up of CLCP and the collaboration between communities and panchayats on child protection and well-being. By 2019, various natural leaders, some of whom were connected with Panchayat Raj Institutions (PRIs), spontaneously began discussions at panchayat level about the value of having the panchayat, too, address issues of child protection and well-being. The idea was that communities that used CLCP had much to share with the panchayat, and panchayat leaders could also stimulate new learning and help to expand the use of CLCP and related approaches throughout the panchayat.

This collaborative approach became a higher priority for the Core Group in 2022, when the Indian Government announced its Mission Vatsalya plan, which replaced the older ICPS plan, for protecting children. Among other things, Mission Vatsalya requires panchayats to ensure a child friendly environment and safe public spaces, hold special campaigns and awareness drives for promoting child rights and ensuring child protection, boost volunteerism regarding child protection, and collect necessary inputs from children on various issues before the Gram Panchayats take appropriate action. The Core Group wanted not only to align with and support the implementation of Mission Vatsalya but also to enable a participatory, collaborative process for implementing it that will increase local ownership for child protection at multiple levels. For this round of work, the Core Group consisted of CINI, Chetna Viks, Praxis, and CRA.

This collaborative approach, which entails circular interplay between child protection at community and panchayat levels, has three components. First, multiple communities in the panchayat catchment area use CLCP to address local priorities in child protection, collaborating also with Government services. At present, the CLCP has been scaled up to 20 communities, including the initial intervention communities. Second, natural leaders and PRI members reflect jointly on issues of child protection and well-being and what they could do together in addressing children's issues. This component includes processes such as community-PRI dialogues about priorities for child protection; sharing assessment data and approaches, including participatory approaches to learning directly from girls and boys; learning from each other ways of developing safe spaces and managing difficult areas; and joint outreach to marginalized and particularly vulnerable people and families. This component also includes capacity strengthening on child rights, participatory planning, and how to include children's issues in the panchayat budgeting process. To broaden the engagement in the work, the participants also include members of Gram sabhas, volunteer organizations, Ward members, and PRI representatives.

Having agreed on what to collaborate on and how to collaborate, the third component is community-panchayat collaboration on strengthening child protection and enabling a child friendly environment. This can involve self-selected processes such as making dangerous places safe for children, conducting campaigns to keep children in school or to prevent early marriage, or inviting more attention to and support for highly vulnerable children such as those affected by alcohol and substance abuse. It may also include periodic reflections by natural leaders and PRI members about steps already taken to support a child friendly environment, emerging issues, and additional steps that are needed; and cross cutting discussions about what is working and what adjustments or new approaches might be needed to strengthen child friendly environments. Throughout, this practical, collaborative work is complemented by efforts to help stakeholders in the Jharkhand Government who oversee the implementation of Mission Vatsalya to appreciate the value added of CLCP and the benefits of a collaborative approach.

Thus far, the extension of CLCP to 20 communities has gone well, due in part to the natural leaders from the initial intervention clusters sharing their learning and experience. Although this work is still in its early stages, it is part of a promising strategy of shifting power to local actors, not only in the government but also in civil society. Its key insight is that child protection is most likely to succeed when civil society actors who collaborate across at multiple levels also collaborate with Government stakeholders. This approach holds the promise of developing child protection systems that local people own, care about, and use to support children's protection and well-being.

5. Lessons Learned: Implications for Practice

Although each of the three case studies presented above is rich and informative, it is important to look beyond the particulars of each to discern wider patterns and convergent findings regarding CLCP. Perhaps the broadest, most important lesson is that shifting the decision-making power to communities can set the stage for CLCP that is community owned, effective, sustainable, and highly useful in localizing child protection work. This larger lesson has integrity on its own, yet it is useful to discern also several component lessons learned that illuminate the how, that is, the process of CLCP.

The lessons discussed in this chapter are grouped into three sections: (1) Shifting power, localization, and effectiveness; (2) the value added of CLCP, with emphasis on the centrality of community ownership; and (3) operational lessons learned. For purposes of readability, each lesson is presented in bolded italics, with an explanation following it.

Shifting Power, Localization, and Effectiveness

Shifting Power

Lesson Learned: CLCP shifts power to communities by enabling communities' agency and decision-making to be central in protecting children.

The global child protection sector has sought effective ways of shifting power to local actors as a means of supporting localization efforts and helping to correct global power inequities in the humanitarian system (Alliance for Child Protection in Humanitarian Action, 2025b). The case studies illustrate how CLCP shifts power to local communities by creating space for local agency, which is typically limited in expert-driven approaches. Based on collective dialogue followed by collective decision-making, communities themselves identified which child protection issues to address and planned how to address them. Having mobilized themselves for action, the communities implemented their plans to reduce or manage the risks and strengthen protective factors, thereby supporting children's well-being. They also monitored their work and the challenges it faced, and they took corrective action to address the various challenges.

Throughout this process, community people understood well that their work was based on community power. Community people made the key decisions and consistently saw their community planning and action on behalf of children as their own work. Because communities were highly self-reliant and drew on their own networks, strengths, and resources, they saw the work not as someone else's project but as an expression of their own collective caring, agency, and felt responsibility for children's well-being.

The shift in power to community actors occurred in a manner that was sensitive to existing power dynamics and the potential risks of causing unintended harm. If power had been shifted only to the existing community elite or primarily to men, the power shift would likely have strengthened existing patterns of discrimination and inequity, thereby violating the Do No Harm principle. The case studies illustrated how CLCP is a whole community approach that effectively engaged people who were positioned in different ways, including people such as

children who had previously been marginalized in community discussions and decision making. This approach enabled women and girls to play a key role in all three countries, even though Sierra Leone, Kenya, and India are all patriarchal societies. The India case study in particular demonstrated how the CLCP work had improved the status of women and girls and had increased their participation and influence in community structures such as the Gram sabha.

Further, the case studies afforded valuable learning about the internal dynamics of empowerment, which is widely viewed as an enabler of effective child protection work at community level. In dominant approaches to child protection, child protection workers often say things such as ‘We empowered the community to work on keeping their children in school,’ as if external actors had caused the empowerment. The learning from CLCP, however, offered a different view of empowerment as an internally driven, self-mobilized process (see Pigg, 2002). The community discussions about harms to children evoked strong feelings of caring for children’s well-being and sparked internal, collective motivation to address harms to children. People inspired each other in these discussions and reached out to other people with encouragement to participate in them. As they planned how to address issues facing children, they took responsibility themselves for reducing the harms to children, and they engaged with community networks and different community groups to think how they could act effectively to reduce the harms to children. Through these processes, the community mobilized itself for action and called for full community participation to help support children’s well-being. At each stage, community people empowered each other by asking ‘What are we going to do?’ and ‘How can we reduce the harms to children?’ As discussed below, this process of internal empowerment and mobilization increased ownership and had distinctive benefits.

Localization and Communities

Lesson Learned: Communities can be effective units for localized approaches.

The hallmark of localized action is that it is owned and driven by local people, who prioritize which issues to address, decide how to address them, and themselves lead the local action to address those issues. The case studies indicate that CLCP clearly counts as an effective, localized approach to child protection.

As discussed in Chapter 1 (see pages 32-34), however, communities have been marginalized in extant localization efforts, which have emphasized the transfer of funding to local partners. Communities may get left out since they often are not officially registered entities that are entitled to receive and manage outside funding. This situation could lead donors and others not to provide funding directly to communities that want to use it for community-led child protection.

Fortunately, there are several ways of addressing this potential roadblock to the use of CLCP. As illustrated by the India case study, international funds may be channeled to national NGOs which can then enable and support CLCP in different communities. Or, as occurred in both Kenya and Sierra Leone, external funds could be channeled directly to communities that used CLCP and had effective, nonformal means of handling money by, for example, having the local Chief oversee it. A third option could be to transfer funds directly to a CBO to support

work on child protection. However, the latter option may be limited by not taking a whole community approach that adequately includes children, youth, and marginalized people and achieves high levels of community ownership.

The Effectiveness of CLCP

Lesson Learned: In diverse contexts, CLCP is an effective approach for addressing child protection issues, including sexual violence against children.

Taken together, the case studies indicate that CLCP is effective in addressing diverse child protection issues and across varied contexts. In each country, the effectiveness of CLCP was established through the use of mixed methods with attention to outcome as well as process indicators in a robust design that included a comparison condition. The effectiveness of CLCP in countries as different as Sierra Leone, Kenya, and India indicates that it is a multi-context approach that is not limited to particular countries, geographic regions, or cultures. Nor is it limited to rural areas since the positive findings from Kenya and India were based in part on peri-urban areas. Across the contexts, the CLCP was effective in addressing diverse child protection issues—teenage pregnancy, sexual exploitation and abuse of girls, early marriage, and school dropout.

The multi-context effectiveness of CLCP likely owes to the fact that local people hold the power and drive the child protection process in ways that fit the local context. In making decisions about which issues to address and how to address them, local people used their in-depth knowledge of the context and their own resources and strengths to address the community-selected issues. Their work was animated by internal caring about their children and motivation to support their protection and well-being.

The fact that communities themselves chose collectively to address diverse issues of gender-based violence (GBV) contrasts with images of communities as dominated by men who perpetrate sexual exploitation and violence against children and who will undermine community efforts to address GBV. Such stereotypic images can obscure the diversity and complexity of communities and elide the fact that many fathers, for example, want to protect their daughters from GBV. Male perpetrators, despite their influence, are not the only or primary voices in CLCP, which has proven to be effective in addressing GBV.

The ability of CLCP to address issues of sexual violence against girls likely owes to how the initial learning phase helps to focus attention on the lived experiences of girls and the deeply concerning issues they face. As community awareness of these issues increased, parents, teachers, women's groups, religious leaders, and other community leaders and groups became concerned and voiced their eagerness to address these issues. Males, too, became concerned in their roles as fathers, brothers, or boyfriends. The combined weight of this upsurge of concern for girls' well-being enabled the selection of the issues facing girls and mobilized the community to address them. It seems likely that some men, including perpetrators against girls, either went along with the process in hopes of retaining their standing as good community members or silenced themselves and quietly withdrew from the process. In Sierra Leone, the framing of the selected issue as 'teen pregnancy' may have enabled more men to participate since that framing

did not point the finger at men as sources of sexual violence that contributed to teenage pregnancies. As this analysis suggests, CLCP is at heart an internally driven process of positive social change that supports children's protection and well-being.

Ownership and the Valued Added of CLCP

Many practitioners, donors, and analysts have asked how CLCP differs from other approaches that go under the broad headings of 'community-based child protection' and 'community-level child protection.' Unlike community-based child protection, which is mostly expert-driven, CLCP adds value by shifting power to local actors and enabling the localization of child protection. CLCP also adds value by enabling high levels of community ownership, contextual relevance, accountability, leadership by children, and social cohesion. Ownership merits attention first since it is the foundation of CLCP and community-led processes (Alliance for Child Protection in Humanitarian Action, 2025b; Benham, 2008; Wessells, 2009, 2015, 2018).

Community Ownership

Lesson Learned: CLCP enables a high level of community ownership, which is both a foundational process and an important outcome.

Broadly, community ownership is the sense of community members that something belongs to them, and this sense can vary from being low to high. Quite often in child protection work, the level of community ownership is low. For example, a community may appreciate the value of an expert-driven child protection project but may see it as belonging not to themselves but to an outside NGO. In CLCP, ownership is typically high since the community holds power and uses its agency to make the key decisions and guide the key actions on behalf of children. In CLCP, the community owns not only the child protection issues it has selected but also the planning on how to address the issues, the community action, and the follow up to insure that the community-led actions are working or are being adjusted in a manner that allows them to surmount challenges that might otherwise have limited the effectiveness of the community-led action.

The case studies illuminated various dimensions of community ownership and their dynamic interplay. As a process, community ownership began with community members developing collective caring about the harms to children (see Figure 7 on the following page). In the learning phase, as adults and other community members listened as children narrated their lived experiences and voiced their main concerns, they appreciated the seriousness and diversity of the harms to children, and they felt moved to address them. In selecting which issues to address, they focused on particular issues and took responsibility for addressing the identified harms to children. Their sense of caring and responsibility motivated them to take action themselves to address the selected harms to children and made them feel accountable for their community-led action. This accountability led them to periodically reflect on the successes and challenges of their community action and to make needed adjustments to strengthen their support for children.

Community ownership did not spring up full blown but developed over time. Initially, collective caring developed out of the learning process and community members' discussions of



Figure 7. The elements of and circular process involved in community ownership.

the findings and their concerns for the well-being of their children. These discussions frequently evoked impassioned remarks about the community responsibility to take action and about which steps the community could take to address the harms to children. These discussions boosted the collective motivation to respond and helped to overcome any sense of helplessness or of having few practical options for addressing the harms.

As the discussions turned to community planning, efforts were made to include the entire community, yet not everyone engaged or became equally involved. As happened in Sierra Leone, some people doubted that much would come of the discussions, whereas some others even thought that people must be getting paid for their participation. Over time, these doubts dissipated as people saw the community action making a positive difference and learned that people's participation was motivated by genuine concern and responsibility-taking. As tangible benefits to children became visible, people became more confident that the community action would succeed. This led more people to participate and strengthened the spirit of collective action, responsibility taking, and accountability to children.

As an outcome, community ownership is indicated in 'our/we' narratives such as 'This is *our* work' and 'We, the community, did this work to support *our* children and help them to be safe.' Other indicators of community ownership are the initiative, agency, and self-accountability of local people in working to achieve goals that they had set for themselves. Although there is no

widely accepted measure of community ownership, a reasonable measure would be the demonstration that 50% or more of the people living in the community exhibit one or more of these indicators. A high level of community ownership would be indicated by the demonstration of these indicators by 75% of the people, whereas a low level of community ownership would be indicated by the demonstration of these indicators by 25% of the people.

A high level of community ownership contributes significantly to the effectiveness of child protection work. When communities own the work on child protection, they use their creativity and problem-solving ability to address the selected risks in a contextualized manner. They mobilize the community through discussions that generate collective caring, encourage responsibility taking by different community members and groups, and motivate each other to engage in the collective planning and action to support children's well-being. In doing so, they activate community networks, engage community leaders and groups, build on community strengths and protective factors, and enable leadership by many people, including children. Feeling responsible for their children and the success of their community-led actions, they work on their own to identify various challenges and make necessary adjustments in their work.

Equally important, community ownership is a significant determinant of sustainability (Alliance for Child Protection in Humanitarian Action, 2025b; Donahue et al., 2006; Lachappelle, 2008; Wessells, 2009). In the CLCP case studies, the community planning and action was internally motivated, led by the community itself, and based on community self-reliance. This approach breaks the cycle of dependency on outside organizations that frequently limits the sustainability of child protection work. Communities' sustained attention to and mobilization around child protection and well-being often led them to take on additional child protection issues as they worked.

The sustainability of CLCP and its capacity for addressing emerging issues makes CLCP a highly valued option in an era of climate change. It provides an evidence-based means of achieving concerted local action to protect children and it offers the flexibility needed to address a multiplicity of dynamic harms to children.

Contextual Relevance

Lesson Learned: CLCP enables contextually relevant child protection work that draws on local strengths and is a good fit with the cultural, socio-historic, and economic context.

In the global child protection sector, practitioners widely recognize the importance of context, yet it remains challenging to develop contextually relevant practice (Alliance for Child Protection in Humanitarian Action, 2025b). The appreciation of the importance of context often collides with pressures to use evidence-based interventions, many of which had been developed in the global North and which may be seen by local people in the global South as culturally inappropriate or as outsider ideas. Also, pressures to create standardized 'packages' of interventions that can be taken to scale quickly can sometimes lead to the use of approaches that fit poorly with the local context or do not address what local people see as the priority issues.

The case studies indicated that CLCP enables child protection work to fit well with the local context since it is animated, designed, driven, and owned by local people who have an in depth understanding of the local context. In each case, local people defined the priority issues—teenage pregnancy in Sierra Leone, early sex in Kenya, and early marriage and school dropout in India—that emerged from ethnographic and highly participatory assessments and fit with local views about priorities. The focus on community defined priorities highlighted local concerns and were informed by community members’ insights about whether the community had relevant strengths to draw on in addressing the issues. Communities decided to address particular harms to children only if they felt hopeful that they had local means of addressing them.

In each context, community-led planning led to distinctive, locally appropriate actions that drew on valuable community strengths. Overall, the community actions drew on indigenous strengths such as youth groups, women’s networks, community leaders and natural leaders, education, and cultural values and practices. In Sierra Leone, these included the use of cultural media such as song and dance; street dramas with collective discussions; and discussions among parents and children. In Kenya, the actions centered around awareness raising, social support, and peer discussion and decision making in the context of football, intermixed with learning life skills such as making decisions to stay in school and girls being able to say ‘No’ to boys or men who sought to exploit them sexually. In India, the actions featured street campaigns and dramas, peer and parental encouragement of ongoing education participation, intervention with families to address cases of school dropout or impending cases of early marriage, and collaboration with key community groups such as the Gram sabhas.

It is noteworthy that the action in each context intermixed local ideas and approaches with outside ideas and approaches. For example, the community-led action in Sierra Leone to reduce teenage pregnancy used Western-based approaches such as the use of contraceptives and education about puberty, sex, pregnancy. These approaches, which were selected by the communities themselves, were integrated in, not by external agencies ‘teaching’ local people, but through community dialogues and participatory means that were sensitive to the local culture and kept power in the hands of local people. The resulting hybrid approaches incorporated outside learning and approaches yet also respected local knowledge and fit the local context.

Internal Accountability

Lesson Learned: In CLCP, communities achieve internally driven accountability for their children.

Many NGO projects have a mixture of external accountability, for example, to donors, and internal accountability to their organization and to local people. In much grant supported work, external accountability emphasizes the achievement of promised outputs such as numbers of people trained, the number of children engaged in specified activities, and so on. Too often, the emphasis is on meeting these outputs rather than achieving positive outcomes related to children’s protection and well-being.

CLCP, however, generates internal accountability in which the community holds itself accountable for positive outcomes and children’s well-being. This collective self-accountability

owes in no small part to the high level of ownership that is grounded in the communities' collective caring and responsibility-taking. As communities own and address self-defined harms to children through their own collectively led action, they are highly motivated to achieve improvements in children's well-being. They are also highly motivated to take their own corrective steps when significant challenges arise or when the community actions produce too little improvement in children's well-being. This internally guided accountability process enables adjustments to a changing context. It also contributes to sustainability since the community-led action would not likely continue if it had no discernible benefits to children.

Leadership by Children and Youth

Lesson Learned: In CLCP, children and youth often exercise leadership on behalf of their communities.

CLCP is highly distinctive in enabling the leadership of children and youth in helping the community to achieve its goals. Child participation, which is a fundamental right of children, has long been an important goal in global work on child protection (Hart; etc.). Although some expert-driven programs have successfully enabled child participation, there are ongoing concerns about tokenistic participation and the need for meaningful participation.

CLCP provides a foundation for meaningful child and youth participation that sets the stage for their leadership. CLCP's initial, participatory learning brings forward the voices and lived experiences of children, evoking strong community concern. In the subsequent community discussions, children frequently demonstrate to adult community members that they have insight into different child protection issues and how to address them. Quite often, children's ideas include understandings or approaches that might not naturally occur to adults. Children and youth also show that they are highly motivated to address the harms to children and want to help the community address its self-selected harms to children.

In Sierra Leone, for example, girls and boys helped to educate the community about the problems associated with teenage pregnancy. They also helped to design key messages to young people and developed and implemented influential community actions such as street dramas followed by discussions. In Kenya, girls and their older sisters were influential in helping the communities to select and address the problem of 'early sex.' The girls played a key role in developing football intermixed with supportive peer discussion and life skills for addressing early sex, and they also helped to spread CLCP to neighboring communities. In India, youth played important roles such as keeping track of impending child marriages or cases of school dropout, visiting families to help support the children, and working with local institutions such as the Gram sabha to help keep children in school.

In each of these cases, children's leadership played an important role in enabling communities to successfully address their self-selected harms to children. Of note, the children and youth were not somehow set off from the community, as can occur when child participation occurs primarily in child clubs or groups. Because the children exercised their leadership in community spaces on community-selected issues, the CLCP work increased children's visibility and positioned them as valued community members. As a result, adults developed a new

appreciation of children not as mouths to feed but as co-problem solvers who care about their family and community and as resources who can help the community to enable children's well-being. At the same time, the communities were sensitive to the fact that they were children and avoided burdening them by giving them excessive responsibility for addressing the harms that affected them.

Social Cohesion

Lesson Learned: CLCP strengthens social cohesion within communities.

Community ownership entails the strengthening of social cohesion, which involves positive social relationships and a spirit of unity. A community owned process brings people together in a cooperative process that aims to reduce self-selected harms to children. Extensive evidence from social psychology and related areas indicates that cooperation toward the achievement of a common goal strengthens relationships within the community and helps to reduce destructive conflicts that divide the community and limit collaborative efforts (Sherif et al., 1961; Deutsch et al., 2000). The spirit of working together in a positive way to achieve self-defined goals contributes to the community sense that this work is 'ours' and does not owe primarily to external agencies or considerations.

The inclusivity of CLCP contributes to the social cohesion dimension of community ownership. In many communities worldwide, a local elite may hold an elevated status and use its power to make the key decisions for the community. These decisions, however, and the discussions leading to them often exclude people who are marginalized by virtue of factors such as disability, extreme poverty, gender, sexual orientation, clan, caste, and religious orientation. Their exclusion not only weakens solidarity and social cohesion but also contributes to social injustice that divides the community. In the case studies, local people talked about how the inclusive approach helped to bring in formerly marginalized people, including children who had not previously taken part in substantive community discussions and decision-making. This inclusivity helped to ensure a whole community approach that brought most community members to see the work as 'ours' and to be personally engaged in or supportive of it.

Cultural identity may also be part of social cohesion and community ownership of work to support children. In relatively traditional communities such as those in rural Sierra Leone, communities used cultural media such as song, dance, and street drama in their work to prevent teenage pregnancy. Since these media were expressions of their cultural values and identity, their use likely strengthened people's social cohesion and contributed to the spirit that 'this work is ours'. The contribution of cultural processes may also be visible in the support of traditional leaders or institutions, which lends legitimacy to the work and encourages community members' participation. In India, the engagement and support of institutions such as the Gram sabha enabled participation and ownership. In Kenya and Sierra Leone, the engagement and support of traditional leaders such as elders and Paramount Chiefs, respectively, also enabled community engagement and social cohesion.

Conclusion

The value added by CLCP resides not in any single factor but in a constellation of factors, with community ownership being the most central. These aspects of the value added by CLCP—ownership, contextualization, internal accountability, leadership by children and youth, and social cohesion—make CLCP a highly distinctive, effective, and sustainable approach to child protection that differs from other, more community-based approaches that engender relatively low levels of community ownership. Collectively these features make CLCP a highly valuable complement to dominant, expert-driven child protection work.

Operational Lessons Learned

Numerous operational lessons pertain to the ‘how’ of CLCP. As outlined below, some of these relate to how CLCP supports government efforts to protect children and the work of NGOs, whereas other lessons pertain to nuts and bolts ‘how’ issues related to supporting effective facilitation and ensuring that communities have adequate space and time to enable their community owned work on behalf of children.

Facilitation and Ownership

Lesson Learned: Careful selection, preparation, and regular backstopping of facilitators is necessary for achieving fidelity to CLCP principles and community ownership.

All three case studies indicated the importance of quality facilitation in enabling community ownership. The processes that enabled its development included learning from children’s voices and lived experiences, inclusive dialogues, open listening to diverse viewpoints and suggested options, and creating the necessary space for communities to dialogue and make decisions about which issues to address, develop plans to address them, take collective action to implement their plans, and monitor their work, making needed adjustments. However, diverse challenges at community and organizational levels may lead facilitators to stray from the principles of CLCP by lapsing into not listening deeply, giving advice and direction to community members, making themselves the center of attention, or not enabling a sufficiently inclusive process. In part, these challenges likely reflected a mix of personal orientations, skills deficits, and a tendency to fall back into dominant patterns of facilitation in which the facilitator energizes, mobilizes, and guides community members, which limited the emergence of community ownership.

Overall, the case studies indicated that systematic attention to the selection, preparation, and backstopping of the facilitators was key to achieving high levels of community ownership. This was true whether NGOs facilitated the CLCP, as occurred in the India case study, or there was relatively little direct NGO involvement in the CLCP, as occurred in Sierra Leone and Kenya.

Selection. A key lesson was that the selection process should not privilege traditional selection criteria such as academic accomplishment and prior experience in facilitating expert-driven programs. The three countries indicated the value of using a nonformal, participatory

selection process and attending to orientation and people skills such as being a good listener, showing respect, building trust and relationship, maintaining a non-directive and non-judgmental stance, reaching out to people who had not been participating, and, above all, being willing to shift power to community people, who lead the work and make the key decisions. These qualities proved to be important regardless of whether the facilitators came from outside the community or from within it.

Preparation. Hands-on experience in facilitating according to CLCP principles proved to be essential in enabling effective facilitation. It took time, patience, and receptiveness to critical feedback for facilitators to learn skills and orientations that embodied CLCP principles. The most effective learning occurred through a participatory process of role play, feedback, reflection on how to do better in the situation depicted, and a repeat of the role play. In both Kenya and Sierra Leone, the role plays and training were supported by significant people such as social workers or local police officers who could subsequently enable Government collaboration with and support for the CLCP. Both the trainees and trainers agreed that 10-day to two-week training was needed initially, as shorter training would neither allow full immersion in the CLCP process nor develop the range of skills required for quality facilitation.

Backstopping. One-off trainings, even ones that lasted 10 or more days, proved to be insufficient for the acquisition and development of the skills needed to enable community ownership. New facilitators did well on tests of various skills by the end of the initial training. Yet after several weeks of working with the communities, they showed skills degradation, and in some cases backslid into advice giving or otherwise departing from their facilitative role.

An effective ongoing capacity strengthening approach was to provide backstopping visits by an experienced CLCP worker for each facilitator. On a regular basis, the experienced worker visited the facilitator, observed their work with community people, and invited reflection on things that were going well and on challenges and steps that could lead to strengthened fidelity to CLCP principles. Through the use of role plays with feedback and reflection, the experienced worker helped the facilitator develop higher skill levels. The supportive discussions enabled the facilitator to have a sounding board and to have a more experienced hand who helped them to think through how to handle complex issues. Also, international CLCP workers (Wessells & Kostelny) backstopped and provided a sounding board for the experienced CLCP workers in each country. Occasional small group discussions between international CLCP workers, experienced national CLCP workers, and community facilitators continued the learning process for everyone. This multi-level backstopping paid close attention to community ownership and having the decision-making power in the hands of the community.

Slow, Inclusive Process

Lesson Learned: A slow, inclusive process is essential for the development of high levels of community ownership.

A consistent finding across the three case studies was that the communities needed considerable amounts of time to decide which issues to address and plan how to address them. Since communities were in the driver's seat, the time frame was flexible and determined by the

communities, who worked according to ‘community time.’ Relative to expert-driven work on child protection, the pace of this work was slow and extended 12-18 months or even longer, due in part to the need to achieve agreement among multiple communities in each phase.

The slow process proved to be crucial for developing community ownership. The processes of learning about children’s situations and developing collective caring, collective agency, and the other elements involved in community ownership (see Figure 7) did not occur quickly or according to a set timetable. At each stage of dialogue and decision-making, significant challenges to a speedy process arose. For example, some community members initially tended to use a debate style which limited their deep listening, co-learning, and willingness to collectively develop innovative solutions. It took considerable time and skill for facilitators and community members to shift from debate to an inclusive process of nonjudgmental dialogue and open-minded, curious consideration of different options. If the discussions followed pre-existing lines of cleavage in the community, it took time for the facilitator and various community members to reflect, identify old differences and divisions in the community and how they might limit collective efforts to help all children and to develop a more cohesive, collaborative way forward. It often took extended time for the community to reach what they considered to be an appropriate level of agreement for moving forward. The fact that multiple communities needed to agree on which issues to address and how to address them only increased the space and time that communities needed.

A slow process was also essential in bringing different groups and individuals fully into the dialogues and decision-making. In many communities, women traditionally had not been able to voice their views or to have people pay attention to what they said when they did speak up. Children, too, often were in this situation. It took time for people to learn to feel comfortable speaking up and for communities to develop appropriate venues such as the small group discussions for girls and boys, respectively, that made this possible. Similarly, it took time for people who were shy and reluctant to offer their views and participate in dialogues and decision making. As people who were on the sidelines saw how the people who participated in the discussions enjoyed them and welcomed the participation of others, they, too, decided to join in.

The need for a relatively slow pace was most apparent for marginalized people who previously did not attend community meetings, often because they were stigmatized or were very poor and needed to do extra work to help their families survive and, hence, could not meet at the usual times when community meetings were held. In Sierra Leone, it took time for communities to decide and learn how to reach out in an appropriate manner to people such as blind children. In India, it took time for communities to decide how to reach out to *dalit* people (a traditionally excluded Scheduled Caste) with sensitivity to the complexity of their situation. As communities developed other means such as home visits, they had to work through how to do this without patronizing people, raising undue expectations, or adding to the stigma already felt by marginalized people. This inclusion of marginalized people had implications for ownership since it would be unwarranted to speak of ‘community ownership’ if many people were excluded and the key decisions were made by a small, elite group of people who were relatively well off.

The slow process was valuable also because some community members were skeptical about the CLCP and took a ‘wait and see’ approach. If preset time limits had been set, it is likely

that more than a few community members would not develop the caring, agency, responsibility-taking, and other dimensions that make for effective ownership. By extending the planning process and enabling the planning to unfold in an organic manner led by the community, it proved to be possible to bring into the process former skeptics who were swayed by the dynamism and creativity of the community or who began to see positive benefits for children, or both.

Language is Power

Lesson Learned: Whenever possible, use and learn about the meaning of local terminology and idioms related to children, restricting the use of technical child protection terminology.

Over several decades, the global child protection sector has developed sophisticated, highly useful, technical terminology that comes mostly from the world of Northern child protection experts. At grassroots level, the early use of technical terminology in child protection work can undermine the process of shifting power to community actors. Technical language is part of the triad -- power-language-funding -- that frequently contributes to inequities in the humanitarian and development arenas (Fitzpatrick et al., 2023). The use of terms such as ‘child protection’ and ‘sexual exploitation and abuse’ can signal that the NGO or facilitating group considers itself to be the ‘experts’ who hold the main power, will decide what are the key problems facing children, and determine which interventions will be used to address them. Quietly, the use of technical terms can shift the balance of power in favor of the ‘experts.’

The use of outsider terms such as ‘child protection’ can also raise issues of cultural disrespect. For example, if an outside child protection expert speaks of child protection, they may add that a child is a person under 18 years of age. This chronological definition, however, may conflict with local definitions of who is a child. To assert that a child is someone under 18 years of age can marginalize or even dismiss local, culturally constructed understandings of who is a child. The tacit marginalization or dismissal of local culture not only violates the humanitarian imperative to treat people with respect but also signals to local people that their own language and views will not guide the work to support children’s well-being. Also, the use of ‘alien’ language and concepts to guide the work makes it unlikely that local people will take ownership of it. Worse yet, the outside terms may cause unintended harm by stigmatizing people. For example, local people could perceive the term ‘child protection’ as being demeaning or even stigmatizing since it focuses on deficits rather than strengths and may imply criticism of local people and customs.

The imposition of outside terminology can also reduce opportunities for constructive learning. For example, if outside experts speak of ‘child protection’ or ‘mental health,’ the community members may defer to the use of those terms since the outsiders are seen as holding the main power. This can create the mistaken impression that community members ascribe the same meanings to those terms as outsiders do. A better approach is to attend to terms that the community uses such as ‘children’s well-being’ and to learn about their understandings by asking respectful, open-ended questions such as ‘Please tell me more about what you mean by ‘children’s well-being’ or ‘Please tell me what are the things you look for that tell you a child has well-being.’ In response to such questions, outsiders might learn that local people hold different

views of well-being than outsiders do. For example, Indigenous peoples frequently indicate that well-being is collective rather than individual and highly determined by the quality of relationships in one's family and community. Also, people's well-being may be inextricably interconnected with the land, the sky, and the water (Mad Plume et al., 2024). These understandings may open new ways of thinking about child protection that could awaken curiosity and the desire to learn from and document community-led action on behalf of children. Taking time to learn about community understandings and terms demonstrates cultural humility (Tervalon et al., 1998) and respect that pave the way for local power and ownership.

This is not to imply, however, that Western concepts and language are somehow off limits. No cultural system is complete in its understanding of children, and there should always be space for discourse and co-learning. Indeed, many communities are eager to learn how other communities and how Western experts view issues and seek to address them. However, it is best not to lead with 'expert' terminology and to have communities choose whether, when, and how they want to bring in outside language and ideas.

Capacity Strengthening

Lesson Learned: Capacity strengthening should be oriented toward co-learning and driven by the community.

Strengthening the capacities of communities to protect their children has long been a priority of international child protection work. For the most part, however, capacity strengthening has been expert-driven and oriented towards teaching skills and understandings that will enable communities to address expert selected issues using outsider interventions. Although it is necessary and useful in some settings, this form of capacity strengthening is limited by low community ownership, dependency on outside organizations, and, in many cases, the use of approaches that have poor fit with the local context and culture.

CLCP turns this situation around by placing the decisions about whether and how to do capacity strengthening in the hands of the community. In Sierra Leone, the communities had heard about Marie Stopes (the Sierra Leonean NGO) and the value of family planning. The communities themselves chose to talk with representatives from the NGO and to organize training workshops for the peer educators. A ground rule set by the community and supported by the mentors was that the workshops would not be didactic but would create space for community dialogue and planning about how they wanted to address teenage pregnancy and use what they had learned to support the community-led actions to address teenage pregnancy. This approach succeeded in bringing family planning ideas into the community-led work, with local ownership for the approach taken. Similarly, in Kenya the communities that addressed early sex chose to receive training from the NGO Kesho Kenya on parenting skills. The NGO agreed not to teach a particular package of interventions but to enable a process of dialogue and decision-making by the parents that would help them support their children.

This approach to capacity strengthening continues the process of shifting the power to local people and enables co-learning by NGOs. Through this work, the NGOs gained new appreciation of communities' ability to adapt the learning to their circumstances and action

approaches. In essence, the NGOs learned capacity strengthening approaches that enabled community ownership and that went beyond standardized approaches to training and capacity strengthening.

Collaboration with Government

Lesson Learned: Enabling collaboration between CLCP and government efforts to protect children is necessary and mutually beneficial at all stages.

A healthy child protection system embodies a social ecological approach and seeks to protect children through a coordinated mix of strong child protection work by both the government and civil society actors. The government has the responsibility to protect all children within its territorial boundaries, and can provide laws, policies, enforcement mechanisms, and services that are vital for children's protection and well-being. Government, however, cannot achieve child protection by itself, as strong, complementary civil society efforts are also needed. The work of families, communities, municipalities, and civic groups and organizations such as national NGOs all need to do their share in order to provide safe environments for children and enable children's rights. Importantly, there needs to be systematic collaboration between civil society efforts such as CLCP and government mandates and efforts to protect children. Without adequate collaboration, there is an increased risk of unintended harm caused by poor coordination, poor access to services and supports, and misalignment of civil society and government managed work on child protection, among others.

All three case studies featured alignment, coordination, and collaboration of CLCP with their respective government managed efforts to protect children. Since the CLCP was not designed to respond to severe violations against children or provide specialized supports, the CLCP communities in all three countries referred to government authorities severe cases such as rape or severe beatings of children. Recognizing the need to connect government-led, expert efforts with the grassroots approach of CLCP, the communities worked to help people see the value of collaborating with the government in supporting children's protection and well-being.

The collaboration between government and CLCP child protection work was highly developed in Sierra Leone. There, the CLCP work began as a collaboration between UNICEF, the Columbia Group (subsequently CRA), and the national Child Protection Committee, which was overseen by the Ministry of Social Welfare Gender and Children's Affairs (MSWGCA). Having designated CLCP as a key part of its prevention work on child protection, the MSWGCA and the Community Sub-Group that it oversaw supported the CLCP scale up in multiple districts. Seeing how the CLCP complemented their work, Government Social Workers often became lively supporters of the CLCP.

In India, too, extensive collaboration with the Government occurred at multiple stages. Early on, the Government tried to establish and make functional a Village Level Child Protection Committee (VLCPC) in each village. Yet these efforts were nascent in some of the CLCP villages, where no VLCPC had been formally established or their efforts were just beginning. In such situations, the natural leaders and other people who contributed to the CLCP work sought to raise awareness about the VLCPCs, the importance of protecting children, and how the two

approaches complemented one another. At present, the Indian Government seeks to implement its Mission Vatsalya approach, which assigns panchayats (part of the Panchayati Raj Institution) a key role in helping to create a child friendly environment. Accordingly, the Indian NGOs are extending the CLCP work to more communities and, via the natural leaders from the communities, work to enable collaboration between the communities and the panchayats on supporting children's protection and well-being.

In Kenya, the collaboration with the Government occurred primarily through the Office of Field Operations under the Directorate of Children's Services (DCS). That Office, which helped to train children's officers and workers in all counties, was instrumental in enabling County-level trainings and discussions on CLCP. In multiple counties, Area Advisory Committees learned about the CLCP and helped to enable processes such as referrals for children who needed specialized care following protection violations.

Integration of Economic and Child Protection Supports

Lesson Learned: Integrating economic supports with child protection can contribute to a more holistic, effective approach to reducing harms to children.

In the humanitarian and development arenas, economics and child protection belong to separate sectors that have been fragmented in the humanitarian architecture. This is unfortunate since it is well documented that economic pressures often act as drivers of severe child protection risks such as sexual exploitation and abuse (Maternowska et al., 2019). Increasingly, evidence indicates that integrating child protection elements such mental health and psychosocial support with economic supports can benefit children's well-being more than through single sector efforts alone (Moyano et al., 2024).

The community-led case studies consistently supported the value of integrating child protection and economic supports. For one thing, community people saw poverty and economic stresses as root causes of harms to children. In Kenya, girls, parents, and community members all saw families' poverty and economic stress as leading to the problem of early sex. Girls from poor families who were unable to provide sufficient food were highly susceptible to the food offers by adult men, who subsequently demanded sex in return. Further, people in all three case studies viewed education as important for children's well-being yet school fees and families' need to have their children work to help support them often contributed to children being out of school.

It was appropriate, then, that the community-led actions to address harms to children frequently interwove child protection supports with economic supports. In Kenya, the communities in one area included economic supports such as brick making, making and selling soap, and cooperative farming to help reduce the economic pressures on families that contributed to early sex and school dropout. In Sierra Leone, where intense economic pressures arose during the work on scaling up the use of CLCP, communities themselves decided to form savings and loan groups and to do cooperative farming as a means of reducing the economic pressures on families and helping to protect their children. In India, the communities asked the NGOs

involved in the CLCP to help connect them with Government services that reduced the economic pressures felt by families and that would enable children to stay in school.

Although these economic supports were small and homegrown, local people saw them as having played an important role in supporting the effectiveness of their community-led action. In keeping with international standards (Alliance for Child Protection in Humanitarian Action, 2019), we should learn from communities' ability to develop and use a more inter-sectorial, holistic approach to support children's protection and well-being.

Scaling Up

Lesson Learned: CLCP can be scaled up through diverse approaches.

Evidence from all three cases indicates the scalability of CLCP through variations of the spontaneous, horizontal, and vertical scaling approaches that have been used widely in public health (Milat et al., 2016; WHO et al., 2010). Spontaneous scaling up is an organic, community-driven process that often occurs via word of mouth. For example, members of one community who, having seen other communities address problems, may return home and initiate similar work in their own communities. By contrast, horizontal scaling up is a planned process for expanding the use of an intervention or intervention approach over geographic areas and with larger numbers of people. Vertical scaling up, which is also carefully planned, is a national process for institutionalizing an intervention or approach in a system such as a health system by means such as changing policies, regulations, and financing mechanisms (Milat et al., 2016).

Spontaneous scale up occurred in Kenya, where girls and boys used discussions associated with football matches to present the CLCP they were engaged in and to show how it was making a positive difference in their lives in terms of continuing education and reducing early sex and sexual exploitation. On their own initiative, girls and boys from other villages felt inspired by the CLCP work and took steps to implement similar work in their own villages. In India, horizontal scale up occurred through Indian NGOs using CLCP in a larger number of communities as part of their efforts to enable collaboration between communities and panchayats in operationalizing the national child protection scheme under Mission Vatsalya.

In Sierra Leone, a mixture of spontaneous, horizontal, and vertical integration of CLCP occurred. With support from UNICEF, the Government of Sierra Leone sought to make CLCP a central strand in its work to prevent various harms to children. Initially, the Community Engagement Group under the Ministry of Social Welfare, Gender and Children's Affairs planned a small, pilot scale up approach that would expand CLCP to a larger number of communities in two districts. However, diverse NGOs and communities were sufficiently enthusiastic about CLCP that the scale up work expanded to 87 communities in 8 districts, with the support of 16 NGOs. Despite this unexpected expansion of CLCP, an evaluation reported that the work had achieved good fidelity to CLCP principles, and high levels of community ownership and satisfaction (Kostelny & Wessells, 2024). These achievements owed in part to the steps that had been taken to backstop the facilitators, strengthen diverse agencies' capacities for CLCP, and integrate economic support with work on child protection.

Overall, this work is promising since it shows that CLCP can be taken to scale via diverse approaches. This scaling up did not entail the wide application of standardized interventions selected by external experts. The interventions were contextually relevant, community designed actions that aimed to address self-selected harms to children, which varied across communities. The community actions exhibited high levels of community ownership, which seldom occurs in the scale-up of standardized, expert-driven child protection programs.

Much remains to be learned about the scale up of CLCP. For example, it is not clear whether some spontaneous scale up efforts might lean toward copying other communities' actions to support children without having sparked the extensive caring, dialogue, and decision-making that leads to a whole community approach and high levels of ownership. More work is needed also to establish the effectiveness of national level scale up and to develop the financial support and mechanisms that are needed to institutionalize CLCP. Internationally, work is needed to increase donors' willingness to support the scale up and institutionalization of CLCP. Addressing these needs can help the child protection sector develop localized approaches on a wider scale.

NGO Roles

Lesson Learned: International and national NGOs can play valuable roles in CLCP as facilitators, enablers, and co-learners.

Together, the case studies showed that national and international NGOs can play diverse, high value roles in supporting community-led work. This was particularly clear in India, where Indian NGOs facilitated the CLCP work, with support from international workers. The Indian agencies not only facilitated an inclusive, community-owned and -led approach but also enabled the CLCP by strengthening connections with institutions such as panchayats and Gram sabhas and by helping to connect the work with Government efforts to protect children. The communities also looked to the Indian agencies as resources that could help to provide information that was useful in connecting needy families and communities with Government services. In Sierra Leone, especially during the work to scale up the use of CLCP, NGOs enabled the work by helping to train and backstop facilitators.

With respect to co-learning, CRA played a valuable role in Sierra Leone and Kenya by enabling the initial rapid ethnographic learning and the baseline and endline studies. In India, Praxis played the lead role, with support from CRA on data collection and analysis on the baseline and endline studies. This approach can help to shift the power of knowledge generation to actors in the global South, thereby counteracting the colonial-like global hegemony over knowledge generation by Northern actors.

In all three contexts, the ongoing learning was not extractive but was used to support collaboration between communities and NGOs. As communities acquired more information about what was working and the challenges they faced, they sought support from the NGOs when they needed additional training, better connection with government services, or other aspects of support work. Through this collaboration, communities strengthened their CLCP

work, and NGOs strengthened their approach to supporting and facilitating the work of the communities.

Community-NGO collaboration was particularly visible in work to influence Governments on using CLCP to help strengthen child protection. NGOs helped to contact Government officials and arrange meetings and workshops that explored the effectiveness and value added of CLCP. In these efforts, NGOs learned rapidly that community members, including teenagers, were highly valuable resources. In India, Government leaders showed greater interest in CLCP when it was explained by local adults and teenagers from the communities. In Sierra Leone and Kenya, too, NGOs learned to enable site visits by Government workers, who could then talk directly with and learn from the children and adults who were leaders in the CLCP.

Before and during their fulfillment of these different roles, however, NGOs took intentional steps to change their orientation and approach. Rather than being experts who made the decisions and led the child protection work, the NGOs played more humble roles as facilitators, enablers, and co-learners. This was an integral part of shifting the power to the communities, whose agency and decision-making guided the CLCP work. In supporting the CLCP work, NGO managers, technical experts, and workers at community level learned to background their own expertise and approaches, make space for inclusive community dialogues, decision-making, and action, and abandon rigid log frames and timetables in favor of a flexible process of working according to ‘community time’ (see Wessells, 2018).

Many of the NGO workers said that they had learned to stop taking credit for child protection themselves and to take pride in the fact that they had supported contextually relevant, locally led efforts to protect children. Numerous NGO workers commented that they felt transformed by the CLCP process and had become more reflective in their work, better listeners, and more appreciative of communities and their strengths. Many expressed a desire to move further toward localizing child protection and accompanying and supporting community-led efforts to support children’s protection and well-being. This spirit of internal change is a necessary, foundational part of NGO’s contributions to the CLCP process.

Prevention

Lesson Learned: Communities take a holistic, preventive approach that complements responsive work on child protection.

Historically, international work on child protection in humanitarian settings focused primarily on response rather than prevention. This focus was highly appropriate and much needed in acute humanitarian settings that had mass violations of children’s rights coupled with a paucity of services to support the survivors. More recently, due in part to the emergence of a nexus approach, the global child protection sector has made significant efforts to strengthen the prevention work that complements and balances responsive efforts (Alliance for Child Protection in Humanitarian Action, 2021). This prevention work includes a mix of primary, secondary, and tertiary prevention efforts. Primary prevention seeks to address the root causes of child protection issues, thereby preventing their emergence or contributing to their decline. Secondary

prevention entails efforts to reduce the incidence of already occurring child protection issues by, for example, identifying children who are at risk of family separation and helping them stay with their families. Tertiary prevention, which tends to be strongly case based, consists of efforts to avoid further damage being done to individual children who have already suffered rights violations.

The CLCP case studies illustrate that communities naturally incline toward prevention and are highly skilled in designing and implementing effective prevention efforts. The prevention efforts were mostly a mix of secondary and primary prevention. In all three countries, the secondary prevention work consisted of reducing existing risks to children—teenage pregnancy in Sierra Leone, early sex in Kenya, and school dropout and early marriage in India. The work on preventing early marriage in India, for example, involved the identification of girls who were about to be married early and community intervention with their families to prevent their marriage. In Sierra Leone and Kenya, the efforts to reduce existing risks occurred more at population level but included efforts such as saying ‘No’ to unwanted sex (Kenya) or using contraceptives to prevent pregnancy (Sierra Leone).

However, the case studies also included primary prevention efforts such as keeping children in school to help prevent harms such as teen pregnancy and early sex. While recognizing the intrinsic value of education, these efforts also recognized that children in school were likely to have more exposure to a positive peer group that would seek to promote positive behavior. Also, education can help children to set life goals and then develop skills and means of helping children to fulfill goals such as acquiring a job and starting a family. Tertiary prevention also occurred, as seen in the willingness of different communities to report severe violations against children to Government officials.

The effectiveness of community-led prevention efforts is a poignant reminder of how CLCP and expert-driven, responsive child protection work complement each other. Effective systems of child protection balance efforts to respond to severe violations against children with efforts to prevent such violations, thereby achieving a more holistic approach.

Conclusion

Collectively, these lessons underscore the important role that communities can and should play in child protection in an era of shifting power and localizing child protection. They also highlight the value added of CLCP, which promises to enrich child protection practice through high levels of community ownership that contribute to increased effectiveness, accountability, and sustainability and to leadership by children and youth. The lessons show also how CLCP complements expert-driven and government efforts in child protection. Wider use of CLCP is clearly indicated and can support the localization of child protection. It can also spark the high levels of ownership that enable child protection to become a stronger priority throughout civil society.

Questions and Challenges

Work on CLCP, like all child protection efforts, is highly complex and faces a multitude of questions and challenges that defy easy answers. These challenges require analysis, reflection, and a willingness to deepen our learning and to make changes as needed. In this spirit, this chapter examines challenges associated with the development and use of CLCP.

Although this chapter includes challenges that have arisen in the three-country work presented earlier, it also considers broader challenges that the use of CLCP faces in an era of shifting power and localizing. For purposes of readability, the challenges are grouped into four sections that address the applicability of CLCP to humanitarian and diverse settings, ethics, operational challenges, and systemic challenges.

These challenges can impair effective action on behalf of children, but they are no cause for despair or paralysis. They also provide opportunities for positive change in approaches to child protection and in strengthening of humanitarian and development systems. The discussion of challenges and possible ways forward is presented not as a ‘final word’ but as an invitation to reflect, think through how to move forward, and pilot test diverse approaches in a manner that shifts power to local actors, including communities, supports high levels of local ownership, and adapts CLCP in appropriate ways to divergent contexts. An emergent reflection is that CLCP is not a singular approach but a flexible family of approaches that respect CLCP principles and the importance of local power and ownership.

Applicability of CLCP to Humanitarian and Diverse Settings

In discussions of CLCP, frequently heard questions include ‘What about when there is no community?’ and ‘CLCP may work in stable settings, but can it be used in humanitarian settings?’ By exploring these challenges, this section aims to shed light on the scope of CLCP and whether it generalizes to a wide diversity of contexts. It indicates that CLCP is not a singular approach but a family of approaches that enables flexible adaptation to different contexts while retaining the hallmark qualities of community agency, power, and ownership.

Where There is No Community

A significant question is whether CLCP applies beyond rural, stable communities where people share common values, language, culture, and identity. Following the initial CLCP work in Sierra Leone in mostly rural settings, subsequent CLCP work in Kenya and also in Dhanbad, India documented that CLCP is also feasible and effective in peri-urban and more urbanized environments.

Although this evidence is hopeful, it still does not answer the question whether CLCP can be generalized to highly dynamic, urban settings where displaced people, migrants, and others live in complex, fluid, often dangerous living situations. In such contexts, people may not even know most of their neighbors and there may be no sense of community. Surrounded by people from other societies, or different ethnic and religious groups, people may compete with their

neighbors for necessities such as housing and clean water, and they may feel fearful and insecure.

Several considerations suggest that CLCP could apply and be effective in some settings in which there is no unified ‘community.’ Even in dynamic neighborhoods where people have been thrown together by difficult circumstances, it is often possible to identify a common concern across different sub-groups and make this a launching point for locally led, cross-cutting discussion and collaboration that increases social cohesion and eases tensions. Often, children’s well-being is such a concern since parents on all sides care about the well-being of their children. Collaboration to increase children’s well-being may not by itself lead to the development of a sense of community. Nevertheless, it may enable neighborhood level action that generates local ownership, social cohesion, and, most important, benefits to children from different sub-groups.

This kind of approach can also be useful when a particular neighborhood is divided. For example, during the Angolan wars, mass displacement stirred conflict between displaced people and host communities. In Lubango province, local people experienced rising tensions associated with water scarcity and the eruption of fights between children as they tried to collect water for their families. With facilitation by an all-Angolan team of Christian Children’s Fund (now ChildFund), people from both sides came together to discuss their children’s situation. Although the discussions focused initially on stopping the fighting, they expanded to considering how to enable children’s well-being more broadly, with local actors making the key decisions. Both sides agreed that children needed to take turns at the water collection sites and that monitors would help to ensure this. People also agreed that children needed safe places to play, and this led to the development of common play areas with swings and spaces to play football. As tensions decreased at water collection sites and as children from both sides played together, fighting waned and people reported feeling more secure. Although no systematic evaluation was conducted, a promising result was that both parents and children reported that children’s well-being had improved.

Although this work was not CLCP as described in the case studies in this report, it entailed shifting power to local people on both sides and enabling cross-cutting dialogue about children’s situation, followed by local decision-making and collective planning and action on behalf of children. Since it embodied the spirit of CLCP, it offers further hope for extending CLCP to settings where no unified community exists.

CLCP might also be useful in neighborhoods such as in Amman, Jordan that have large numbers of refugees from the same country but who did not come from the same community. In such a setting, commonalities of language, culture, and values, together with physical proximity and a common concern for children’s well-being, could set the stage for a refugee-led process (Easton-Calabria, 2023) that has many of the characteristics of CLCP. As refugees in a particular neighborhood or area collaborate on enabling children’s well-being, they could reaffirm their social identity and cultural values, while also increasing the social cohesion that supports people’s mental health and psychosocial well-being. Most important, their collective planning and action could yield significant benefits to children who live in a challenging environment.

Flexibility and careful attention to the local context will be key in adapting CLCP to divided groups or other neighborhoods where there is little or no spirit of community. If, for example, xenophobia and discrimination were problems in a divided neighborhood, it would be important to make sure that facilitators come from each of the local groups. Careful ethical attention would be needed to avoid privileging one sub-group over others, which could ignite jealousies and fighting. The spirit of CLCP, though, is not to apply a recipe but to learn from local actors whether and how to conduct collective dialogue, planning, and action in a respectful manner and without increasing risks or violating the Do No Harm principle.

At the same time, it is important to recognize the limits of CLCP, which does not apply readily or safely in all settings. For example, if a neighborhood or living area had groups from different societies, clans, or ethnic or religious groups that were actively fighting with each other or had a history of fighting with each other, it could be excessively risky to try to bring together representatives of the different groups. Such meetings could become targets for attacks, or the discussions could become heated and spiral out of control. Ethically and practically, it would be ill advised to use CLCP or a similar process in such a deeply divided, tense, and dangerous environment. Fortunately, the global environment, despite its myriad challenges, offers many opportunities for extending CLCP and CLCP-like processes in settings where no community exists.

Humanitarian Settings

Although CLCP is included in the global *Child Protection Minimum Standards* (2019), much remains to be learned about when and how CLCP can be applied successfully in humanitarian settings. As discussed above, CLCP is not indicated in some acute emergency settings.

However, CLCP may be useful in some acute emergencies. In the emergencies caused by earthquakes, floods, or tsunamis, for example, community people are often the first responders whose work saves many lives. If the immediate aftermath were relatively stable and safe, as had occurred in the 2006 Yogyakarta earthquake, and many displaced communities people remained close by, the use CLCP in the transitional period could be feasible. In humanitarian crises, the feasibility of an approach such as CLCP cannot be assumed but must be determined empirically through careful situation analysis and assessment. The use of CLCP offers the advantage of supporting communities as they, themselves, respond to disasters. It can also contribute to higher levels of ownership for the response, which supports its effectiveness and sustainability. Additional examples of humanitarian contexts in which CLCP may be useful are provided in the box on the following page.

In humanitarian contexts, CLCP could be used in a manner that complements expert-driven approaches to child protection. For example, expert-driven approaches could be used in the areas that pose the greatest immediate threats to children's lives, with CLCP being used in surrounding areas that have been affected but are safer, more stable, and pose significantly lower levels of risk to children. Alternately, CLCP and expert-driven approaches could be overlain in a common geographic area, with different organizations working on each but in a coordinated manner. This approach could allow expert-driven response to highly urgent issues while also

Examples: Humanitarian Settings in Which Use of CLCP Could Be Appropriate

- A massive cyclone in South Asia displaces large numbers of people, who move together to safer but crowded sites where their basic needs are met and there is no conflict with the host population. Children of the displaced people, however, face risks such as family separation, gender-based violence, drug and alcohol use, bullying, and trafficking. The people are open to developing a locally owned approach to addressing these issues.
- Armed conflict in a country in sub-Saharan Africa kills many people and creates a wave of refugees who move to a neighboring, relatively stable country, which accepts them and treats them relatively well. Although the refugees have lost nearly all their possessions, they are happy to be able to practice their religion and their cultural ways in their new setting. Early marriage and early pregnancy are still problems, as they had been in their country of origin, and many children do not go to school even though they have the right to do so. Discussions indicate that the refugees are interested in a culturally relevant approach such as CLCP.
- Armed conflict has destroyed one region of a country over several years yet shows little sign of spreading to other areas, where people continue to live in relative safety and stability, without fear of being attacked. Yet children in this region face risks such as school dropout, exposure to drugs, engagement in criminal activities, and violence against children, including gender-based violence. The people express interest in using CLCP to solve their problems.

enabling communities to take their own action to address harms to children. As the wider situation stabilized over time, the communities could take the lead in addressing many of the child protection issues.

In considering whether CLCP may apply in humanitarian settings it is important to realize that acute emergencies are not the most frequently occurring humanitarian settings. In a nexus era (IASC, 2023), humanitarian settings include ongoing crises such as the war in Ukraine that has left many people in need of support yet has pockets of relative stability where CLCP could likely be used in a safe, effective manner. The nexus era includes mass refugee settings such as those in Jordan and Mexico, which may also provide opportunities for the use of CLCP. The use of CLCP could help to strengthen the voice and agency of refugees, who are too often made invisible and voiceless. Before using CLCP, however, it is important that the communities agree to its use, the circumstances and ethical considerations support it, and resources such as skilled facilitators are available to ensure fidelity to CLCP principles.

Perhaps most important, in an era of climate change, CLCP could be highly valuable in addressing the rising tide of natural disasters via disaster risk reduction (DRR), which aims to prevent risks and manage and reduce existing risks. Although DRR did not originate with a children's focus, it has important applications to child protection and well-being (UNICEF 2012). Taking a community-led approach to DRR, with a focus on children, could help to insure the contextual relevance of the planning and response work, and it could enable communities to

take charge of insuring children's well-being in the face of multiple, recurrent disasters, when existing supports, such as those provided by a government, will likely be overwhelmed or stretched too thin.

In applying CLCP to humanitarian settings, careful thought should be given to adjusting the 'how' to the local circumstances. Due to the urgent needs created by humanitarian crises, it may be necessary to speed up the CLCP process relative to the long, slow processes described in the preceding case studies. The costs of speeding up the process too much, however, could be the unintended marginalization of vulnerable people or a reduction of community ownership. If, for example, the harms to be addressed were selected by community people at a single meeting or two meetings, the discussions and decisions made would likely not include the voices and lived experiences of the most vulnerable children and families, whose extensive work activities often preclude their participation in community meetings held in daytime hours. As a result, the decisions might be made by people who are relatively well off, thereby privileging further the existing community elite. Also, in one or two meetings open to all but dominated by adults, children would likely not speak up or share their lived experiences fully. This would likely blunt or limit the full understanding of children's situation and would also likely impede the collective caring and responsibility-taking that drives the community-led process and enables strong community ownership.

Similarly, if an outside facilitator helped to manage the meeting, they might encourage or even lead the community to choose quickly which issues to address. By taking power away from the community, this kind of facilitation would likely reduce the level of community ownership. Further, a relatively quick majority agreement to address particular child protection issues could leave people who had disagreed feeling dissatisfied and not wanting to fully engage in the process, which would also weaken the level of ownership.

For these and other reasons, it is suggested to extend beyond one or two community meetings the initial processes of learning, issues selection, and planning. With guidance from the community itself, there should also be steps taken or processes enabled that will bring forward children's voices and lived experiences. In some contexts, this might be doable within one week, whereas in others, two or even three weeks might be a more reasonable time frame. If the overall processes of learning, issues selection, and planning take longer than had been expected initially, it is well to remember that the investment of additional time will likely pay dividends in the form of higher levels of community ownership.

Pilot tests and documentation should be conducted to help guide and enable learning from these and other adjustments using CLCP. The pilot tests are a preparation rather than a substitute for more systematic evaluations of the efficacy of the adjustments, their adherence to CLCP principles, and their impact on community ownership.

Ethical Challenges

Child protection work regularly encounters a host of ethical challenges, and CLCP is no exception. Regarding CLCP, for example, practitioners frequently ask, "What about the risk of harmful traditional practices?" Also, "What about the ethics of using comparison groups in

testing the effectiveness of CLCP?’ These and other ethical challenges invite ongoing discussion and reflection.

Harmful Traditional Practices

Child protection workers, especially those from the global North, view practices such as female genital mutilation/cutting (FGM/C), child marriage, or corporal punishment as violations of children’s rights and as causes of serious harm to children. However, communities that respect and practice traditions may see them as helping to protect the safety and well-being of children and the honor of families. This situation has raised concerns that the use of CLCP risks supporting such practices since communities may use them in ill-advised ‘child protection’ efforts.

This concern, however, is likely overstated. In neither Sierra Leone, Kenya, nor India did communities use objectionable practices that violate children’s rights as part of their CLCP efforts to support children. In Sierra Leone, FGM/C is still practiced (UNICEF, 2024), yet community people did not choose to include FGM/C in their CLCP work. Further, the communities in Dhanbad, India intentionally sought to reduce child marriage, one of the so-called harmful traditional practices. These findings raise the question why did communities not include harmful traditional practices in their community-led action.

A likely explanation is that CLCP helps communities to have difficult discussions and to bring forward disagreement about traditional practices that are often present but beneath the surface. In many communities, having difficult discussions may be unlikely because of strong pressures for conformity. For example, there may be a veneer of normality about and a presumed universal acceptance of practices such as FGM/C or early marriage that make it difficult to question them. Social norms are often underpinned by a combination of empirical expectations (what most people usually do) and normative expectations (what people should do; see Bicchieri & Mercier, 2016) that can make people unwilling to say publicly that they disagree with a particular practice such as FGM/C. People’s reluctance to express public dissent may also owe to their unwillingness to disagree with community leaders out of respect or obedience, or a combination thereof. Particularly in tightly knit communities that have a respected leader, the act of somehow showing disagreement with the leader can lead other community members to question one’s commitment to the community, its traditions, and its values. Dissent can also lead to marginalization, exclusion, and even shunning.

Standing at the intersection of modernity and tradition, and thinking anew about what is right, some people have begun to question the presumed normalcy or benefits of harmful traditional practices (e.g., Dagne, 2009), although this questioning tends initially to be done quietly and out of public view. By inviting divergent community views, CLCP brings to light disagreements that puncture the veneer of presumed community agreement. During the discussions in the country case studies about which harms to children should be addressed or how to address them, people did in fact generate options that would have violated children’s rights. For example, when communities discussed harms facing children such as gambling and use of drugs, people sometimes suggested the traditional approach of using beatings (corporal punishment) to reduce such undesired behavior. Others, however, disagreed with the use of

beatings, arguing that they harmed children. This willingness to disagree publicly with traditional practice was likely strengthened by the prominence of children's voices and narratives in CLCP. In fact, many community members said that by listening to children more closely, they had learned that some widespread practices such as beating children for bad behavior were harmful rather than good for children.

These internal disagreements, which often continued over multiple discussions and outside of scheduled meetings, made it impossible for the community to reach a consensus that practices such as FGM/C or corporal punishment should be part of the CLCP work. As a result, the community shifted its attention to other issues or possible community actions on which there were higher levels of agreement. The fact that CLCP is a process of extensive dialogue and agreement augured against harmful traditional practices, which lacked a high level of agreement. In cases such as Dhanbad, India, where communities were already in a process of challenging the traditional practice of early marriage, the use of CLCP gave additional strength to an existing social change process that shifted away from the previous norm of early marriage.

Together, these considerations make it unlikely that communities would make harmful traditional practices part of their CLCP. In a well facilitated process, it is more likely that CLCP will enable positive social change from within by enabling deeper, collective listening to children, open discussion about different harms to children and ways of addressing them, and seeking consensus based on community values and rational discussion rather than blind adherence to tradition. This process does not inherently disrespect cultural tradition or traditional leaders. As seen in the work in the case studies, CLCP invites people to learn about their children's lived experiences, to see with new eyes the problems facing children, and to consider new options in developing local solutions for children.

Safety

As mentioned above, careful attention to safety is needed to avoid causing unintended harm through the use of CLCP. If, for example, a community had active fighting between members of different clans, religions, or ethnic groups, attempts to enable CLCP could cause unintended harm. In such a 'hot' situation, efforts to bring together people from different sides could lead to aggressive behavior that escalates the conflict further. Also, people from one group who participated in the CLCP with members of the other group might be criticized or even attacked for being a 'traitor' by members of their own group. Similarly, in settings of armed conflict, holding group discussions, which are a backbone of CLCP, might be perceived inaccurately as a form of political organizing or child recruitment, thereby leading to reprisals and causing harm. To manage these issues, it is essential to attend carefully to the Do No Harm principle and avoid using CLCP when its use is unsafe.

Comparison Conditions

The use of a comparison condition in the design of the action research on CLCP also raises ethical issues. This design could mean enabling benefits to children in one cluster of communities while denying them to another cluster of communities. This issue was perhaps less severe at the beginning of the case studies, when CLCP effectiveness in the country context had

not been established empirically. After the CLCP had proven to be effective, however, the problem of denying benefits to children in the comparison cluster increased. There was also a risk that people in the comparison condition would feel they had been objectified or used and also frustrated since their tacit expectations of outside support were unfulfilled.

These issues were addressed primarily by extending the CLCP process to the former comparison clusters following the achievement of positive outcomes in the intervention clusters. Although these extensions are not featured in this report, the data indicated that the CLCP process was effective also in the former comparison conditions. It is hoped that this ethical step may encourage others to take similar steps following the use of robust designs that include comparison conditions.

Reporting of Violations

An important ethical dilemma for NGOs is how to balance a community-led approach with their child safeguarding and child protection policies. For example, should a facilitator who observes a father in the community beating his child for misbehavior in keeping with local social norms report this violation to their agency? The mandatory reporting obligation stipulated by an NGO child safeguarding policy recognizes that the NGO has an ethical obligation to respond and that it would be unethical to do nothing while violations against children are occurring.

Although this approach has its merits, it poses significant problems in a community-led approach. If a facilitator reported a violation and their agency or government authorities responded, local people would see the facilitator as judging or monitoring them. This would likely undermine trust and shatter community perceptions that the facilitator had a nonjudgmental, facilitative orientation. In this respect, most NGOs' child safeguarding policies are on a collision course with a community-led approach.

Adherents of mandatory reporting might argue that such a collision is appropriate and that mandatory reporting takes precedence over the continuation of community-led approaches. However, this analysis faces significant challenges. The imposition of outside rules such as the mandatory reporting requirement could cause harm by outside agencies asserting their power over local people, who may feel disrespected and marginalized. If the CLCP discernibly benefited children, is it ethically advisable to deny significant numbers of children those benefits by acting on a rule that would likely undermine the CLCP? Perhaps there may be ways of addressing the issue that better fit the context and reflect efforts to shift power to local people. The box on the following page illustrates a more contextual approach that was developed by the Indian organizations in working with local people in Jharkhand, India.

The ethical complexities associated with mandatory reporting also come into view in considering the harm that such reporting could cause to a victim of abuse and asking whose views matter most. Imagine a situation in which a teenage girl had suffered a serious violation such as acid throwing and the facilitator learned about this violation. Should the reporting be required if the victim said she wanted no report made since if the perpetrator or his associates found out about the report, they would kill her, and her children would likely suffer or die as a result? This situation sometimes arises in settings where no police or other authorities are present

**Example: Inter-Agency Action Research on
Community-led Child Protection in Jharkhand, India**

A group of four Indian agencies (CINI, Chetna Vikas, Plan/India, and Praxis) and one international agency (the Columbia Group for Children in Adversity) developed the approach below in addressing the ethical dilemma raised above.

- In general, agencies and facilitators should stick to the role of 'facilitators' in view of the demands of this role. Facilitators should stay away from a case-management approach, and engage with child protection issues with a generic, preventive focus during our interactions with various community level stakeholders.
- In case a child reports to a facilitator a violation against a child, the facilitator will make available to them a list of contact details of relevant authorities, so that they can pursue the matter if they wish to, with the help of trusted people in their close circles. CINI and Chetna Vikas will make available to facilitators such a list for their respective districts.
- Should a case of serious or urgent nature be intimated to our facilitators, e.g. related to sexual offenses or suicidal tendencies, they will pro-actively reach out to a trustworthy person within the close circles of the child (identified on the basis of the child's own judgment) and confidentially advise/persuade this person to take necessary actions, without compromising the dignity or interests of the child.
- Agency partners will continue to focus on working towards emergence of an effective community-based child protection mechanism in the selected villages, which can respond to such situations appropriately in the future.
- In case any facilitator faces any other unexpected situation or has any dilemmas, they could get in touch with seniors within their respective organizations for guidance as per the Child Protection policy of the organization.

or able to prevent such horrific transgressions. Although an NGO might hold that the greater good required mandatory reporting even in this situation, the girl's opposing view and concerns for her children raise the question 'Whose views of ethics matter most?' If the views of outside child protection experts are privileged, the result would be the imposition of global conceptions of ethics, which come mostly from the global North. This privileging might be seen locally as another colonial-like abuse of power.

Although no simple answers are available for how to handle this ethical complexity, it presents a valuable opportunity for more inclusive ethical discourse in an era of localization and shifting power to local people. Since this ethical issue is highly contextual, it seems best to take a contextual approach of dialogue and co-learning in addressing it, as in the India example in the box above. A valuable first step would be to discuss the issue in a quiet, respectful manner with local people whom the girl trusts and who have had prior experience with similar issues. These people would likely include parents, religious leaders, women's groups, elders, and teachers. The problem-solving discussions with these supportive people and the girl herself would take into account many different considerations such as the girl's safety and well-being, children's need of safety and good care, modalities for insuring the safety of the girl and her children in the local context, how to address stigma, and the availability of police and other authorities who could protect and support the girl and her children, among many others. Outside organizations might also lend a hand by helping to gather and provide information to local people who want more information on external supports such as mental health supports and confidential channels for

reporting such abuses to authorities. In this situation, too, the best role for outside organizations may be facilitative rather than prescriptive.

Operational Challenges

Various operational challenges have arisen in CLCP that warrant attention and recommend taking a proactive stance. This section identifies some of the most impactful operational challenges and steps or processes for managing and addressing them.

Ongoing Community Power Dynamics

A welter of challenges related to community power differentials and shifts therein can undermine CLCP and should caution against romanticized views of communities. In highly patriarchal societies, the inclusive process of CLCP may erode over time, with men exercising greater influence on the CLCP process than women. Or, as economic conditions worsen, people from relatively poor families may become less able to participate, thereby diminishing their voice and influence.

Challenges such as these can often be mitigated through a process of ongoing monitoring and adjustment. During the early phases of CLCP, for example, a facilitator may ask questions to community people about whether everyone participates in the CLCP in some way or whether it is mainly particular sub-groups or individuals that lead and participate in the process. Since the community organizers of the planning and action typically have whole community engagement as a goal, their reflection on this question can lead them to reach out to people who are participating less or not at all, learn about their situation, and enable their participation. Later in the CLCP process, when the facilitator's work consists mostly of monitoring and co-learning, the facilitator may continue to promote inclusivity by asking similar questions. To avoid dependency on the facilitator, however, the facilitator should seek to progressively enable community members to take on this key role of monitoring, reflection, and adjustment.

The CLCP process itself can change community power dynamics in diverse ways. Early in the CLCP work in Sierra Leone, people who were highly involved in the CLCP were sometimes seen as trying to garner too much influence and were suspected as working hard because they were being paid, when in fact they worked on a volunteer basis. In India, similar challenges arose in connection with the use of the term 'natural leaders,' which was introduced mostly by the participating NGOs. Some of the people who had been called natural leaders said that they disliked the term, which could invite social comparisons and seemed to imply that they had greater importance in the community process or maybe were being paid.

To address challenges such as these, it proved to be valuable to monitor potentially problematic power dynamics and to encourage ongoing dialogue and mutual education of community members. In both countries, the challenges decreased as people in the community discussed openly why particular people were spending so much time working on the CLCP. As the workers' caring and internal motivation became apparent, and as people confirmed that no payments or stipends were being provided, the jealousies subsided, and the communities reestablished a sense of power equity.

The role of formal community leaders also raised challenges related to community power dynamics. In Sierra Leone, a significant question was whether and how the highest chiefs—the Paramount Chiefs—could be respected and involved. As the Paramount Chiefs pointed out, if they participated directly, the community discussions would be severely limited since, as one Chief put it, ‘No one would disagree publicly with the Paramount Chief.’ Seeing the value of open discussions among the people, the Paramount Chiefs managed this challenge by removing themselves from the discussions and asking a lower Chief to represent them but only as a listener who would report regularly to the Paramount Chief on the community discussions, planning, and action on behalf of children.

This issue of the involvement of the formal Chief, however, may be more complex in other settings. For example, in a highly traditional community such as that of Indigenous people, community members might demand to follow the tradition of having the full participation of the Chief, whose views are highly respected and which people want to follow. In such a setting, with core cultural values and identity at play, it might be appropriate for the Chief to be a central part of the discussion and decision-making processes, even if the expression of divergent views were stifled. This kind of situation serves as a poignant reminder that no one approach applies to all settings and that it is essential that community people and their leaders consider different approaches and then decide how to structure the CLCP process. This flexible orientation, which invites much learning from diverse communities, cultures, and settings, is much needed in this early stage in the development of CLCP.

Turnover and Pressures on Highly Engaged Community Members

A recurrent challenge in CLCP is that the community members who play highly active roles in the CLCP process tend to become overextended, thereby adding to their personal and familial burdens, which are often greater in families that are relatively poor and vulnerable.

For example, a young mother who chooses to become actively involved in CLCP may struggle to find the right balance between the time she invests in the CLCP and the time she spends working to help support her family. Over time, as the CLCP matures and provides discernible benefits to children, the community demand for CLCP will likely increase, placing additional demands for work by its trusted community enablers. The potential ill effect on relationships is apparent in parents who have less time for their families. Significant stresses may arise within the family when a parent works too much for others and is less available to help with family responsibilities such as caring for an infirm elder. Even when a CLCP worker has achieved what they see as an appropriate balance between work and family responsibilities, the balance may be upended by unexpected events such as sharply increased economic pressures or a spouse’s sudden illness and inability to work.

Over time, these challenges can lead to mental health and psychosocial concerns such as high stress, anxiety, and burnout. They may also contribute to problems of attrition and decisions to step back a bit. Either alone or in combination, these issues can weaken the CLCP work and its benefits for children. If people see that the most dedicated CLCP workers suffer due to their workload, they may be less inclined to become highly involved. Also, frequent turnover in the people who are highly engaged in the CLCP and give it their informal leadership can reduce the

consistency and teamwork that CLCP requires. For example, the loss of someone who was very skilled at organizing street dramas may lead to gaps in those activities, causing unexpected departures from the community-led action plans and corresponding reductions in benefits to children.

In the case studies, the community members who were highly engaged in the CLCP took steps themselves to manage these issues. In India, natural leaders talked among themselves about how to manage their time and the stresses placed on them and their families. These discussions enabled them to develop ways of filling in for and supporting each other when someone got stretched too thin. In Sierra Leone, communities decided to have a focal point or coordinator in each community who monitored such issues and helped to find someone to fill in when a community-designated action organizer became temporarily unavailable. If these kinds of supports do not emerge organically, the facilitator could gently ask questions that invite discussion and reflection about issues of workload, stress, and how to balance the CLCP work with other responsibilities. Or, if the facilitator observed that a small community depended on a handful of talented people in its CLCP, the facilitator might ask questions that invite reflection on the possible benefits of spreading the work out across a larger number of people.

Since the stresses on community activists often have economic origins, it can be valuable to enable small economic support that enables livelihoods or food security. For example, in the scale up work in Sierra Leone, communities chose to use small funds for community gardening, which helped to support all families and relieved some of the economic pressures felt by people who devoted significant time to the CLCP. As discussed previously, this approach of integrating economic supports into CLCP can also help to achieve a more holistic approach to child protection and well-being.

Facilitation

In all three case studies, it was a challenge to enable and maintain the distinctive kind of nondirective facilitation that enables community power and decision making. This challenge likely owed in part to the widespread use of more directive facilitation in which the facilitator guides or even leads the community discussions and plays roles such as energizer and sensitizer in which they are the center of activity and attention. Many of the facilitators in the case studies had previously used and even been steeped in the directive approach that is commonly used in expert driven programs. Over time, they tended to backslide into older habits of guiding, counseling, and directing community people. In addition, facilitators who had been trained on how to support CLCP sometimes failed to transfer to community members particular tasks such as calling meetings or taking steps to bring more people into the discussions. The resulting operational dependency on the facilitator reduced community power, ownership, and self-reliance.

This challenge was successfully addressed in all three case studies by regular backstopping and mentoring that enabled the facilitators to increase their skills in enabling CLCP and to stop retreating to directive facilitation. This approach also helped to reduce dependency on the facilitators or the agencies for whom they worked. In Jharkhand, India, community people often sought government services for financial support that would help them to keep their

children in school. Since community people frequently did not know where to go or how to apply or qualify for various Government services, they looked to the facilitators and NGOs such as CINI and Chetna Vikas, which were well connected and highly respected, to help them connect with Government services. Following collective discussion of this challenge, the Indian NGOs decided to help identify community members who were better informed about Government services and served as go-to people for information in their own communities. By helping local people to refocus on what they themselves could do, this approach supported community power and ownership.

Men's Participation

The challenge of engaging men fully in CLCP was prominent particularly in India, where concerns about child marriage in Dhanbad animated girls and women far more than men. This challenge arose in other settings as well, although to a lesser degree.

The challenge of men's full participation, which is characteristic in much work on child protection globally, likely owes to patriarchal norms that prescribe that it is women's role to care for children and that open caring for children by men violates their masculine roles. Enabling men's full participation is important not only for achieving whole community ownership of the community-led action but also to help men become active supporters of children's well-being and contribute to changing norms of toxic masculinity (Brennan-Wilson et al., 2024; Joy for Children, 2023). Since men are often perpetrators of the gender-based violations against children that have often been the center of attention in CLCP, it is a high priority to create channels and systems of influence through which men develop stronger caring and responsibility taking for the well-being of children and become positive role models.

Communities themselves have addressed this challenge in promising ways. In all three case studies, communities decided to make parenting processes part of the community-led efforts to address the communities' self-selected harms to children. The engagement of men as parents helped to awaken their sense of responsibility for addressing the harms facing their children. Men whose children were affected by the community selected harm to children often spoke up, saying that seeing their daughter struggle made them want to help take action against the selected harm. In speaking up, the men likely served as positive role models for other fathers to speak up and get involved as well. Building on this insight, attentive facilitators could help to strengthen men's involvement by asking men supportive, open-ended questions about their role as parents such as 'Could parents have a role in addressing this harm to children?' and 'Could fathers have a role in addressing this harm to children?'

Attentive facilitators may also take steps to enable men's participation in the early phases of community planning and action, setting clear expectations for men's continued involvement and signaling that men, too, have a responsibility to address harms to children. In Kenya, for example, parenting sessions were effective because men were involved from the start in selecting the discussion topics and meeting times. This proactive approach could also help to prevent situations like that which occurred in Dhanbad, India, where early community planning discussions to address child marriage focused on the involvement of women's organizations. As women's organizations exercised their responsibility to protect children, the men remained

inactive, possibly because they saw the planning and action as a women's initiative. In such a situation, the facilitator might note that the community had previously said that it wanted everyone to participate in the planning and action. By asking what could be done to include everyone, the facilitator might help community members to reflect on how men are not fully involved and to develop steps for enabling men's fuller participation. As this discussion indicates, inclusivity is not only about equity but may also be necessary for enabling change in masculine norms and men's roles and behavior in ways that promote children's well-being.

Measurement

Strong measurement tools and approaches are needed to help guide improvements in child protection practice. Recognizing that the technical challenges of accurate measurement have been capably analyzed elsewhere (Creswell & Plano Clark, 2017), it is useful here to consider the challenges of quantitative bias and contextual relevance that frequently arise in child protection work and can limit community ownership and CLCP.

Quantitative bias. Quantitative bias is visible in the widespread donor preference for numbers showing the effectiveness of one's child protection interventions. This preference is understandable since quantitative data are highly useful and can answer questions such as 'How much change occurred?' and 'Was there a statistically significant difference between the amount of change that occurred in the intervention condition versus the comparison condition?'

However, the preference for quantitative data may become a quantitative bias that is based more on the desire to influence one's audience than on the accuracy of the data. Because quantitative data carry the imprimatur of hard science, they may impress policy leaders even if the methodology behind the numbers is not robust or even questionable. Also, quantitative bias leaves little space for the collection of and attention to qualitative data such as local peoples' narratives about their lived experiences and what, if anything, has changed. The use of only quantitative methods can leave community people feeling that their voice, culture, and preferences are not being attended to and that outside experts are in charge.

Qualitative methods have special importance in CLCP since, unlike survey methods, they can enable local people's power, voice, agency, and participation, all of which are important for the development of ownership. Qualitative methods are useful in identifying and learning about local categories of problems facing children such as 'early sex' that embody local understandings but do not fit neatly with expert-driven categories. They may also help to identify local categories that outside experts have little or no awareness of. Most surveys are poorly suited for learning about these since they usually include preconceived questions that are based primarily on global scales and Northern derived categories.

For these and other reasons, most measurement specialists agree that the greatest accuracy, power, and richness comes from the use of mixed methods approaches that include both qualitative and quantitative data (Creswell et al., 2017). As discussed below, it is important to balance and even integrate quantitative and qualitative approaches.

Contextual relevance. Contextual relevance is also a challenge when the questions, categories, terms, data, and approaches used in measurement efforts do not take into account or respect local culture. Quite often, measures derived from global Northern contexts are taken ‘off the shelf’ and used in a local setting with only light adaptation to the local context. This raises problems of external validity since the constructs and measures that are used may not apply in the local context, which could diverge significantly from that in which the measures were developed. Even where external validity has been established thorough testing, the questions and overall approach may strike local people as ‘alien’ and expert-driven. For example, in Latin American contexts, where local peoples have idioms of distress that may not fit global expert categories established by WHO and other Western dominated bodies, the lack of inclusion of their own idioms and priorities both signals that experts are in charge and that local views are seen as having secondary importance.

Even if the quantitative measurement approach were strong in satisfying essential requirements for reliability and validity, it may be weak in that it marginalizes local categories and priorities and undermines ownership. The achievement of high levels of community ownership requires concerted attention to community power and agency not only in community planning and action processes but also in measurement and evaluation processes. Indeed, it is valuable to avoid thinking of measurement and evaluation as entirely separate from community-led planning or action. Both are part of an interaction and relationship between outsiders and community members, and if outsiders were placed above the community, this will result in unfortunate consequences in reduced community power and ownership.

These challenges can be met by interweaving qualitative and quantitative approaches in ways that respect local culture and priorities. A useful approach is to avoid predefined questions and expert language and start with qualitative learning such as the rapid ethnography used in the case studies or a free-listing procedure (Bolton & Tang, 2002) that elicits local views. This approach underscores the importance of local views and begins the process of shifting power to local people. The qualitative findings can identify local people’s categories, priorities, and locally used language pertaining to child protection and well-being. Subsequently, this qualitative learning may be used to develop questions for a survey instrument. For example, if formerly recruited girls had said that their main concern was for the well-being of their children, this information could lead the survey developers to include questions about mothering and also the well-being of their children (see McKay et al., 2011). Subsequently, these questions could be used to draft a survey instrument, which is then tested for its psychometric properties, revised, and tested again to assess how well it measures what it was intended to measure (i.e., external validity). This process can yield a contextually relevant survey instrument while also giving local people a voice and helping to shift power to local people.

Systemic Challenges

Significant challenges arise also from aspects of humanitarian and development systems themselves. These include challenges related to funding, evidence strengthening and knowledge generation and flow, dependency, and fragmentation, among others.

Funding

Funding poses one of the biggest challenges to CLCP, which requires flexible, long-term financial support. Unfortunately, most traditional humanitarian and development donors continue to emphasize short-term grants that demand quick results and require the use of logframes and preplanned, mostly Western interventions. Extensive discussions by the first author with national child protection workers in East and Southern Africa, West Africa, and India indicate that the shortage of funding for CLCP is a major factor that limits its wider use.

The challenges of funding have increased significantly in 2025 (Alliance for Child Protection in Humanitarian Action, 2025a; Global Humanitarian Overview, 2025) due in part to the U. S. Trump administration's 2025 assault against USAID. The termination of thousands of U. S. based aid employees and the termination of 10,000 foreign aid grants and contracts (Miolene, 2025), has had profound, negative effects on highly vulnerable people worldwide (Konyndyk, 2025; Krystov, 2025).

To address this severe shortfall, other donors, both public and private, will need to increase their levels of funding, including funding for child protection at community level. To help shift power to communities, funding should support community owned child protection as embodied in CLCP. Particularly needed are flexible, operational modalities for providing direct funding to communities, without requiring them to meet extensive, bureaucratic regulations for becoming officially registered entities. If this cannot be achieved, an alternative could be to provide funding for national NGOs that enable CLCP and in turn provide funding as needed to the communities, as occurred in the case studies in this report. To be most useful, the funding should be flexible, longer-term, and oriented toward supporting holistic, locally owned, whole community efforts to support children (see the recommendations in Chapter 7, pages 180-183). In the U. S., advocacy and sweeping reforms are needed to enable the U. S. to provide greater funding that is in proportion to its wealth to support people's well-being in humanitarian and development settings.

Knowledge Generation and Flow

A highly significant epistemic (knowledge related) challenge is that, relative to the global South, the global North is privileged in the generation of knowledge and its global dissemination, influence, and use. This is concerning since knowledge itself is a form of power, and the marginalization of knowledge from the global South is a form of epistemic violence (Mohanty, 1988; Quijano, 2000). It is as if the knowledge of people in the global South is of lesser importance or perhaps too unscientific to matter much. To shift power to local actors, it is of vital importance to change this asymmetry of knowledge generation and flow.

This challenge is present in the global child protection sector, which for the most part emphasizes Northern knowledge about children, effective child protection interventions, and strengthening child protection systems. For example, the global child protection sector has a long-standing need for a stronger evidence base (Alliance for Child Protection in Humanitarian Action, 2019), including on child protection at community level (Wessells, 2009, 2015). Significant strides in this regard have been made in the past decade as is evident in the INSPIRE

strategies (Butchart & Hillis, 2016) for addressing violence against children and recent evaluations of Child Friendly Spaces (Ager & Metzler, 2022).

Although the INSPIRE strategies include some interventions that had been developed in the global South, most evidence strengthening work in the global child protection arena is still focused primarily on interventions from the global North. This occurs in part because effectiveness studies are conducted primarily by researchers from the global North, who may naturally favor interventions that fit their own cultural orientation and might seem to be scientifically promising. Northern donors in the child protection arena might also favor such interventions and fund the research needed to test their effectiveness. Together with the global Northern emphasis on scientific ways of knowing, these processes may favor the elevation of Northern interventions to the status of evidence-based practice. As a result, organizations and practitioners that want to use evidence-based interventions in settings in the global South will likely try to use interventions from the global North. Too often, this situation results in the use of interventions that have low levels of contextual relevance and, being expert-driven, do little to shift power to local communities and to enable local ownership.

To address this challenge, stronger emphasis needs to be placed on learning from the global South, including its learning on community-led actions and their effects on children. As explained in Chapter 7 (see pages 177-178), this work could include documenting the community actions, empirically testing their effectiveness, and sharing the findings widely throughout the global child protection sector. Emphasis should also be placed on disseminating the findings widely, enabling a South-to-North flow of knowledge. This dissemination work could include sharing the findings in a non-technical manner with community people and other local actors who may want to use a similar approach in enabling children's protection and well-being.

Dependency

A significant challenge to the use of CLCP is the way in which the humanitarian and development systems have made and continue to make local people dependent upon them. This dependency is deeply rooted in the coloniality of power and the institutional arrangements that entrench it and privilege Northern actors (Singh, 2024).

This structural source of dependency is evident at a more micro level in how humanitarian and development actors tend to use expert driven programs to address a wide array of problems in areas such as food insecurity, infectious disease outbreaks, and child protection. These programs may not invariably cause dependency in the wider sense of rendering them helpless and without any sense of agency (Harvey et al., 2005). Still, in the global child protection arena, communities often look to outside NGOs to lead and provide technical assistance on child protection. Although the expert-driven programs are valuable, local people tend to become dependent upon them for the child protection work, saying that the work could continue only through the efforts of the NGO. Unfortunately, the work tends to collapse after the short-term funding has been depleted, whereas the problem that the programming had intended to address usually remains. This combination of dependency and unsustainability is characteristic of program approaches that engender low levels of community ownership and rely on significant

resource inputs from outside. The dependency on outside experts and NGOs that this situation creates violates the Do No Harm principle.

Although this dependency is caused by humanitarian and development systems, it is manifest in local communities' lack of self-reliance. In countries such as Sierra Leone and Kenya, dependency characterizes the way in which community and government actors look to international NGOs for funding, help, and leadership in doing child protection work. Dependency is visible in communities' readiness to seek and welcome outside NGOs to work in their communities, even before they have made a solid effort to address their problems themselves. Dependency is also apparent in the money seeking behavior that the system has enabled. For example, if an international NGO wants to call a community meeting in Kenya, local people often expect to be paid handsomely for their participation since that has been the standard practice among many NGOs.

This money seeking, which is a product of perverse incentives built into outsider systems and modes of operation, can work its way into and undermine efforts such as CLCP. When community people see outsiders initially, their expectation is usually that the outsiders will bring money and even pay for meetings. The emphasis on money is problematic for all civil society efforts to support children since such efforts, whether in the family, community, city or other unit, are based mostly on internal motivation and caring rather than money. Arguably, one does not make parents good parents by paying them for positive parenting since much of the best parenting stems from love and intrinsic motivation to support the well-being of one's children. If people were paid to participate in CLCP, this might monetize the action for children, which would likely be less effective than action based on internally based caring and ownership for children's well-being. Money-driven community action on behalf of children tends to end when the external funding has dried up.

In the preceding case studies, the CLCP work addressed any community expectations of payment by keeping the emphasis on children's well-being and what the communities themselves can do to support children. In Kenya, the outside team showed respect for communities' collective agency and problem-solving. Explaining that they brought neither money nor expert solutions to the table, the outside team emphasized that the community held the power and made the key decisions, with the outsiders' role being facilitative and oriented toward co-learning. To be sure, this explanation did not satisfy all the community members, some of whom continued to harbor expectations of money and being directed by outsiders. Over time, however, these skeptics came around as they observed more and more CLCP activity and successful action by community people who were motivated by their caring and sense of responsibility for children's well-being. Similar dynamics were observed also in Sierra Leone and India. The net result was that communities became self-reliant in their child protection work and were proud of both their abilities and their accomplishments.

Fragmentation

Fragmentation is deeply ingrained in international humanitarian and development systems (Slim, 2015). It can arise from many different organizations doing roughly the same kind of work in an area but using different approaches with little communication, or from

excessively sharp boundaries between sectors. However it arises, it can contribute significantly to problems such as coordination, lack of a holistic approach, and corruption, although it may have some positive benefits under some conditions (Gehring et al., 2017). This discussion focuses primarily on the lack of a holistic approach.

Sectors such as health, water/sanitation, shelter, and protection, including child protection, each have their own priorities, ways of working, coordination approaches, required competencies for workers in the sector, and technical vocabularies and approaches. International donors often give funding in sector-based streams, and international NGOs frequently organize their work around sectoral priorities and approaches. Although international standards such as the Child Protection Minimum Standards (2019) have called consistently for the use of intersectoral approaches that would reduce fragmentation, many organizations find it operationally simpler to work within and to raise funding one sector at a time. As a result, fragmented approaches continue to be extensive in humanitarian action and development work.

The problems that fragmentation poses for child protection are readily apparent in the interconnectedness of child protection and sectors such as education, economics, and health. Education is not only a child right but, as the case studies illustrated, is essential also for children's protection. Conversely, child protection is highly important in education since children may be unable to learn and may drop out of school if they are being bullied by peers or recruited in or near schools by armed forces or armed groups. Since the tasks of protecting and educating children are inherently interrelated, fragmented approaches that address only one or the other are likely to have limited effectiveness. In the same way, child protection is richly interconnected with economic well-being since abject poverty and dire economic needs frequently place children at increased risk, whereas economic supports may increase children's protective and promotive factors such as staying in school.

The interconnectedness of child protection and health can be appreciated by considering mental health and psychosocial support. Children's exposure to traumatic events such as attack and family separation can elevate stresses and increase the likelihood of developing disorders such as anxiety or depression, which can influence their protection as well by making them stigmatized and isolated. Conversely, a child who has a strong sense of agency, which is foundational for mental health (Hobfoll et al., 2007), is in a better position to assess risks and engage in problem-solving and relationship building that will help to mitigate the risks.

Overall, these interconnections between different sectors require intersectoral approaches and illustrate how structural reforms in the humanitarian and development systems will need to address ongoing problems of fragmentation. At the local level, the use of CLCP is a valuable way of helping to reduce fragmentation. In addressing child protection issues, communities themselves tend to take a holistic approach that interconnects child protection with sectors such as education and economics. Since CLCP enables children's agency, it also contributes to children's mental health and psychosocial well-being. Ongoing learning from grassroots efforts in diverse sectors, and the inclusion of grassroots actors in planning humanitarian and development work would likely enable more holistic approaches that interconnect different sectors and are likely to spark high levels of ownership and effectiveness.

Coordination

Coordination is often a weak link in humanitarian and development work (Slim, 2015). A challenge in many humanitarian and development settings is that coordination mechanisms often are not driven sufficiently by local actors. Often the national actors who participate are those who work for large, international NGOs. In an era of localization and shifting power, a high priority is to monitor and strengthen the work being done on child protection by national actors, including community actors, as well as international actors (Child Protection Area of Responsibility, 2025).

A valuable step in this direction would be to increase the participation of national and local actors in coordination meetings. Particularly valuable could be outreach to diverse communities, including those that are working on their own to support children's protection and well-being, or to national NGOs that support CLCP in the local context. Ideally, community representatives would come not only from the relatively readily accessible areas near or in the capital city but also from more remote areas where the child protection needs are often greatest. This more inclusive process of coordination could help to enable power shifting and local ownership, and it could also help to develop inter-community learning, collaboration, and action on behalf of children. Improved coordination could also entail strategic planning on how and where to strike the contextually appropriate balance between expert-driven and community-led child protection.

Conclusion

The challenges that CLCP faces are not causes for pessimism or a retreat to older approaches. In fact, they create opportunities for the development of new approaches that strengthen children's protection and well-being. Child protection can be strengthened in both humanitarian and development settings by managing these challenges with collaboration, forethought, and careful attention to community ownership.

However, it is unlikely that technical changes alone will enable the shift of power that is needed. We must also look at ourselves and the power asymmetries in our orientations, ways of working, and institutions. Much needed are changes in our collective orientation toward, relations with, and ways of working with communities. The final chapter offers a mix of more technical recommendations for strengthening practice and suggestions regarding the personal, organizational, national and systemic transformations that are needed to enable strong local ownership, including community ownership.

7. Strengthening Practice— Recommendations and Call for Transformation

Over the past two decades or more, the global child protection sector has developed and used expert-driven approaches that are increasingly evidence-based and have had positive effects on child protection and well-being in humanitarian and development settings. However, this dominant approach has not engendered the high levels of local ownership that are needed for the most effective, sustainable child protection. The reliance on expert-driven approaches has also made it difficult for the sector to adjust to the demands of donors and others for more localized approaches that shift power to local people. The time has come to do more to strengthen affected people's ownership of child protection and to shift power to local actors, including the communities that affect large numbers of children.

The findings and analyses from the preceding chapters indicate that CLCP is a useful means of enabling high levels of community ownership and shifting power to communities. The evidence from three countries indicates that by strengthening community agency and community responsibility for children's protection and well-being, CLCP achieves high levels of community ownership. The ownership is not by adults alone but also by children, whose voices and lived experiences help to guide community actions that support child protection and well-being. The outcome data from three different countries shows that CLCP is effective in addressing significant, community-selected child protection issues such as teenage pregnancy, sexual exploitation and violence, child marriage, and school dropout. The case studies indicate that the CLCP is contextually and culturally relevant and supported by the decision-making and energy of people who are positioned in different ways. Promising findings from the case studies also suggest that CLCP is scalable.

Based on these findings and analyses, this chapter presents recommendations for practitioners, donors, and policy leaders, respectively. It calls for changes of approach that fit with the localization agenda, shift power to communities, and enable greater ownership and sustainability. However, it argues that a change in technical approach alone is insufficient to enable effective localization, power shifting, and ownership of child protection. Also needed is a transformation in the individual and collective orientations of the people, organizations, and systems that support child protection in difficult circumstances.

Recommendations for Practitioners

1. Prioritize the use of CLCP as a means of shifting power to local people and enabling high levels of ownership.

Expert-driven child protection is useful and necessary, particularly in acute emergency settings. Yet expert-driven approaches are not a one stop shop for child protection as they do too little to achieve and to unlock the power of high levels of community ownership, which develops when the community is in the driver's seat. Also, expert-driven approaches can blunt agency and achieve low levels of sustainability, which are significant losses in relatively stable environments that are ripe for locally owned approaches.

CLCP effectively shifts power to local people and enables high levels of community ownership. By enabling inclusive dialogue and decision-making, it puts the community in the driver's seat and encourages people to take responsibility for supporting its children. In CLCP, the community brings many different people into the process of addressing harms to children. This whole community approach avoids the problems associated with having a handful of people (usually men) direct the decision-making. CLCP is based on a holistic conceptualization of power that emphasizes not only control over funding and external resources but also autonomy, which enables agency and decision making. At the heart of the ownership process is collective caring and responsibility-taking for children, which ignites community agency, action, and accountability for children's protection and well-being. Inherent in strong community ownership is the spirit of self-reliance, which promotes sustainability by focusing on what the community itself can do on behalf of children. Together, community ownership and self-reliance make CLCP a valuable tool for the prevention of child protection issues.

These considerations warrant the prioritization and wider use of CLCP. The wider use of CLCP, with attention to its quality and fidelity to CLCP principles, could be key for the child protection sector in unleashing the full power of ownership, reducing dependency, enabling sustainability, and strengthening prevention. CLCP can also be highly valuable in an era of climate change, when communities will need to address an increasing array of child protection issues.

However, it is important not to go overboard in prioritizing CLCP, which ought to be balanced with the use of other approaches. CLCP is not a one stop shop for child protection, as its use is ill advised and unethical in settings of active fighting, intense fear, and mutual hostility. Expert-driven approaches are better suited in highly dangerous, unstable settings. They also have a role in stable settings, where they can help governments strengthen and enforce laws that protect children's rights and well-being and provide necessary services for child survivors of rights violations. In important respects, these two approaches are complementary and make it possible for well-coordinated child protection work in a particular geographic area to use a mix of both. How to balance the two approaches or decide which one is more widely used in a particular context should be based not on dogma or what has been done in the past but on a careful analysis of the context and attention to both the near term and longer-term outcomes for children and communities.

2. Use an initial learning process that brings forward children's voices and lived experiences, lays the foundation for community ownership, and enables understanding of community power dynamics.

The initial learning phase is both an opportunity for learning about children and the community and a pathway toward the development of community ownership of child protection and well-being. It is valuable to use mixed methods that include open-ended, qualitative methods that invite narratives about children's lives, what it means to be well, what risks or harms children face, and what helps children to be safe and develop in a healthy manner. The methodology may include small group discussions and interviews with adults, and small group discussions and participatory games with children.

This approach is highly useful for purposes of both learning and mobilization. It affords children a voice and awakens the sense of agency that may subsequently enable their full participation and leadership in the CLCP. It also enables children to share their lived experiences, about which adults often have an incomplete understanding. Adults' learning about children's experiences and the challenges they face ignites collective care and responsibility taking. As they ask themselves questions such as, "How can we help?" and "What are we going to do about these challenges?" they take ownership of the issues and begin to mobilize themselves around children's well-being. The internal caring and responsibility that this stage generates lays the foundation for community owned action to support children that will likely follow. Indeed, their internal motivation to support children animates collective planning and action that can help to address the risks to children's protection and well-being. Since their planning and action are guided by the community as a whole, the community owns them and takes responsibility for their success.

This respectful learning approach recognizes that community ownership is built around the understandings and ideas of local people. In contrast to learning processes that feature the terminology and analyses of child protection specialists and put experts into the driver's seat, the open-ended questions and nonspecialist terms enable people to use their own categories and language to explain their own culturally constructed views of children, harms to children, and supports for children's well-being. By recognizing the importance of community views and voices, this humbler approach shows respect for community voices and knowledge, thereby helping to put the community in the driver's seat. This approach clearly signals that community knowledge matters and that the outsiders are not there to judge or to teach but rather to listen and learn from the community.

By using methods such as participant observation and transect walks, the initial learning enables valuable learning about community power dynamics. For example, it may become apparent that children usually do not speak to adults unless they are asked to, that men typically dominate public discussions and decision-making, or that the people from the poorest families usually do not participate in community meetings and discussions. This information about the unequal distribution of power can, with the aid of reflective questions from the facilitator, help communities to think through how they could invite everyone to have a voice and participate, which is something that most communities say they want. This approach stimulates ownership since it can bring many different people into the process, thereby avoiding the situation of a small group of relatively influential people dominating the planning and work while many people remain indifferent to it. Bringing in the views of marginalized people and people who are positioned in different ways often expands and enriches the discussions, leading to improved community problem-solving.

3. Create greater space for community agency, action, and accountability on issues of child protection and well-being.

In CLCP, community ownership deepens its roots and spreads as communities themselves make decisions about how to help support children, take self-guided action to address issues they have selected, and then take stock of their achievements and take steps that are needed to strengthen the community-led action. However, the community needs the time,

flexibility, and opportunity to develop and implement these planning, action, and accountability processes. To do these things, they need ‘space,’ which dominant approaches usually do not afford. Ideally, the community works according to its own community time, moving when there is collective readiness from within.

Having appropriate time and flexibility for community dialogue and decision-making is of key importance. The best ideas are not always apparent at first, as time is needed for the community to weigh diverse options and decide which options are most important, feasible, and likely to be effective. If communities feel pressed to decide which issues to address in one or two meetings, for example, they may make hasty decisions that reflect mostly the influence of powerful people, who may be relatively out of touch with the lives of highly vulnerable families and children. When communities make decisions quickly, it is typically adults who make the decisions, and children’s voice, agency, and influence are very limited. This results in losses not only for the children but for the community, which may fail or be limited in learning from children’s perspectives or drawing on children’s remarkable energy and creativity. Similarly, community decision making may be sped up by having community leaders speak on behalf of the community. However, what looks like community agreement regarding leaders’ views may reflect deference and obedience to authority. High levels of community ownership occur when ordinary people feel personally invested in the decisions and have the spirit that ‘we the people’ are responsible for children’s well-being.

After community-led action has begun, the ownership cycle (see page 138) is not yet complete, and space is needed for reflection and accountability processes. Although outside actors may want to conduct evaluations for purposes of learning, evidence strengthening, and improvement in the work itself, it is wise to afford space first for the communities’ own processes of reflection on what is working well, what challenges have arisen, and what adjustments are needed to strengthen the community-led action. These activities make it possible for the community to exercise accountability by making needed changes that will strengthen children’s protection and well-being. This accountability both expresses and contributes to community ownership and communities’ use of their decision-making power to support children’s well-being.

It is also possible to interweave communities’ own accountability processes with those of external actors. A national or international NGO that conducts an evaluation of the community-led action could feed the findings back to the community in an engaging, nontechnical manner, providing space for community reflection and discussion. This could lead the community to do additional stocktaking on its own and to make needed adjustments. This co-learning approach provides adequate space for the community, which is in the driver’s seat.

4. In adapting CLCP to diverse settings, including humanitarian settings, use a flexible, holistic, community owned approach that adheres to CLCP principles, with attention to documentation and pilot testing.

The development of CLCP is still in its early stages, and much additional work is needed to learn how to apply it in a wide array of settings, including humanitarian settings. With appropriate flexibility and a spirit of learning through pilot testing and light documentation about

what was done, CLCP can likely be used in an effective, ethical manner in many humanitarian contexts, though not in all.

Perhaps the most important reason for using CLCP more widely is that the needs for dignity and agency, and the local desire to influence one's situation are very much present in humanitarian settings. CLCP can strengthen dignity since it appreciates and supports local action while avoiding limiting depictions of community people as beneficiaries or as too traumatized to be able to help themselves. Agency and autonomy contribute to human well-being (Bandura, 2000; Hobfoll et al., 2007) even amidst crises. During emergencies, communities themselves are often first responders, whose agency, capacities, and ownership should be recognized. CLCP offers communities a way of making a difference on behalf of their children both during the humanitarian crisis and in its aftermath and the longer term. Although humanitarians sometimes make sharp boundaries between humanitarian settings and longer-term settings that enable long-term development, community people often do not see such a sharp distinction. They tend to favor locally owned and led efforts as soon as possible in a humanitarian setting, and see the locally owned action as setting the stage for even more locally owned efforts over the longer run. This view fits with most parents' understanding that 'how we help our children today sets the stage for and contributes to their well-being later.' Local ownership is something that people want, and humanitarian action should respect this desire.

In developing the application of CLCP to humanitarian settings, it is valuable to prioritize flexibility, ownership, and a holistic approach. Flexibility is appropriate in light of the uniqueness of each emergency context and the fact that communities' actions may not look exactly like that used in the case studies presented earlier. Communities may organize their discussions differently, follow a self-constructed timetable, or take a different approach to coordinating and monitoring their work. However communities and actors such as NGOs develop the CLCP, it should demonstrate good fidelity with CLCP principles, thereby promoting community ownership. Also, a facilitating NGO or organization should recognize and support community preferences for a holistic action approach that interweaves child protection with intersectoral elements such as livelihoods, health, peacebuilding, and education, as is contextually appropriate. Throughout, there should be careful attention to the process, particularly to the shifting of power to local people and the inclusion of diverse voices, points of view, and actors.

Documentation via case studies will be helpful in enabling collective learning from community owned action in diverse contexts. For example, following a large earthquake, it could be useful to develop a case study that captures what local people did, how they used any outside supports, what they accomplished, what challenges they faced, and how they managed the challenges. Even working case studies could enable wider learning about CLCP in humanitarian settings and contribute to efforts to strengthen it. A case study would be particularly useful if it described the context and the initial learning process; included narratives of different people, including girls and boys, in the community; outlined the community process for selecting which issues to address; described the community planning and action to address the selected harms to children; and identified what benefits to or positive outcomes for children resulted. Throughout, the case study would benefit from attention to community power dynamics and who participated, the development of community ownership, and identification of challenges and Do No Harm

issues. Similarly, it would be valuable to conduct case studies on examples of endogenous community-led child protection that occurred without facilitation or other support from external organizations.

Pilot testing offers a valuable strategy for identifying and conducting preliminary tests of the effectiveness of CLCP adaptations in humanitarian settings. The pilot tests should be designed with an eye toward guiding and strengthening practice rather than doing research *per se*. Coordination groups could enable comparisons among multiple pilot tests, allowing practitioners to see the effectiveness and limits of different approaches and decide how to strengthen the ones that produce the most community ownership and benefits to children. This inductive learning sets the stage for the development of evidence-based practice through systematic practitioner-guided research. In this work, the priority would not be testing the relevance or effectiveness of Western developed interventions, but of testing local actions planned and implemented by communities themselves. Coordination groups should also discuss how to balance the use of CLCP with more expert-driven approaches.

5. Recognize the difference between community-based child protection and community-led child protection, ensuring that the latter demonstrates fidelity to CLCP principles and enables high levels of community ownership.

To prioritize and enable the wider use of CLCP, it is important to define what counts as CLCP. In practice, there is some confusion between community-based and community-led child protection. The confusion may owe partly to the proliferation of terms and movements such as community-led development (Cloete et al., 2024; Torjman et al., 2012) that have some affinity with CLCP but has some divergences from it as well. Also, the aim of enabling community ownership is not new (Lachapelle, 2008). More than a few organizations use child protection programming approaches that intermix participatory, community-based approaches and community-led approaches. However, these mixed approaches tend to achieve moderate rather than high levels of community ownership.

The principles of CLCP offer a useful way to distinguish between community-based and community-led child protection. In short, CLCP adheres to these principles, whereas community-based approaches do not. Using this criterion, the child protection work of a community would not qualify as community-led if an outside NGO had selected the issue to be addressed yet the community led the planning and action to address that issue. This situation can arise when an NGO has obtained a grant to address particular forms of VAC, goes to the community to obtain their support and partnership, and subsequently provides nondirective facilitation to support community-led planning and action to address the issue. In this scenario, the pre-selection of the issue to be addressed embodies an expert-driven approach in which outside specialists hold the decision-making power. This not only signals that the outsiders are in charge but also likely limits the development of the collective caring, agency, and responsibility-taking that comprise the foundation for community ownership. Although some level of ownership could develop as communities drew up their own plans and themselves took action to address VAC, this hybrid approach is unlikely to achieve the high levels of community ownership that are characteristic of CLCP. As discussed above, ownership is an important determinant of the effectiveness, community accountability, and sustainability of the community planning and action.

An important caution, however, is that identifying an approach as a hybrid or as not being CLCP is not to denigrate or marginalize that approach. In settings where CLCP is not indicated, it may be more appropriate and ethical to use a community-based approach. Even if the initial work was expert-driven, the process of building in participatory, locally owned elements over time could be very helpful, even if only moderate levels of community ownership emerged. Since community-based and community-led child protection are complementary, it is wise to respect both approaches, as well as hybrid approaches.

Recommendations for Donors

1. In localization efforts, recognize the importance of enabling the agency, ownership, and accountability of communities in protecting children.

In children's social ecologies, communities are highly important child protection actors who have been sidelined in most localization efforts. The focus in localization on transferring money to local actors, although valuable, is limiting both conceptually and operationally. The shifting of power to local people does not occur solely through providing them with resources, as shifting power also entails greater autonomy and ownership. Evidence from the three country studies presented above (see Chapters 2-4) indicates the value of putting communities in the lead and enabling their agency, ownership and accountability in protecting children.

The excessive focus of localization on transfer of funding has inadvertently marginalized communities due to excessive emphasis on registered organizations such as CBOs that are legally entitled to receive external funding. Although CBOs do valuable work, they often do not stimulate the whole community mobilization and engagement that achieves the highest levels of community ownership. Indeed, ordinary people may see the CBO as having the primary responsibility for child protection at community level. Also, CBOs and other registered organizations at community level may not represent diverse stakeholders within the community, and they may not include children themselves. The country case studies indicate the central importance of enabling children's voices and lived experiences to stimulate collective caring and responsibility taking, which provide the foundation for community ownership and collective accountability.

The shifting of power to local actors should occur not only through transferring money to local actors but also through enabling local autonomy and ability to make the key decisions. Applied to child protection, this means putting communities in the driver's seat where they make the key decisions about the priority issues affecting child protection and well-being, plan how to address them, and lead the community action to mitigate or prevent them. This community-led approach has significant value added in the effectiveness, ownership, and sustainability of community efforts to protect and support children.

2. Support CLCP through the provision of flexible, holistic, longer-term funding either to the community itself or a national or sub-national body such as an NGO that will support CLCP.

To support CLCP, it is essential that the funding be flexible and free of the restraints imposed by log frames and pre-planned intervention approaches. The community itself should decide which issues to address, plan how to address them, and implement its plan according to its own timeline. By enabling community agency, collective caring, and responsibility taking, this flexible approach enables community ownership, which is key for community accountability and sustainability.

This approach requires significant flexibility with respect to its time frame since external time pressure can undermine community power and severely limit community ownership. The dominant approach of providing funding to support work for six months or one year, or even two years, with demands for rapid results, can impede CLCP rather than support it. Communities need time to enable discussions that engage many community members and include the voices of children and marginalized people, just as they need time to explore and weigh the merits and limits of different options. It also takes time for communities to mobilize different networks and sub-groups in a whole community planning process that can generate high levels of community ownership. Often more people engage with the community process over time, entering it after they see some initial benefits for children or the excited animation of other community members. Rather than being a hindrance, the additional time required for CLCP is a source of strength that enables full community ownership and accountability for children's protection and well-being.

The funding should also be sufficiently flexible in that it allows the community to take a holistic, intersectoral approach that integrates child protection with work in sectors such as education, health, and livelihoods. The country case studies indicate that as communities decide which issues to address and how to address them, they often look for and seek to address root causes. For example, in addressing school dropout, which can be a precursor for a host of problems, communities may include economic support that relieves family pressures for having children work rather than going to school. Moving beyond the fragmentation that is built into humanitarian and development systems, this intersectoral approach enables communities to address problems in a holistic manner that is likely to be more effective.

Flexibility is needed also in the modalities for providing localized funding. A useful option is to provide funding directly to communities. The country case studies illustrate how communities, in leading their child protection efforts, form collectives that mobilize, organize, and coordinate the community work. These collectives can manage money themselves or by working with trusted community leaders, who oversee its management. In many communities, trusted leaders already manage community assets, keep the money secure, and ensure adherence to community and outside rules in managing the funding. This approach could support endogenous community efforts to protect children as well as externally facilitated CLCP.

Alternately, donors could support CLCP in a localized manner by funding a national or sub-national NGO that then supports communities in doing their own child protection work following the CLCP principles. This approach has proven effective in both India and Sierra Leone, and it also offers a useful modality for scaling up the use of CLCP. Funding to support CLCP could also flow through government organizations such as a government Ministry or a county or provincial organization.

An important consideration in deciding how to channel funds for supporting CLCP is the organization's understanding of and willingness to support a community-led approach. Many government agencies and national NGOs are accustomed to using expert-led approaches and prefer them because they afford high levels of control and are relatively easy to operationalize. Although expert-led approaches are valuable, they do not enable high levels of community agency, ownership, and accountability. In fact, they may undermine community autonomy and ownership of child protection work. Efforts to support CLCP through national organizations should include careful selection and also support the provision of the training and backstopping processes that will enable organizations to use CLCP in an effective, ethical manner.

3. Simplify and lighten the requirements on communities for grant administration, management, monitoring, accountability, and reporting.

Existing funding systems privilege the transfer of funds to international organizations and, increasingly, to governments and national NGOs in the global South. The funding comes with extensive requirements for maintaining the pace of expenditures, external monitoring of community work, written reports, and extensive financial reports, including annual and end of grant reports, among others. Meeting these requirements typically entails having a registered organization and an office with specialized staff who understand Northern donor requirements and are trained in meeting them. However, it is unrealistic and excessively burdening to demand these things of many local actors, including communities, that may have low levels of literacy, are not officially registered, or have limited familiarity with the international donor system and its accountability requirements (Bagious et al., 2021; Robillard et al., 2021).

It may be possible to circumvent these challenges by following the former USAID example of regarding governments that have appropriate precautions against corruption as local actors, who could in turn fund communities' work on child protection. However, this approach may introduce significant barriers to community power and ownership and may raise ethical issues as well. Many governments use expert driven approaches to child protection that are antithetical to CLCP. Also, most governments are under pressure from different political constituencies to control how the funding is used. This desire for control can reproduce the challenges of management, monitoring and reporting mentioned above and impose external limits on community power and action. Worse yet, some governments do not trust communities to do good work on behalf of children. In divided societies, governments may discriminate against marginalized communities by limiting funding and preventing activities that are deemed to be threatening or too supportive of localized power. It is well, then, to exercise caution regarding the assumption that treating a government as a local actor and funding it will therefore result in support for CLCP and the community power it engenders.

A more viable alternative, then, could be a variation in the approach from the India case study in this report (see Ch. 4) of directly funding national NGOs that are oriented and well equipped to use CLCP. The national NGOs would shoulder the burdens of administration, management and reporting, keeping the communities in power and focused on doing their community-led work to support child protection and well-being. International NGOs might also receive funding to help support different national NGOs to use CLCP and to enable learning about it on an ongoing basis and in different contexts.

Of course, other options also exist. One could imagine the development in Southern societies of alliances of national NGOs that themselves embody local ownership and are passionate about supporting community power and ownership. Donors could support these alliances, thereby making it possible to scale up the use of CLCP both nationally and regionally. Such an arrangement could provide a valuable bridge to more fully Southern-led humanitarian and development systems.

4. Support and fund efforts to learn about and strengthen the effectiveness of CLCP in humanitarian and development contexts.

The dominant flow of knowledge from the global North to the global South is a vestige of the colonial era. The shifting of power to local people in the global South requires a strong flow of knowledge also from the global South to the global North. Much needed is an emphasis on learning from the actions and problem-solving of engaged, creative communities wherever they are. Too often, community knowledge has been diminished as being ‘folklore’ or worse. The case studies, however, show that communities have in-depth understanding of their context, and use their agency, problem-solving ability, indigenous networks, and other strengths to develop effective, locally owned actions that support children’s protection and well-being. Learning more about communities’ own interventions and why and how they work would be a valuable complement to the expanding learning about the effectiveness of Northern derived interventions in the global South.

In supporting learning about CLCP from communities in the global South, it will be useful to support learning approaches developed by people in the global South and that fit the local cultures and contexts. Since many societies are collectivist in orientation and have strong histories of oral communication, funders should support communities and other local actors in developing their own methods of learning from group discussions, collective narratives, and cultural approaches. Also needed is donor support for the dissemination of the learning throughout the global South and also the global North. Dissemination should also be enabled by providing increased funding to support Southerners’ participation in influential, Northern-based meetings and conferences, giving greater voice and influence to community people from the global South.

Donors may help support this priority by funding not only full blown evaluations of CLCP but also the pilot testing that is needed to help guide its adaptation to different humanitarian contexts. In many communities in the global South, humanitarian crises are woven into the fabric of life, and community people are often first responders in crises. It makes sense to further test and strengthen CLCP in contexts of droughts, fires, earthquakes, floods, tsunamis, and political violence, among others, as a means of supporting children’s protection and well-being. By supporting locally owned action on behalf of children, this could enable communities to become better equipped to deal with emerging challenges such as climate change.

Recommendations for Policy leaders

1. Increase the ownership and decision-making power of local actors in the humanitarian and development systems.

Throughout the humanitarian and development systems, the greater power of actors from the global North severely limits ownership by local actors in the global South. Existing systems have marginalized local actors, privileged knowledge generated in the global North, and promoted the dependency of people in LMIC settings on outside expertise, funding, and support. This power asymmetry violates the first duty of humanitarian action to support the dignity of affected people. In global decision making about humanitarian and development policies, operations, priorities, and funding, stakeholders from the global South should have a greater voice and influence on decision-making. This applies not only to international levels but also to regional and in-country levels.

Policy leaders should also work to support the development, dissemination, and influence of Southern derived knowledge related to humanitarian and development action in general, and child protection in particular. What should animate this effort is a spirit of co-learning that recognizes that actors from neither the global North nor the global South have all the answers. Policy leaders should appreciate that the best insights into and action to support child protection will likely come from the interweaving of understandings and approaches from the global South and the global North. However, the interweaving should be led by actors from the global South.

Within countries in the global South, policy leaders should avoid elitism and respect local actors such as community people, including people who have little formal education or do not adhere to urban norms and modes of behavior. This respect could be grounded in an appreciation of both the challenges faced by families and communities and also the strengths and problem-solving abilities of local people at community and family levels.

2. Take a holistic, ecological approach in shifting power to local actors.

In global work on child protection, there is widespread agreement that child protection requires effective action and safe environments for children at levels such as the family, community, societal, and international levels (Alliance for Child Protection in Humanitarian Action, 2019; Betancourt et al., 2013; Boothby et al. 2006). Thus far, localization initiatives that have provided direct funding to local actors have focused primarily on organizations such as government organizations, national NGOs, and community-based organizations. This approach does not include adequately the families, communities, and civil society actors and processes that do heavy lifting on child protection and well-being. To achieve its full potential, localization initiatives should intentionally include shifting power to families, communities, and societal initiatives that can exercise strong agency, ownership, and accountability for children's protection and well-being.

3. Support the wider use of CLCP, making community power and ownership central in child protection efforts and strengthening the balance between civil society and government efforts.

Child protection requires appropriate community-level efforts (Alliance for Child Protection in Humanitarian Action, 2019). Community level action can help to protect significant numbers of children and can complement the efforts of families, which are not islands and need support. To date, most child protection work has been community-based and expert-driven. Although this approach is useful, a community-led approach is much needed since it enables high levels of community ownership and power and is effective and sustainable. In CLCP, communities are in the driver's seat, make the key decisions, own the locally designed and implemented work, and take responsibility for achieving positive outcomes for children. Vigilant, empowered, responsible communities that take a preventive approach in protecting children are likely to be significant assets in an era of climate change.

Wider use of CLCP could be useful in achieving appropriate balance between government and civil society efforts to protect children. Governments play a key role in establishing and enforcing laws and policies that protect children, strengthening coordinated child protection systems, and helping to provide and support services for children whose rights have been violated. Government action alone, however, cannot protect children, as the concerted efforts of families, communities, cities, and other civil society actors are essential for children's protection and well-being. Civil society actors can take preventive action, help to change social norms, and have a presence and reach into remote, underserved areas that few governments can achieve. Although civil society efforts such as CLCP are valuable in all societies, they are particularly needed in contexts in which governments either do not fulfill their obligations to protect children or perpetrate violence against children.

Together, the case studies in this report show how community-led work can support and complement government efforts to protect children. Communities that hold power and own their efforts to protect children are essential complements to government efforts on child protection. The promising evidence from the case studies on the scalability of CLCP indicates how it is feasible and valuable to apply CLCP more widely. The applicability of CLCP in diverse contexts also augurs in favor of the wider use of CLCP. For the most part, the communities collaborate with the government in protecting children, yet they see their own action as the key source of sustainability.

4. Enable the voice, agency, and leadership of children in work on child protection by using CLCP.

Children and youth are among the most valuable resources of any society. However, in many societies, children have little voice and limited or no part in decision making about children's lives. This situation not only undermines children's rights to participation but also imposes severe limits on their voice, agency, and leadership in child protection efforts. The fact that children frequently comprise half or more of the local population makes it difficult to see how meaningful localization could be achieved without children having more significant roles.

The CLCP case studies indicate just how important a role children can play in children's protection and well-being. During the initial learning phase, children's voices are prominent as girls and boys share their lived experiences, which often surprise and shock adults who had thought they had a good understanding of risks and challenges children face. This learning

sparks collective caring, as community members ask themselves ‘What are we going to do about these problems?’ and take collective responsibility for addressing them. This lays the foundation for community ownership and enables community agency, planning, and action to address self-selected harms to children. The evidence from all three countries indicated that children and youth played key roles in community planning and action. Using their creativity, social networks, understanding of the problems, and young people’s distinctive ways of communicating and collaborating, they not only participated but became leaders in the community-led actions to protect children. Rather than setting themselves apart from the full community, they contributed to whole community efforts, leading them to be seen as good community members.

Although dominant approaches such as community-based, expert-driven child protection projects can enable children’s participation, they typically do not provide space for children’s leadership in and influence on community decisions that affect children’s lives. Supporting children’s leadership and influence through CLCP should be a key part of efforts to shift power to local actors and enable local ownership.

5. Support the documentation and widespread dissemination and use of community owned action to protect children.

Policy leaders, too, have a responsibility to counterbalance the coloniality of power evident in the dominant flow of knowledge from the global North to the global South in the humanitarian and development arenas in general and in the child protection arena specifically. Particularly needed are policy analyses, research studies, and other knowledge products that intentionally focus on listening to and bringing forward the voices and perspectives of people from the global South about global humanitarian and development systems and work on child protection. These knowledge products, which could communicate key findings in culturally appropriate ways, should include the critical perspectives of people, including community people, in regard to current humanitarian and development initiatives in their own settings and what they see as needed changes for increasing local power and ownership. The knowledge thus generated should be used to stimulate inclusive, critical discussion in different regions and globally about how to shift power and strengthen local ownership at all levels of the humanitarian and development systems and work on child protection and well-being. These efforts complement but also go beyond current efforts to include the voices and expertise of actors from the global South in global studies, research, or policy analyses in the humanitarian and development arenas.

Policy leaders from the global South should seek within their own countries to strengthen the learning from community actors on how to support child protection and well-being. In addition to documenting how communities are implementing government-led initiatives on child protection, they should seek to document civil society initiatives that support child protection, sharing the findings widely within their own country and at regional and global levels. These civil society initiatives could include societal movements, initiatives undertaken by cities, and initiatives by communities to protect children that arose endogenously or through the use of CLCP. This kind of approach should help to bring community owned work out of the margins and make it more central in child protection.

Conclusion: Transformation is Necessary

Meeting these challenges and enabling the effective use of CLCP to achieve high levels of community ownership requires a transformation of one's approach in working with communities and a re-positioning of oneself and one's agency or organization in relation to communities. Going beyond incremental change, transformation is perhaps closer to a paradigm shift that requires a different way of seeing, doing, and being.

This call for transformation signifies that doing child protection as usual or making incremental changes within an expert-driven approach will not likely enable high levels of community ownership. For example, an international NGO that uses a participatory approach in its community-based child protection work might achieve low to moderate levels of community-ownership. Having had some success with a participatory approach, the NGO might enable even higher levels of participation as a means of achieving community ownership. For reasons explained above, however, this effort would likely come up short. High levels of community ownership do not emerge from participation in an expert-driven approach but from a particular kind of participation that shifts power and decision-making to the community. Even if the NGO 'empowered' the community and encouraged participation by girls, boys, women, and men, this approach would not likely generate high levels of community ownership if the NGO had selected the child protection issues to be addressed or had guided the intervention to address those issues.

As illustrated by the CLCP case studies, high levels of community ownership come from communities holding power and making the key decisions about which issues to address and how to address them, with motivation based on collective caring and responsibility-taking. Similarly, changes such as supplying more money, providing more capacity building in an expert-driven approach, or enabling children to help implement the intervention will not likely spark high levels of community ownership. The determining factor in enabling high levels of community ownership is shifting the decision-making power to significant numbers of people in the community.

Transformational change, however, poses significant challenges at multiple levels. Child protection workers who were trained and subsequently hired as experts may view an expert-driven approach as the 'correct' way to protect children's rights and may be reluctant to shift the decision-making power to the community. Organizations that do much child protection work may have boards that expect adherence to expert-driven approaches, which may also be favored by governments. Humanitarian systems may favor preset program approaches that can be rolled out quickly and relatively easily during humanitarian crises. At all these levels, there may be ongoing, often tacit, doubts about the abilities of local people, including people from the global South, to solve complex problems themselves. It is useful, then, to think further about what changes are needed at multiple levels to enable high levels of community ownership.

Individual Level

To shift power effectively to communities and enable CLCP, practitioners need to have strong skills of empathy, listening, trust building, constructive conflict management, and creating space for and enabling inclusive dialogue and local ownership, among others (Wessells, 2018a,

b). However, it is not enough to use these skills in a performative manner. Humility is an essential precondition for the effective use of these skills. Authentic humility, which is closely related to ‘cultural humility’ (see Tervalon et al., 1998), comes from the recognition that communities themselves have significant local knowledge, contextualized problem-solving abilities, and resources such as social networks and cultural practices that outside child protection specialists do not have. If it is internalized fully, this recognition leads practitioners to take an appreciative orientation towards communities and ignites the desire to support communities in solving the problems facing their children.

Critical reflection is an important enabler of humility in humanitarian action and development work. Critical reflection can heighten our attention to how each of us tends to take an ethnocentric perspective, which can privilege the knowledge and practice derived from our own cultural systems. It can also spark valuable critical thinking about power dynamics and how we, the outsiders, hold positions of power, and about how our gender and gender identity influences our power and interactions with people at community level. If it is appropriately historicized, the critical thinking will examine how colonialism and racism had caused many of the power and wealth asymmetries that are visible today. In everyday work settings, ongoing critical reflection can enable outside child protection specialists and other experts to become more aware of how their speech, dress, demeanor, and interactions with local people is likely to enable local ownership or, conversely, establish oneself as ‘the expert’ who should guide and even lead the community in efforts to protect children.

This kind of reflection can help practitioners shift power to communities and re-position themselves from being experts to being co-learners, facilitators, and supporters of community efforts to enable children’s well-being. Practitioners who re-position themselves in this manner are oriented more towards accompaniment, appreciative learning, and support of local initiatives than towards directing local people. This re-positioning helps practitioners to be highly attentive to community strengths and to support a strengths-based approach rather than the deficits approach that is often prominent in child protection work.

This re-positioning, however, does not romanticize communities or assume that communities themselves have all the answers on child protection. Critical thinking includes careful attention to communities’ own power asymmetries and the need to hear marginalized voices. Although practitioners who have repositioned themselves support local solutions and do not lead with or impose Western knowledge and approaches, they also recognize that communities and cultures are not islands and people benefit from learning from different cultural systems and points of view. This leads them to enable the interweaving of Western and local approaches to child protection while following the community lead, timing, and approach in this effort. At the end of the day, the external practitioner who supports CLCP does not take credit for community-level accomplishments in child protection but attributes them to the community, taking pride in having co-learned with and supported them.

Organization Level

To shift power to local actors requires rethinking the roles of national and international organizations such as NGOs. Reflecting the coloniality of power, the current humanitarian and

development system privileges international NGOs, many of which are headquartered in or driven from the global North. Shifting power to actors in the global South requires a reversal of this power arrangement, with the greatest power being held by national organizations that have in depth understanding of the local context, long-term relations with communities, and an orientation of supporting and enabling community power, agency, and ownership in regard to child protection. International NGOs could still play an important role in facilitating, documenting, co-learning and supporting this work. Yet national organizations such as NGOs would be in the primary position, with the international NGOs being in a support role.

The case studies indicated, however, that to support community-led action on behalf of children, organizations such as international and national NGOs will also need to reorient and re-position themselves, transforming the way in which they regard and work with communities. Being grounded historically in a charity approach, many international NGOs see themselves as service providers and community people as ‘beneficiaries,’ a view that does not promote community power and ownership. To support CLCP, it is vital that organizations transform their attitudes and orientation, modalities of work and management, and organizational culture. Without investing in and making these changes, national or international NGOs will not likely achieve the strong community ownership that is needed.

To make a deeper, transformational change toward shifting power to communities and increasing community ownership, organizations should consider making three broad changes. The first is to recognize the problem-solving abilities and strengths of local communities, seeing them not as beneficiaries but as capable actors who ought to be in the driver’s seat. This change requires NGOs to re-position themselves from being service providers to being facilitators, co-learners, and supporters of community-led action on behalf of children. Enacting this change will likely entail extensive reflection and critical thinking, as was true for individuals. Such a change entails a significant shift away from being the expert and taking the credit for improvements at community level to the humbler approach of accompanying communities and assigning to them the main credit for positive changes. Above all, it means setting aside a directive approach in favor of a facilitative, supportive approach.

Second, NGOs should develop a more flexible, contextual mode of operating that follows communities’ lead rather than donors’ requirements for preplanned objectives, interventions, time frames, and results. Flexibility begins with working according to community time frames and readiness, which may vary significantly by context and how the community is situated within the nexus. Flexibility also entails affording communities the space to select their own priority issues to address and invent their discussion, decision-making, and action processes. Since communities need adequate time to do these things, NGOs will need to recognize the risks of undermining community power and ownership that arise from pushing communities to work too quickly.

Third, NGOs should take a more holistic, intersectoral approach that fits with community priorities as identified through the CLCP process. Traditional approaches to programming have difficulty doing this since they often seek to have prepared programs such as child friendly spaces, education, or early child development ready to go, including with the prepositioning of needed materials. A holistic approach also entails greater responsiveness to communities’

understanding of the root causes of the child protection issues they have decided to address. Recognizing that economic factors are often root causes of child protection issues, communities often include economic processes such as savings and loans, collective buying and selling, or collective agriculture in their CLCP action. To support such community-led action, NGOs will need to develop stronger inter-sectoral orientation and effective means of enabling communities to integrate child protection and economic support.

As shown in Table 3 below, NGOs that seek to shift power to communities should also recognize that changes are needed at multiple levels to promote high levels of community ownership.

Item	Suggested changes for increasing community ownership
Board of Directors	- Board members who come from diverse groups and global locations have voice and influence - Through dialogue with communities and staff involved in CLCP, Board members appreciate the value added of CLCP - The Board articulates how CLCP helps the NGO to achieve its mission and endorses the use of CLCP
Strategic planning	- Conduct reflection and reorientation sessions for staff on shifting power, community ownership, and CLCP - Select geographic area focus and/or situation (e.g., internal displacement) - Work with people from different communities, plan how to adapt CLCP to humanitarian settings and pilot test its effectiveness - Develop plans for using a complementary mix of expert-driven and community-led child protection
Fundraising	- Diversify the funding portfolio - Increase work with donors who favor localization, shifting power, and achieving high levels of community ownership - Create small funds for piloting the use of CLCP - Advocate with donors to enable community ownership and a more holistic, flexible approach
Program management	- Shift power to communities, making space for community discussion, decision-making, and action - Require adherence to CLCP principles and track CLCP process and ownership - Provide ongoing training and support for facilitators in using CLCP - Intermix external monitoring and evaluation by the NGO with internal monitoring, evaluation, and accountability processes by the community
Modalities of operation	- Create space for learning about the community and its power dynamics - Develop and support a well-trained cadre of facilitators who facilitate and support CLCP with communities - Ensure that communities are in the lead, with inclusive decision-making - Monitor community dynamics to ensure that children and marginalized people participate and help to make key decisions
Orientation toward communities	- View communities as problem-solvers, decision-makers, and resources who deserve respect - Take time to develop understanding and trust with communities - Appreciate the complexity of communities and the need for ongoing attention to community power dynamics and other challenges

	- Work in a spirit of humility, appreciation for, and co-learning with communities on child protection
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Table 3. Steps that could help national and international NGOs to increase the levels of community ownership in their child protection work by using CLCP.

Government Level

In many societies, government leaders recognize the need for balance between government-led or -managed child protection and civil society initiatives on child protection such as CLCP. Governments may support community owned action on behalf of children because they genuinely care about children, who are among any nation's precious resources. They may also see CLCP as a means of prevention and reducing costs and the long-term financial burdens associated with specialized child protection services.

Numerous challenges, however, may arise in government support of CLCP. Many governments have strong external pressures for accountability and have long experience in using expert-driven approaches. As a result, they may have habits and ways of working that are not highly supportive of community agency and ownership. Also, some government workers may harbor unfortunate stereotypes of communities consisting mostly of people who are illiterate, ill informed, and even backwards and therefore needing supervision. An important first step in addressing both these challenges is to enable changes in government workers' orientation and attitudes towards communities. As was true in regard to organizations, it can be highly valuable to have inspired natural leaders, youth, and children who are deeply involved in CLCP talk directly with government workers, who may also change their views by visiting communities leading their own work on children's protection and well-being.

Changes may also be needed in the government modalities for working with communities. Worldwide, governments tend to use an expert-driven approach to child protection, and they often support NGOs and CBOs that use such approaches in working at community level. To support CLCP, governments will need to identify and collaborate with organizations that are skilled in and well positioned to use and support CLCP. As explained above, they will also need to provide flexible, longer-term, holistic funding that supports community ownership. Governments in the global South may work with national NGOs and others to document the processes and achievements of communities in protecting children, sharing widely the learning about community-owned approaches. Throughout these and other actions to support community ownership, governments should work to maintain an appropriate balance between community-led and expert-driven approaches to child protection and to promote collaboration between them.

System Level

Perhaps the greatest, longest-term changes are needed at the level of entire humanitarian and development systems. Actors from the global South should be much more prominent voices, participants, and leaders in these systems, helping them to become more inclusive and equitable. At every level, from UN agencies and global donors down to the coordination groups within countries, actors from the global South, including people from the affected areas that receive the

bulk of foreign assistance, should hold greater power and play a key role in decision making in humanitarian and development arenas. In policies, programs, and operations, the emphasis should not be on what Northern actors can do in or for people in affected areas. Rather, it should be on how actors in the global South can take the lead or have significant influence and decision-making power. Preference should be given to approaches such as CLCP that enable local power and ownership.

Overall, governments, humanitarian and development workers, organizations, and community people in the global South have had a secondary position in humanitarian and development work. An important first step is to learn in a systematic, nonjudgmental manner from these diverse stakeholders what are their criticisms of existing systems and how the systems could be changed to embody a Southern led approach. Following this broad step, a similar process should occur, but this time with a focus specifically on child protection and including approaches such as CLCP that are community owned and led. The findings could inform not only future work on child protection in humanitarian and development settings but also wider efforts to reform humanitarian and development systems. This could help to ensure that however systems are transformed or restructured, the changes are made with an emphasis on local ownership, including at community level. Where conflicts exist between local understandings and approaches and global standards or approaches, these should be addressed through cross-cutting, respectful dialogue and co-learning.

In shifting power to Southern actors in humanitarian and development work globally, it may be helpful for Southern actors to work increasingly through regional alliances and bodies. Staffed and led by people from the global South, these regional alliances or organizations could be the prime agents of humanitarian action and development planning, action, and evaluation in their respective regions. In regard to child protection, these regional bodies could work in and with different countries to address regional child protection issues such as trafficking, family separation, child recruitment, and sexual exploitation that have regional roots. In doing so, they could prioritize the use of locally owned approaches such as CLCP. They could also enable or themselves become important promoters of learning from the global South about priority issues in child protection and well-being and about locally owned approaches for addressing and preventing them. In the child protection arena, this could significantly improve the flow of knowledge from the global South to the global North.

Conclusion

The historic process of shifting power to local actors has only begun in the child protection sector and in the wider spheres of humanitarian and development work. To support this shift and enable local ownership, the child protection sector needs tools that place power in the hands of local people, including at community level.

CLCP is a highly useful tool in this process. With communities in the driver's seat, they have greater autonomy and make decisions guided by collective caring and responsibility-taking for children. This enables communities to develop locally owned action to address self-selected harms to children in a manner that is contextualized, effective, and sustainable. Since communities are not islands, national or international NGOs may support this process by

assuming roles of facilitation, co-learning, documentation, and support rather than being the ‘experts’ who decide the main priorities and lead the interventions. The communities themselves may decide to interweave their own ideas with self-selected ideas and approaches from the global North. This process, which recognizes the interdependence between communities and ideas and developments from wider societal and international sources, is locally owned and guided by communities themselves.

CLCP has significant value added in enabling children and youth to have a voice, bring forward their lived experiences, and exercise creativity and leadership in helping to plan and take part in the community-led action. Because it sparks high levels of community ownership, community people take responsibility for its effectiveness. When they reflect on their accomplishments and challenges and see areas that need improvement, they make needed adjustments to the community-led action, thereby holding themselves accountable for their children’s protection and well-being. CLCP applies in diverse settings, has promising scalability, and contributes to social cohesion. The latter is a valuable source of peacebuilding, which is essential in a nexus approach that interconnects humanitarian action, development, and peace. Together, these qualities augur in favor of the wider use and mainstreaming of CLCP.

It is time now to move forward in prioritizing and expanding the use of community-owned child protection and shifting power to local people, including communities. Although this process will not occur overnight and will encounter diverse obstacles, we have the power to overcome them. The power comes not from how we choose to use money alone but from our willingness to transform our orientation, how we work with communities, and how we generate and use knowledge from the global South as well as the global North. Enabling community power and ownership through approaches such as CLCP is not only a step toward greater equity but a way of enabling the sustained well-being of children worldwide.

References

- Ager, A., & Metzler, J. (2022). The accumulating evidence-base regarding Child Friendly Spaces. *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 20(2), 188-192.
- Alliance for Child Protection in Humanitarian Action, 2nd ed. (2019). *Minimum standards for child protection in humanitarian action*.
- Alliance for Child Protection in Humanitarian Action (2020). *A reflective field guide: Community-level approaches to child protection in humanitarian action*. New York: Author.
- Alliance for Child Protection in Humanitarian Action (2021). *Primary prevention framework for child protection in humanitarian action*. Author.
- Alliance for Child Protection in Humanitarian Action (2024). *Unprotected: Analysis of funding for child protection in humanitarian action in 2023*. Author.
- Alliance for Child Protection in Humanitarian Action (2025a). *Global impact of funding cuts on children and their protection in humanitarian contexts*. Advocacy Working Group and Assessment, Measurement, and Evidence Working Group
https://alliancecpha.org/sites/default/files/technical/attachments/Global%20impact%20of%20funding%20cuts%20on%20children%20and%20their%20protection%20in%20humanitarian%20contexts_English_0.pdf
- Alliance for Child Protection in Humanitarian Action (2025b). *Protection of children from the ground up: Enhancing localized approaches in conflict and crises*. Downloaded from https://alliancecpha.org/sites/default/files/technical/attachments/Background%20Paper_Protection%20of%20Children%20from%20the%20Ground%20Up_Enhancing%20Localised%20Approaches%20in%20Conflict%20and%20Crises_English_FINAL.pdf
- Aloudat, T., & Khan, T. (2022). Decolonising humanitarianism or humanitarian aid? *PLOS Global Public Health*, 2(4):e0000179.
- Annor, F. B., Chiang, L. F., Oluoch, P. R., Mang'oli, V., Mogata, M., Mwangi, M., Ngunjiri, A., Obare, F., Achia T., Patel, P., Massetti, G. M., Dahlberg, I. L., Simon, T. R., & Mercy, J. M. (2022). Changes in prevalence of violence and risk factors for violence and HIV among children and youth people in Kenya: a comparison of the 2010 and 2019 Kenya Violence Against Children and Youth Surveys. *Lancet Global Health*, 10(1), e124-e133.
- Bagious, A. (2021). *Localisation re-imagined: Localising the sector vs supporting local solutions*. ALNAP.
- Bagious, A. (2022). *Localisation re-imagined: Three dimensions of localization*. ALNAP.

- Bagious, A., King, M., Martins, A., & Pinnington, R. (2021). *Are we there yet? Localisation as the journey towards locally led practice: models, approaches, and challenges*. Overseas Development Institute.
- Bandura, A. (2000). Exercise of human agency through collective efficacy. *Current Directions in Psychological Science*, 9(3), 75-78.
- Behnam, N. (2008). *Agencies, Communities, and Children: A Report of the Interagency learning Initiative: Engaging Communities for Children's Well-Being*. Washington, DC: USAID Displaced Children and Orphans Fund. Available online: http://www.usaid.gov/our_work/humanitarian_assistance/the_funds/pubs/comaction.html
- Bell, B. (2023). Personal communication.
- Berenstein, N., Dotson, K., Paredes, J., Ruiz, E., & Silva, N. K. (2021). Epistemic oppression, resistance, and resurgence. *Contemporary Political Theory*, 21(2), 283-314.
- Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., & Tol, W. A. (2013). Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care. *Harvard review of Psychiatry*, 21(2), 70-91.
- Bicchieri, C., & Mercier, H. (2016). Norms and beliefs: How change occurs. *The Jerusalem Philosophical Quarterly*, 63, 60-82.
- Bolton, P., & Tang, A. M. (2002). An alternative approach to cross-cultural function assessment. *Social Psychiatry and Psychiatric Epidemiology*, 37(11), 537-543.
- Boothby, N., Strang, A., & Wessells, M. (Eds.) (2006). *A world turned upside down: Social ecological approaches to children in war zones*. Westport, CT: Kumarian.
- Brennan-Wilson, A., Margues, M., Coates, A., Amin, A., Garry, J., Tomlinson, M. et al. (2024). *Masculinities and sexual and reproductive health and rights: a global research priority setting exercise*. *The Lancet Global Health*, 12(5), E882-E890.
- Butchart, A., & Hillis, S. (2016). *INSPIRE: seven strategies for ending violence against children*. World Health Organization.
- Byatnal, A. (2021). Deep dive: Decolonizing aid—from rhetoric to action. Devex. Retrieved from <https://www.devex.com/news/deep-dive-decolonizing-aid-from-rhetoric-to-action-100646>
- Byrne, J., Risser, G., Guerrero, M. B., Colón, C., Nanavati M., Teixeira, C., Alam, A., & Rhydderch, A. (2025). *Prospects for children: Building resilient systems for children's futures*. UNICEF.
- Carmody, S. (2023). River of Life storytelling. In D. Ayton, T. Tsindos, & Bercovic, D.

- (Eds.)(2023). *Qualitative research—a practical guide for health and social care researchers and practitioners*. Council of Australian University Librarians Open Educational Resources Collective.
- Charmaz, K. (2004). Grounded theory. In: S. Nagy Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research* (pp. 496-521). New York: Oxford University Press.
- Child Protection Area of Responsibility (2025). *Localization*.
<https://cpaor.net/initiatives/localisation>
- Child Resilience Alliance (2018). *Toolkit for reflective practice in supporting community-led child protection processes*. Author.
- Cloete, E., & Veda, G. (Eds.)(2024). *Community-led development in practice*. Routledge Taylor and Francis Group.
- Coinco, E. (2010). *A glimpse into the world of teenage pregnancy in Sierra Leone*. Freetown. UNICEF Sierra Leone.
- Core Group (2023). *Community-led child protection initiatives in Jharkhand*. Author.
- Creswell, J., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research 3rd ed.* Sage Publications.
- Currión, P. (2020, July 13). ‘Decolonizing aid, again.’ The New Humanitarian.
<https://www.thenewhumanitarian.org/opinion/2020/07/13/decolonisation-aid-humanitarian-development-racism-black-lives-matter>
- Dagne, H. G. (2009). *Ethiopia: A comparative analysis of the social dynamics of abandonment of harmful practices in four locations*. Innocenti Working Paper IWP-2009-07. UNICEF.
- Davenport, L., & Mutisya, M. (2024). Policing child abuse in Kenya—Perspectives from the frontline. *Policing—A Journal of Policy and Practice*, 18, paae069.
- Deutch, M., & Coleman, P. (Eds.)(2000). *The handbook of conflict resolution: Theory and practice*. Jossey-Bass.
- Dizolele, M. P., Kurtzer, J., & Abdullah, H. F. (2022). *Localizing humanitarian aid in Africa*. Center for Strategic and International Studies.
- Donahue, J., & Mwewa, L. (2006). *Community action and the test of time: Learning from community experiences and perceptions*. USAID.
- Easton-Calabria, E. (2023). *The under-examined role of refugee-led organizations. Assisting refugee children*. UNICEF Innocenti.
<https://www.unicef.org/innocenti/stories/under-examined-role-refugee-led-organisations>

Easterly, W. (2007). *The white man's burden*. Oxford.

ECFG Secretariat (2025). *Elevate Children Funders Group Newsletter: February, 2025*.

Ellermeijer, R. E. C., Robinson, M. A., Guevara, A. F., O'Hare, G., Veldhuizen, C. I. S., Wessells, M. Reis, R., & Jordans, M. J. D. (2023). A systematic review of the literature on community-level child protection in low- and middle-income countries. *Psychology, Health & Medicine*. Doi.org/10.1080/13548506.2023.2230889

Fiddian-Qasmiyeh, E. (2018). *The localization of aid and Southern-led responses to displacement: Beyond instrumentalizing local actors*.
<https://refugeehosts.org/2018/04/17/the-localisation-of-aid-and-southern-led-responses-to-displacement/>

Firelight Foundation (2021). *Community-driven systems change. The power of grassroots-led change for long-term impact and how funders can nurture it*. Firelight Foundation.

Fitzpatrick, M., Cordua, I., Atim, T., Kattakuzhy, A. & Conciatori, K. (2023). 'Co-investigators but with different power.' *Local voices on the localization of humanitarian research*. Tufts University.

Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.

French, J. R. P., & Raven, B. H. (1959). The bases of social power. In Cartwright, D. (Ed.), *Studies in Social Power* (pp. 150-167). Research Center for Group Dynamics, Institute for Social Research.

Gehring, K., Michaelowa, k., Dreher, A., & Sporri, F. (2017). *World Development*, 99, 32-334.

Global Humanitarian Overview (2025). *GHO monthly update February*. Author.
<https://humanitarianaction.info/document/global-humanitarian-overview-2025-monthly-updates/article/february-update>

Gomez, M. R. et al. (2021). *Shifting the field: Philanthropy's role in strengthening child-and youth-led community rooted groups*. Elevate Children Funders Group.

Green, D. (2020). How to decolonize international development: some practical suggestions. From Poverty to Power.
<https://oxfamapps.rg/fp2p/how-to-decolonise-international-development-some-practical-suggestions>

Gutiérrez, G. (1971). *A theology of liberation*. Orbis Books.

Harvey, P., & Lind, J. (2005). *Dependency and humanitarian relief: A critical analysis*. HPG Report 19. Humanitarian Policy Group.

Hobfoll, S., Watson, P., Bell, C., Bryant, R., Brymer, M., Friedman, M., Friedman, M., Gersons, B., de Jong, J., Layne, C., Maguen, S., Neria, Y., Norwood, A., Pynoos, R., Reissman, D., Rzek, J., Shalev, A., Solomon, Z., Steinberg, A., & Ursano, R. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence.” *Psychiatry* 70(4): 283-315.

Human Rights Watch (2021). ‘I had nowhere to go.’ Violence against women and girls during the COVID-19 pandemic in Kenya.
<https://www.hrw.org/report/2021/09/21/i-had-nowhere-go/violence-against-women-and-girls-during-covid-19-pandemic-kenya>

IASC (2007). *Guidelines on mental health and psychosocial support in emergency settings*. Author.

IASC (2023). Advancing the humanitarian-development-peace nexus approach through IASC global clusters. Author.
<https://interagencystandingcommittee.org/sites/default/files/2023-12/IASC%20Guidance%20Note%2C%20Advancing%20the%20Humanitarian%20Development%20Peace%20Nexus%20Approach%20through%20IASC%20Global%20Cluster%20ss.pdf>

Johnston-Goodstar, K. (2013). Indigenous youth participatory action research: Re-envisioning social justice for social work with Indigenous youths. *Social Work*, 58(4), 314-320.

Joy for Children Uganda (2023). *Engaging men and boys to challenge and change the social norms and attitudes that cause and perpetuate GBV in communities*. Author.
<https://joyforchildren.org/engaging-men-and-boys-to-challenge-and-change-the-social-norms-and-attitudes-that-cause-and-perpetuate-gbv-in-communities/>

Kemmis., S., & McTaggart, R. (2000). Participatory action research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research*. Sage.

Khera, M. L. K., Welton-Mitchell, C., & Mitchell, G. V. (2024). Moral distress in humanitarian aid workers: How decolonizing aid benefits us all. *Intervention*, 22(1), 64-71.

Konyndyk, J. (2025). ‘We’re just keeping everybody alive’: The damage done by the U. S. A. I. D. freeze. *New York Times*, Feb. 21.

Kostelny, K., Ondoro, K., & Wessells, M. (2020). *Community action to end ‘early sex’ in Kenya: Endline report on community-led child protection. Report for the Oak Foundation*. New York: Author. Available on communityledcp.org

Kostelny, K., & Wessells, M. (2024). *‘There is nothing for us without us.’ Evaluation of a multi-district pilot scale up of community-led child protection in Sierra Leone*. New York: Author.

- Kostelny, K., Lamin, D., Manyeh, M., Ondoro, K., Stark, L., Lilley, S., & Wessells, M. (2016). *'Worse than the war': An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone*. London: Save the Children.
- Kristov, N. (2025). *Musk said no one has died since aid was cut. That isn't true*. New York Times, March 15.
- Lachapelle, P. (2008). A sense of ownership in community development: Understanding the potential for participation in community planning efforts. *Community Development: Journal of the Community Development Society*, 39, No. 2.
- Mad Plume, L.; Carroll, D.; Nadeau, M. Redvers, N. (2024). Measuring wellness through Indigenous partnerships; A scoping review. *International Journal of Environmental Research and Public Health*, 22, 43.
- Malherbe, N., Suffla, S., & Everitt-Penhale, B. (2019). Engaging praxes for decolonial feminist community psychologies through youth-centred participatory film-making. In F. Boonzwier, & T. van Niekerk (Eds.), *Decolonial feminist community psychology* (pp. 77-93). Springer.
- Maternowska, M. C., Fry, D., Potts, A., & Casey, T. (2019). Beyond risk factors: Structural drivers of violence affecting children. In N. Balvin & D. J. Christie (Eds.), *Children and peace: From research to action* (pp. 141-156). Springer.
- McCoy, D., Kapilashrami, A., Kumar, R., Rhule, E., & Khosla, R. (2023). Developing an agenda for the decolonization of global health. *Bulletin of the World Health Organization*, 102(2), 130-136.
- McKay, S., Veale, A., Worthen, M., and Wessells, M. (2011). Building meaningful participation in reintegration among war-affected young mothers in Liberia, Sierra Leone and northern Uganda. *Intervention: International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 9(2), 108-124.
- Milat, A. J., Newson, R., King, L., Rissel, C., Wolfenden, L., Bauman, A., Redman, S., & Giffen, M. (2016). A guide to scaling up population health interventions. *Public Health Research & Practice*, 26(1): e2611604.
- Miller, K. E., & Rasco, L. M. (Eds.) (2004a). *The mental health of refugees*. Erlbaum Associates.
- Miller, K. E., & Rasco, L. M. (2004b). An ecological framework for addressing the mental health needs of refugee communities. In K. E. Miller & L. M. Rasco, *The mental health of refugees* (pp. 1-64). Erlbaum Associates.
- Minkler, M. and Wallenstein, N. (2006). *Community-based, participatory research for health*. Jossey-Bass.

- Miolene, E. (2025). *Inside development: the Trump effect*. Devex.
<https://www.devex.com/news/nearly-10-000-awards-cut-from-usaid-state-department-109517>
- Mohanty, C. (1988). Under western eyes; feminist scholarship and colonial discourses. *Feminist Review*, 30, 61-88.
- Montero, M., & Sonn, C. (Eds.) (2009). *Psychology of liberation*. Springer.
- Moyano, A., Vergara, D., Mirti, A., Bonz, A. G., Monar, A., Astudillo, E., Vaca, S., Cordova, K., Armijos, A., Barroso, A., Cherrez, C., Cottle, J., DuBois, A., Capriles, I. F., Grandes, J. P., Irrarrazaval, M., Jaramillo, B., Kane, J. C., Martinez-Viciano, C., Mascayano, F., Rodriguez, Y., Schojan, M., Sikkema, K., Susser, E., Ventevogel, P., Wessells, M., Lopez, A. Z., Lovero, K. L., & Greene, M. C. (2024). Integrating mental health and psychosocial support into economic inclusion programming for displaced families in Ecuador. *Conflict and Health*, 18: 68.
- Mulder, F. (2023). The paradox of externally driven localization: a case study on how local actors manage the contradictory legitimacy requirements of top-down bottom-up aid. *Journal of International Humanitarian Action*, 8: 7.
- National Council for Children's Services (2010). *Summary of the outcome of mapping an assessing Kenya's child protection system. Strengths, weaknesses and recommendations*. Nairobi: Author.
- Peace Direct (2021). *Time to decolonize aid*. Author.
- Pigg, K. E. (2002). Three faces of empowerment: Expanding the theory of empowerment in community development. *Journal of the Community Development Society*, 33(1), 107-123.
- Pinnington, R., Kasaija, P., King, M. Mbabazi, A. N., & Gulrajani, N. (2024). *Why aren't we there yet: Understanding and addressing donor barriers to localization in climate adaptation*. ODI Working Paper. Overseas Development Institute.
- Robillard, S., Atim, T., & Maxwell, D. (2021). *Localization: A "Landscape" Report*. Tufts University: Feinstein International Center.
- Quijano, A. (2000). Coloniality of power, Eurocentrism, and Latin America. *Nepantla: Views from South*, 1(3), 533-580.
- Sarnquist, C., Friedberg, R., Roseman, E. Amuyunzu-Nyamongo, M., Nyairo, G., & Baiocchi, M. (2023). Sexual assault among young adolescents in informal settlements in Nairobi, Kenya: Findings from the IMPower and SOS cluster-randomized controlled trial. *Prevention Science*, 25, 578-589.

- Save the Children (2022). Countries in conflict: Worst places to be a child.
<https://www.savethechildren.org/us/charity-stories/worst-conflict-affected-countries-to-be-a-child>
- Save the Children (2023). Localization.
<https://savethechildren.org/us/what-we-do/localization#>
- Sen, A. (2000). *Development as freedom*. Anchor Books.
- Sherif, M., Harvey, O. J., White, B. J. Hood, W. R., & Sherif, C. W. (1961). *Intergroup conflict and cooperation: The Robbers Cave experiment* (Vol. 10). University Book Exchange.
- Singh, S. S. (2024). *Localisation—An unfinished agenda beyond 2026*. Humanitarian Aid International.
<https://interagencystandingcommittee.org/grand-bargain-official-website/localisation-unfinished-agenda-beyond-2026>
- Slim, H. (2015). *Humanitarian ethics*. Oxford University Press.
- Slim, H. (2020). Is racism part of our reluctance to localize humanitarian action? Humanitarian Practice Network.
<https://odihpn.org/blog/is-racism-part-of-our -reluctance-to-localize-humanitarian-action/>
- Sommers, M. (2015). *The outcast majority*. University of Georgia Press.
- Stamnes, E. (2016). *Rethinking the humanitarian-development nexus*. Norwegian Institute of International Affairs.
- Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S. (2012). *A grounded approach to the definition of population-based, child protection and well-being outcome areas in children*. Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.
- Stark, L., Macfarlane, M., King, D., Lamin, D., Lillley, S., & Wessells, M. (2014). *A community-driven approach to reducing teenage pregnancy in Sierra Leone: Midline Evaluation*. Save the Children.
- Stark, L., Tan, T., Muldoon, K., King, D., Lamin, D. Lilley, S., & Wessells, M. (2015). Family structure and sexual and reproductive health outcomes among adolescents in rural Sierra Leone. *Global Public Health*. DOI: 10.1080/17441692.2015.1031155
- Suffla, S., Seedat, M., & Bawa, U. (2015). Reflexivity as enactment of critical community psychologies: Dilemmas of voice and positionality in a multi-country photovoice study. *Journal of Community Psychology*, 43(1), 9-21.

- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.
- Thompstone, G. (2010). *Mapping and analysis of the child protection system in Sierra Leone*. Child Frontiers.
- Torjman, S. & Makhoul, A. (2012). *Community-led development*. Caledon Institute of Social Policy.
- Toukan, D. M. (2025). Challenge of localization under restrictive government rule. *Global Studies Quarterly*, 5(1), ksaf012.
- UNICEF (2012). *Disaster risk reduction and child protection*. UNICEF Technical Note. Author. <https://resourcecentre.savethechildren.net/document/disaster-risk-reduction-and-child-protection-unicef-technical-note>
- UNICEF (2024). *Female genital mutilation*. Author. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/#more>
- UNICEF/India (2023). *India country office annual report 2023*. Author. www.unicef.org/media/152691/file/India-2023-COAR.pdf
- UNICEF/India (2025). *Child protection*. Author. <https://www.unicef.org/india/what-we-do/child-protection#:~:text=with%20family%20strengthening-,Violence%20against%20children%20is%20widespread%20and%20remains%20a%20harsh%20reality,unnoticed%2C%20are%20now%20being%20reported.>
- UNICEF/Kenya (2024). *Child protection*. Author. <https://www.unicef.org/kenya/child-protection>
- UNICEF/Kenya, U. S Centers for Disease Control and Prevention, & Kenya National Bureau of Statistics (2012). *Violence against children in Kenya: Findings from a 2010 national survey*. Author.
- Van Brabant, K., & Patel, S. (2018). *Localisation in practice. Emerging indicators & practical recommendations*. Global Mentoring Initiative. <https://www.preventionweb.net/publication/localisation-practice-emerging-indicators-and-practical-recommendations>
- Wessells, M. (2009). *What are we learning about protecting children in the community? An inter-agency review of evidence on community-based child protection mechanisms*. London: Save the Children.
- Wessells, M. G. (2011). *An ethnographic study of community-based child protection mechanisms*

and their linkage with the national child protection system of Sierra Leone. Columbia Group for Children in Adversity.

- Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect: The International Journal*, 43, 8-21. DOI: <http://dx.doi.org/10.1016/j.chiabu.2015.04.006>
- Wessells, M. G. (2018). *A guide for supporting community-led child protection processes*. Child Resilience Alliance.
- Wessells, M., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies*, 7(31), 211-227.
- WHO & ExpandNet (2010). *Nine steps for developing a scaling-up strategy*. Geneva: Author.
- World Humanitarian Summit Secretariat (2016). *The Grand bargain—A shared commitment to better serve people in NEED*. Author.