SECTION 4:
MANAGEMENT (MGM) TOOLS

Section 4: Note to Users

The tools in this section invite managers and other users to reflect critically on their agency's approach to engaging with communities and to consider a more community-led approach.

It also recognizes that many managers will have a host of practical questions about things such as qualities to look for in facilitators, the phases of engaging with communities, and the kinds of benchmarks one can use to tell whether one is on a productive track, among others.

Recognizing that there are no "final" or universal answers to these questions, the tools in this section seek to give illustrative examples that stir the imagination and invite one to think how it might go in a particular context.

Managers also may find it useful to have a more in-depth look at an example of community-led work, together with tools that were used to support it. For this reason, this section includes a case study from Sierra Leone and some of the tools used as part of the community-led work.

It is important to recognize, though, that there is no one-size-fits-all in regard to community-led approaches. The Sierra Leone example and tools are best seen as illustrations and should not be seen as prescriptions for how to do community-led work.

MGM 1. Questions for Reflection by Managers and Agencies

Enabling community-led work is not just a different approach to child protection but rather a transformational one. As Chapter 3 of the accompanying Guide points out, we first have to change ourselves and our agencies before we are in a good position to take a community-led approach. Each agency has its own organizational culture and modalities of change.

Nevertheless, one of the best pathways toward change is collective reflection, which involves an honest stock taking of our approach to engaging with communities, an admission of our current limitations as well as strengths, and openness to change.

The box below presents questions to begin the process of agency reflection and change. It is suggested that managers of child protection teams, groups of child protection workers, or both, meet in a quiet place with few distractions to discuss these questions. Or, recognizing that there is no universal recipe for organizational change, you may want to start by exploring a particular issue (e.g., how to achieve sustainability) that currently galvanizes much discussion within your agency, examining how that issue relates to how one engages with communities.

Questions for Group Reflection Within Your Agency

- What does my agency get out of presenting itself as an expert on child protection and describing itself as using the latest, state-of-the-art interventions?
- How are my agency's approach and work with communities respectful and humble? How are they less than respectful and humble?
- How does my agency view communities? As "Well-intentioned but uneducated and saddled with backward beliefs and practices that harm children"? Or does the agency see them more as agents who already do quite a lot to help children?
- How trustful is my agency of community processes for supporting vulnerable children?
- How willing is my agency to put power for decision-making in the hands of communities?
- How does my agency benefit through the use of logframes and timetables, most of which are predetermined? How does this affect community power?
- Communities sometimes tell us what they think we want to hear. Sometimes we talk mainly with people in the community who like partnering with outside NGOs. If we could get beyond these biases and enable people to speak freely, how do you think community people see your agency and its projects?

A valuable element of the discussion is to follow one's curiosity, as good questions and discussions tend to awaken other important questions. One need not feel overwhelmed by the proliferation of questions, as reflection itself is valuable. Also, it is unproductive to press for immediate, easy answers, which tend to fall apart in the face of the complexities associated with child protection work. Habits of reflection and open discussion need to find a home in one's agency if it is to support facilitators and enable communities to develop their own solutions.

MGM 2. The Sierra Leone Case Study: Community-led Child Protection and Bottom-Up System Strengthening

Note: Community-led child protection work is highly contextual, and there is no single "best way" of doing it. This case study is intended to be illustrative rather than prescriptive.

Following up on a global review of community-based child protection mechanisms[9], a group of NGOs, UN agencies, and donors formed the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems in 2010. Save the Children coordinates its global Reference Group, and the Child resilience Alliance (formerly the Columbia Group for Children in Adversity) serves as the technical arm of the Interagency Learning Initiative. Through a consultative process, a decision was taken to develop and test the effectiveness of community-owned and driven work on child protection as an alternative to the dominant, top-down approach. A decision was also taken to investigate community-led approaches in two different regions of sub-Saharan Africa—West Africa and East and Southern Africa, respectively. Primary among the criteria for the selection of a specific country to work in within each region was the willingness of UNICEF to host and support the action research. The two countries selected were Sierra Leone and Kenya, respectively. The example given here is of the work in Sierra Leone, but the work in both countries is described on the electronic arm of the Learning Initiative—the Child Protection Exchange (www.childprotectionforum.org).

The Sierra Leone Context

Sierra Leone, a West African nation of approximately six million people, is one of the poorest countries in the world. Even before the Ebola crisis of 2014–2015, Sierra Leone ranked near the bottom on the Human Development Index. The average life expectancy was 46/47 years, and the under-five-years' mortality rate was 182 out of 1,000. The population of Sierra Leone has a predominantly rural, agricultural mode of living. Formally, Sierra Leone is led by an elected President and Parliament. Yet many Sierra Leoneans view their main leader as their Paramount Chief, who oversees each of Sierra Leone's 149 Chiefdoms and is viewed as the "keeper of the land."

[9] 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, UK: Save the Children.

Sierra Leone endured a brutal, 11-year armed conflict (1990–2001) that was infamous for its atrocities, some of which had been committed by children.[10] The war displaced approximately one third of the population and created or worsened child protection risks such as exposure to violence, family separation, sexual exploitation and violence, mental health and psychosocial distress, disability, and child recruitment, among many others. Sierra Leone also has serious gender-related issues such as widespread female circumcision and discrimination against females. To address these issues, many international NGOs had formed during the war Child Welfare Committees, which monitored risks and responded to child rights violations.

In an effort to support children's protection, the Government of Sierra Leone (GoSL) passed in 2007 the National Child Rights Act, which had as its conceptual foundations the CRC and the African Charter on the Rights and Welfare of the Child. The Child Rights Act mandated the establishment of a Child Welfare Committee (CWC) in each village to handle minor offences such as petty theft, and to refer criminal violations of child rights such as the rape of a child to Family Support Units (FSUs), which include police and Government social workers who have been trained to handle cases involving children. UNICEF/Sierra Leone and the GoSL encouraged and enabled financial support for work by diverse international NGOs (e.g. Save the Children, Plan International, World Vision, ChildFund, etc.) to establish, train, and make functional chiefdom level CWCs, which were located mainly in chiefdom headquarter towns, and to teach local people—particularly children—about child rights. The approach was top-down since it came from the GoSL and outside consultants, with minimal input from average citizens.

Research Design

The research took place in three phases and, following the advice of members of the national Child Protection Committee, focused on the northern district of Bombali and the southern district of Moyamba, which were seen as broadly typical of many rural areas in Sierra Leone. The first phase, conducted in 2011, consisted of ethnographic learning. Trained Sierra Leonean researchers who knew the local languages lived in rural communities and learned in a non-judgmental manner about who were considered to be children, what harms they faced (other than poverty and health problems), what happened when those harms occurred, and what supported children's well-being. This phase built significant trust with local people and enabled learning about both the challenges and the strengths of local people in regard to their children.

People identified the top four harms to children as being out of school, teenage pregnancy out of wedlock, heavy work, and maltreatment of children not living with their biological parents.

[10] Denov, M. (2010). *Child soldiers: Sierra Leone's Revolutionary United Front*. Cambridge, UK: Cambridge University Press; Wessells, M. G. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Further, people spontaneously identified "child rights" as one of the top ten harms to children, saying that child rights had undermined parents' authority and ability to teach their children good behavior through the use of corporal punishment. Overwhelmingly, local people reported that they did not use the CWCs or other formal mechanisms in addressing these problems but preferred to use their traditional family and chiefdom mechanisms for addressing them.[11] In fact, there seemed to be a severe disconnect between the nonformal aspects and the formal aspects of the child protection system. This pattern fit that observed in other research as well.[12] The ethnographic findings were shared with each cluster of communities, who validated the findings and reflected on their own on what they should do to address the problems. In important respects, these reflections set the stage for the next phase—the action research phase.

In the second phase (2012), the research team used a free listing methodology to learn about how local adults and teenagers (13–18 years of age) understand children's well-being.[13] They consistently identified aspects such as participation in education, contributing to one's family, respect for elders, and obedience as key signs that children are doing well. These, together with those derived from the ethnographic research, were used to define key outcome areas regarding children's risks and well-being. Subsequently these outcome areas were used to define specific indicators and to construct a survey that measured children's risks and well-being outcomes. In this manner, local views regarding important outcomes for children were incorporated into systematic measures. The survey that was developed also reflected a balance of outcomes for children that were based on international child rights standards.

In the third phase (2013–2014), the research used a quasi-experimental design in which clusters of communities were assigned on a random basis to an action (intervention) condition or to a comparison condition (see Figure 1 below).[14]

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[11] 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*. New York, NY: Columbia Group for Children in Adversity; Wessells, M., et al. (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.

[12] Behnam, N. (2011). *Awkward engagement: Friction, translation and human rights education in post-conflict Sierra Leone.* Unpublished doctoral dissertation. Philadelphia, PA: University of Pennsylvania; Child Frontiers (2010). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper*. Bangkok, TH: Author.

[13] Stark, L., Muldoon, K., Lilley, S., King, D., Hotanga, P., Lamin, D., & Wessells, M. (2013). *Change that counts: Baseline report for the evaluation of an action research intervention to strengthen community based child protection mechanisms in Sierra Leone*. London, UK: Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.

[14] For both ethical and practical reasons, the action research is currently being extended to the former comparison communities, with support from the Oak Foundation.

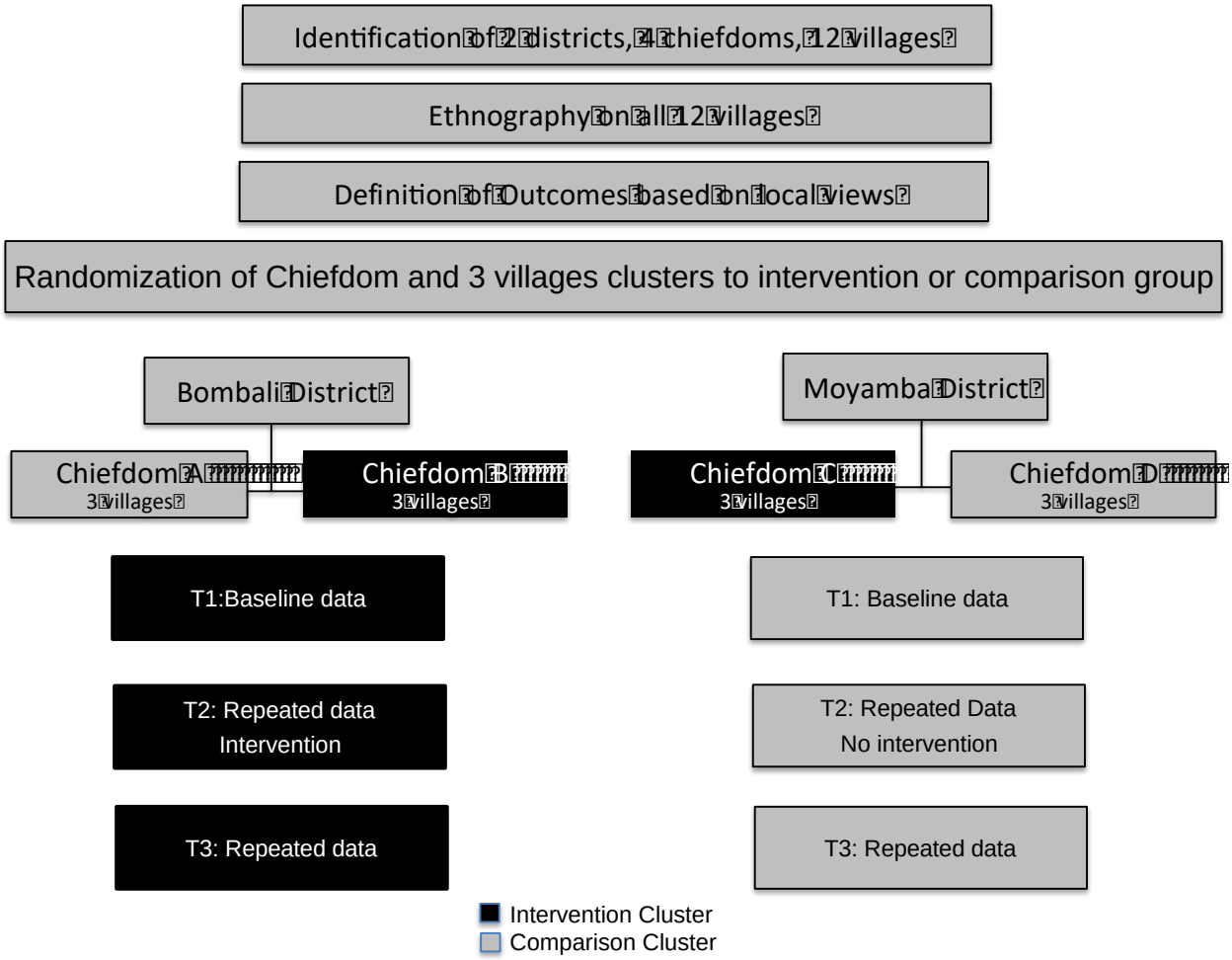

Figure 1. The design of the three-phase action research in Sierra Leone.[15]

To enable community ownership of work to support vulnerable children, the approach taken was that of participatory action research. In participatory action research, local groups of people collectively identify a problem of concern and then mobilize themselves to plan, implement, and evaluate an action to address the problem. This approach generates high levels of community ownership since it is the community that defines the problem, manages or implements the action, and holds the power and makes key decisions. The idea was to have communities choose a harm to children and then implement a self-designed action to address it. To promote bottom-up

[15] From Stark., L., Macfarlane, M., King, D., Lamin, D., Lilley, S., & Wessells, M. (2014). *A community-driven approach to reducing teenage pregnancy in Sierra Leone: Midline evaluation brief*. London, UK: Save the Children.

system strengthening, the communities were to choose and collaborate with formal (government) actors in the child protection system. The plan was to collect baseline, midline, and endline data by means of the aforementioned survey, and to collect qualitative data as well.

The Work of the Facilitator

Living within each intervention cluster was a trained facilitator who was highly process-focused and who enabled inclusive participation, slow dialogue, and group problem-solving and decision-making by the communities. The facilitator used the skills that are promoted through the use of the tools in Section 1 of this Toolkit. The facilitator rotated among the villages, spending one week per month in each village, and documenting the process through a mixture of summary notes and participant observation records. Working in sequential steps, the facilitator's role was to first help develop a process in which all community members have a voice in taking decisions and then to help the community decide which harm to children to address, which intervention to use, and how to implement it and take stock of its effects.

Avoiding directive action such as counseling or advising, the facilitator asked large numbers of questions that were designed to spark discussion and group awareness or to enable group problem-solving and decision-making. For example, the facilitator enabled inclusive participation by asking questions such as: "How does the community usually make a decision about something?" If local people answered, "By having a whole community meeting in the Chief's *barray*," the facilitator asked, "Does everyone come to the *barray* meetings?" If the answer was, "Yes, everyone comes to the *barray* meetings," then the facilitator followed up by asking, "What about the blind teenage girl who lives over there—does she go to the *barray* meeting?" or, "Are there people here who are poorer than other people and who have to work many jobs? Do they go to the *barray* meetings?"

By asking such questions and enabling discussion about them among many different people, the local people came to realize that the *barray* meetings were useful but excluded particular people. Also, the facilitator asked, "Does everyone who goes to the *barray* meetings speak up—for example, would a 12-year-old girl speak up?" Such questions typically evoked knowing smiles and answers such as "Well, no. It is adults who speak, and a child would not speak unless they were asked to."

The facilitator followed up with questions about what it means for a community to take a decision, asking, for example, whether everyone should have a voice in regard to a full community decision. Over time, people agreed that all community members should have a voice, and that the *barray* meetings, although very important, did not allow everyone to have a voice. This realization sparked much discussion about how the community could create a process that enabled everyone to have a voice. Having small group discussions was an alternative that community members rapidly identified.

To help communities think this option through, the facilitator asked questions such as: "If children and adults are in the small group together, will all members of the group feel free to speak?" or, "If girls and boys are together in a small group, will the girls feel free to speak?" The ensuing discussions evoked the realization that children would be most likely to speak

individually if adults were not present. Also, girls would be most likely to speak freely, particularly about sensitive issues related to gender or gender-based violence, if boys were not present.

Through extended discussion, the communities agreed that there should be a mixture of *barray* meetings and small group discussions among girls, boys, women, men, or elders, respectively. Each small group would identify a representative who would feed back to the *barray* meetings the main points from the small group discussion but without identifying who had said particular things. Because people with disabilities and the poorest of the poor did not attend meetings, communities made provisions for home visits to learn the views of people, including children, whose voices were typically not included in community discussions.

This achievement of an inclusive process for discussion and decision-making is best viewed as a social change process led by the community members themselves. The facilitator did not enter the discussions with a predetermined arrangement they wanted communities to adopt. In fact, communities were free to use their own imagination and to develop different alternatives. Nor did facilitators speak in favor of particular arrangements. Rather, they asked questions designed to help people to reflect on what would create an inclusive process. Community people themselves debated and discussed the merits of different arrangements, and they persuaded each other to change the more customary arrangement wherein the community held a *barray* meeting and took a decision, often with directive inputs from the Chief.

To enable this process of open discussion and collective decision-making, the action research team took three important steps, the first of which was to enable the Chief to step back a bit. This was done by talking with the Chief and asking whether it would be valuable to have the community people more involved in reducing harms to children and enabling children's well-being. Since Chiefs typically favored this, they answered in the affirmative, saying that Chiefs by themselves could not do all that is necessary to reduce harms to children.

This led naturally to a discussion of the benefits of a process in which many community people talked openly about harms to children and decided collectively how to reduce and prevent them. Recognizing that such a process required space for disagreements, the research team asked Chiefs whether they should be involved day-to-day in such discussions. The Chiefs typically replied by saying, "If I take part directly, it may be a problem because no one would disagree with the Chief." Out of these discussions came the agreement that the Chief would not himself participate in the discussions and actions by the community. However, in respect of the Chief's authority, the community process would report to the Chief. Also, the Chief appointed his operational officer—the Chiefdom Speaker—to listen in on discussions without guiding them and to report back to the Chief.

The second important step was to offer training and ongoing mentoring for the facilitators (see tool TRN 11). The initial week-long training was conducted with the support of district social workers, UNICEF workers, selected NGO workers, the research team members, and, of course, the facilitators. Having identified through discussion the key skills that facilitators needed (e.g., skills of listening and empathy, inviting different points of view, allowing time for discussions to occur, managing animated discussions, enabling collective decision-making, etc.), the group developed and conducted numerous scenarios and role-plays that anticipated discussions

between community members and brought to the forefront the role of the facilitators. Examples of these scenarios and role-plays are available in Section Two of this Toolkit. Following each role-play, a reflective space was created in order to invite the facilitators to reflect on how they had done, inviting feedback from the other participants, and discussing various options for improvement. In numerous cases, role-plays were repeated until the facilitators and others agreed that the appropriate skill levels had been attained.

Recognizing that more than one-off trainings were needed and that facilitators would likely encounter new challenges which required outside support, the team organized for the facilitators to be backstopped by more experienced mentors. David Lamin of UNICEF provided much of the backstopping for the facilitator in Moyamba, and Marie Manyeh, formerly of UNICEF, provided the backstopping for the facilitator in Bombali. Ongoing mentoring proved to be valuable in addressing difficult situations like that which arose in one community in Bombali, where there was contestation over who was the Chief. Also, the mentors observed the facilitators in action, suggested improvements, and in some cases helped community members think difficult questions through in a constructive, nondirective manner.

The third step was to emphasize the importance of respecting "community time." This meant that neither the facilitators nor the other research team members would 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 such as the use of contraceptives (which, for a time, elder men viewed as potentially corrupting teenagers' morals), they encouraged additional time for discussions.

In other words, the facilitators avoided rushing the process, and they harbored no preconceptions that agreement would eventually be reached. In fact, the training for the facilitators had emphasized that it is natural for communities to discuss and reach an agreement on how to move forward on some issues but not on others. It was not the facilitators job to try to force or impose agreement or, if agreement were achieved, to define its terms or elements. Throughout, the focus was on enabling community people themselves to lead the discussions, share divergent views, and take ownership for any decisions that were reached.

Communities' Planning Discussions

The community planning discussions were intended to focus initially on the selection of one harm to children[16] to address and then on how to address that harm through a community-designed action. Although these discussions were flexible and community-guided, they occurred within boundaries set by the action research team. For example, the research team set various action criteria (see tool MGM 5). Because the action research aimed to help strengthen wider child protection systems through bottom-up processes, one criterion was that a community-led action should link or collaborate with a district-level aspect of the formal child protection system. Other criteria were that the action should be low cost, feasible, sustainable, and ethical.

In addition, the three communities in each intervention (action) cluster were asked to work in a collaborative manner, selecting together which harm to children to address and then developing together an action to address that harm. This criterion enabled communities to learn from each other and ensured that the action would be tested in more than one community. Also, it enabled the establishment of a multi-village foundation for eventually scaling up the action to the entire chiefdom.

In order to plan together, the three communities in each action cluster decided to form an Inter-Village Planning Task Force (see tool MGM 3). This Task Force had five members from each of the three villages, with the five members elected from each of the subgroups: girls, boys, men, women, 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 *barray* 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 the action criteria and 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 the communities to develop highly inclusive participation and also to have the intensive dialogues that were needed to work through different views and to negotiate disagreements. 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 the morals of young people. Their views on this issue did not change by means of debate.

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[16] As pointed out in the accompanying Guide, communities may choose to address multiple harms to children or a single harm. 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.

Over time, however, 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?" Also, moderate men began speaking in favor of the use of contraceptives, setting a model for accepting the use of contraceptives. Equally important was that teenagers gave thoughtful, mature inputs into these discussions, and adults were impressed with their insight and sense of responsibility to their families.

By all accounts, the negotiation of views occurred not only in public discussions such as those in the *barray* but also in private discussions such as those which took place in homes. As this example indicates, the discussions of which harm to children to address overlapped with discussions about what action to take.

Both clusters of action communities chose teenage pregnancy as the harm to children to be addressed. This was not surprising since the ethnographic research had identified teenage pregnancy as one of the top four harms to children. Teenage pregnancy caused some children to drop out of school, and the conditions surrounding teenage pregnancy were linked to violence. In Sierra Leone, nearly one-third of the teenage pregnancies were the result of sexual abuse and exploitation.[17] 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. Throughout Sierra Leone, the problem of teenage pregnancy is of such great magnitude that in 2013 the President declared a state of national emergency in regard to teenage pregnancy.

The Community Action and Its Preliminary Effects

In both districts, the action cluster chose to address teenage pregnancy through a mixture of family planning, sexual and reproductive health education, and life skills. These were enabled in part through trainings provided by Marie Stopes and Restless Development in Bombali and by Restless Development in Moyamba. High levels of ownership were achieved by virtue of the fact that the communities themselves created an inclusive planning process, defined the problem to address, chose how to address it, and implemented the action. Collaboration with the government was achieved by virtue of the District Ministry of Health providing contraceptives, training health post staff on how to use implants, and having health workers educate on issues of puberty, sexuality, pregnancy, and pregnancy prevention.

The community action included: dramas followed by discussions; parent–child discussions on puberty, sex, and pregnancy; creation of and transmission by teenagers of youth-oriented messages about preventing teenage pregnancy; ongoing community dialogues and reflection

[17] Coinco, E. (2010). *A glimpse into the world of teenage pregnancy in Sierra Leone*. Freetown, SL: UNICEF.

about teenage pregnancy; and support from health workers and authorities. The main action elements are outlined in the box below:

Table 1. The main components of the community-driven action to reduce teenage pregnancy.

Element	Description
Collective dialogue, awareness raising, and negotiation	In village meetings and subgroups such as teenage girls, teenage boys, adult women, adult men, and elders, groups discussed the main harms to children, which issue should be addressed, how to address the issue, and diverse aspects of teenage pregnancy. These dialogues raised collective awareness and created readiness to receive various messages associated with teenage pregnancy.
Collective decision-making, empowerment, and responsibility	The communities made their own decisions about which issue to address, how to address it, etc. As a result, they saw the decisions and action process as "theirs," and they took responsibility for ensuring its success.
Linkage of communities with health services	The District Medical Office agreed to keep up the supply of contraceptives and train health post nurses to do procedures such as implants. Feeling supported by health staff, people visited the health post for contraceptives and invited nurses to visit the villages and help to educate people about puberty, reproductive health, and pregnancy.
Peer education	Having been trained by NGOs, community-selected Peer Educators (including teenage girls and boys) helped to educate their peers on an ongoing basis. Informal peer education occurred also through everyday discussions in the community.
Use of culturally relevant media	Using song and drama, peer educators conducted culturally appropriate educational activities such as role-plays followed by group discussions in which teenagers and adults discussed the benefits of good decisions made by young people, and the problems associated with bad decisions.
Child leadership and messaging	Girls and boys played leadership roles. Recognizing that children talk in distinctive ways, children created their own messages based on what had been learned in NGO-led workshops and discussions with health workers.
Inclusion and outreach	Representatives of diverse subgroups took part on the Task Force that facilitated much of the work to prevent teenage pregnancy. To include marginalized people such as children with disabilities, the Task Force members and also Peer Educators made home visits on a regular basis.

Parent–child discussions	Rejuvenating an older practice that the war had disrupted, 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 parental misconceptions.
Role modeling	By taking part in activities such as dramas and singing songs, young people, including teenage boys, signaled that they wanted to prevent teenage pregnancy. Similarly, parents provided role models for each other in talking constructively with their children about teenage pregnancy.
Legitimation by authority	The Paramount Chiefs publicly supported the importance of preventing teenage pregnancy and encouraged people to get involved in the intervention. Other community leaders such as teachers and religious leaders, also encouraged support for preventing teenage pregnancy.

The flavor of the community-led action may be obtained by considering a drama and discussion activity. Following the action plan developed by the communities (see tool MGM 12), a teenage girl and teenage boy acted out informally two key scenarios designed to stimulate awareness and discussion of the harm caused by teenage pregnancy and of means of preventing it. In front of a village audience, the first scenario showed a girl and a boy feeling attracted to each other and agreeing to meet up later at the video hall that night. There, they consumed alcohol and marijuana and afterwards had impromptu, unprotected sex. The next scene showed the girl being pregnant, having morning sickness, and feeling very badly because she had dropped out of school. The boy, too, was feeling badly since he had dropped out of school and was uncertain whether he was ready for family responsibilities. Both felt their futures had been ruined.

The second scenario showed the same girl and boy feeling attracted to each other. This time, however, they discussed their relationship and their mutual dream of obtaining an education and building a family together. Exploring the question, “What will it take for us to fulfill our dream?”, they agreed that early pregnancy could shatter their dreams. Having agreed to be careful in their sexual activity and to use contraceptives, they went on to earn their education, and married happily and started a family when they were ready.

Together, these scenarios sparked animated discussion about the harm caused by teenage pregnancy, about sexual and reproductive health, and about the importance of life skills in enabling young people to make good decisions and act in a responsible manner. These discussions frequently continued between parents and their children and also between teenagers who had not been in the drama. Together with the other intervention elements, they helped communities to mobilize themselves for social change away from the norm of teenage pregnancy.

With the community action having begun in March–April, 2013, the midline effects of the action were assessed in 2014 using the quantitative survey[18] and qualitative findings from key informant interviews and a community self-assessment.[19]

As shown in the box on the following page, the results at this stage were promising and featured high levels of community ownership and diverse signs of the action effects in addressing teenage pregnancy.

However, the results are preliminary in that more time was needed to see fully the effects of the action. Also, descriptions and qualitative data were not triangulated fully with the quantitative data. It was hoped that the subsequent endline measures would allow full triangulation and thorough analysis of the results, including systematic comparisons with the control clusters.

Unfortunately, the Ebola crisis erupted in Sierra Leone in August 2014. This made it impossible to collect the endline survey data as had been planned at the end of that year and which would have enabled the documentation and analysis of the full effects of the community-led action. Further, as the Ebola crisis continued, data from the field indicated that the Ebola crisis had interrupted the action and had introduced a host of confounding variables and threats to children, including increases in teenage pregnancy.[20]

Policy Impact

Notwithstanding the impact of the Ebola crisis, the interagency research approach and findings, which converged with the findings of other studies (e.g., Child Frontiers 2010), enabled the action research to have a significant influence on the national policy to support vulnerable children in Sierra Leone.[21] The findings that local people relied mostly on family and community mechanisms, and that community-owned processes were effective even in addressing

[18] From Stark., L., Macfarlane, M., King, D., Lamin, D., Lilley, S., & Wessells, M. (2014). *A community-driven approach to reducing teenage pregnancy in Sierra Leone: Midline evaluation brief*. London, UK: Save the Children.
[19] Wessells, M., Lamin, D., & Manyeh, M. (2014). *An overview of the community-driven intervention to reduce teenage pregnancy in Sierra Leone*. London, UK: Save the Children; 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.
[20] 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, UK: Save the Children.
[21] Wessells, M. G., Lamin, D., Manyeh, M., King, D., Stark, L., Lilley, S. & Kostelny, K. (2017). How collaboration, early engagement and collective ownership increase research impact: Strengthening community-based child protection mechanisms in Sierra Leone. In J. Georgalakis, Ramalingam, B., Jessani, N., & Oronje, R. (Eds.), *The social realities of knowledge for development: Sharing lessons of improving development processes with evidence* (pp. 74–93). London, UK: Institute for Development Studies.

challenging issues such as teenage pregnancy, augured in favor of a policy that emphasized the importance of supporting existing family and community mechanisms. At the same time, research conducted by Harvard University with UNICEF indicated that local people were more likely to report severe violations against children to two people—focal points—who had been chosen by the community and trained for their work.

The findings were sufficiently encouraging that the Sierra Leone Government and UNICEF decided to develop a new policy that placed support for families and communities at the center and avoided the "add a structure" approach that governments frequently take in addressing problems. To support the drafting and development of a new policy, UNICEF hired Child Frontiers, the consulting group that had led the initial mapping of the child protection system in West Africa.

The development of this new policy was interrupted by the Ebola crisis beginning in August 2014, and also hampered by turnover in the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA). Nevertheless, the Government of Sierra Leone enacted in December 2015 a new Child Welfare Policy that embodied the insights from the interagency action research. Ultimately, the GoSL listened to the research because they saw it as their own and as addressing the questions that were at the heart of their efforts to support vulnerable children.

Promising Findings

The results included positive outcomes related to child protection, the community process, and system strengthening.

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.

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, villages frequently invited nurses and other health staff to visit in order to educate villagers 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.

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 the intervention communities in both districts, 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, many 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. Grandmothers, who are respected community figures, assured that it is impossible to hide pregnancies in the villages.

Spinoffs. Participants said that school dropouts had decreased. Also, some villages had spontaneously begun to discuss the problem of early marriage. Having learned more about the adverse effects of teenage pregnancy, villagers had begun to question the appropriateness of any teenage pregnancy and also of early marriage.

The implementation of the new policy faces challenges related to scale, cost, and the capacities of different partners to enable effective implementation. Via UNICEF, a technical unit of four agencies that had been very active in the research has been convened to plan and prepare for the rollout of the new policy using the methods and approach of the research. The plan is to go to scale in a measured approach that enables learning about capacity building and implementation on a continuing basis.

Initially, the approach will be extended throughout Moyamba and Bombali Districts through partners that have been trained on how to facilitate the community-driven approach. Subsequently, the community-driven approach will be extended to cover all 14 districts. In this manner, UNICEF, the GoSL, and the research team hope to address the frequently expressed concern that bottom-up approaches have difficulty going to scale. Collectively, this work will transform the strictly top-down approach to child protection system strengthening toward the mixture of top-down and bottom-up approaches that are needed for building a system that effectively enables children's protection and well-being.

MGM 3. Enabling Inter-community Collaboration: A Sierra Leone Example

Inter-community collaboration offers numerous advantages, not least of which is the opportunity for co-learning by peers working in different contexts. Collaboration across communities can also serve as a means of scaling up a community-led approach.

Whether to enable inter-community collaboration and how to enable it are questions that are best answered not by outsiders but by communities themselves. As is true of most matters pertaining to community-led child protection, the context is critical, and communities themselves should be in the driver's seat. In an urban setting in which one neighborhood feels that it is too different from other neighborhoods or is in too conflictual a relationship to enable effective collaboration, a community might elect not to collaborate with other neighborhoods or communities.

If, however, different communities are open to collaborating, they should decide how to collaborate, and which processes would enable the collaboration.

This tool outlines the approach for inter-village collaboration that communities in Sierra Leone developed. It is not intended to be a prescription for different settings but serves as one useful example of how communities may enable productive collaboration with each other on their planning and action in support of vulnerable children.

The Formation of the Inter-Village Task Force (IVTF)

In Sierra Leone, communities decided to work together after individual communities had begun to discuss which harm to children they wanted to address. This timing was likely beneficial since the discussions heightened awareness of the situation of children in the wider area as in the village itself. Also, the discussions pointed out the complexity of the harms, and this may have increased people's desire to learn how other communities saw the question of harms to children and were thinking of how to address them.

When the communities indicated their desire to collaborate, the facilitators asked how, practically, that could happen. Discussions at community level rapidly noted the challenges of distance, time, and cost that might be involved in bringing together entire villages for discussion with other villages. Various community members in each village suggested that maybe there could be a small group of people from different villages who could help move the planning forward. Because each village already worked with small groups of girls, boys, women, men, and elders, respectively, it was natural for communities to raise and support the idea of a cross-village planning group that included members of each subgroup from each village.

This cross-community group—called the Inter-Village Task Force (IVTF), consisted of 15 people—5 from each community. The 5 people from a particular village were representatives who had been selected from their respective small groups. Thus, each village had a teenage girl, a teenage boy, a woman, a man, and an elder represent them on the IVTF. This afforded each

village an equal voice and ensured diversity and representation of each of the five subgroups. Consistent with its facilitative role, the IVTF was a forum where each community shared its views, learned from each other's views, and attempted to find areas of agreement, which would then be shared back to each community. The IVTF could suggest which harm to children to address, although the individual communities continued to hold the decision-making power.

To maintain equal power, it was agreed that the IVTF should meet in a place that is readily accessible for all three communities. If the communities are far apart, it can be useful to rotate the meetings across villages, paying small transport and food costs while the host village provides sleeping accommodation if needed. The importance of symbolism should not be underestimated, since perceptions that one village is favored in the process could have presented a significant obstacle to the work of the IVTF. Both the facilitators and the IVTF members in Sierra Leone team managed these expectations successfully and reminded everyone that the IVTF had a facilitative role, all three villages were equal partners within it, and individual villages held significant power.

Planning Discussions and Cycles

In the initial IVTF meeting (which usually lasts a full day), both the facilitator and a senior mentor were present. The meeting opened with a prayer and greeting from the host community with wishes for a productive collaboration in support of vulnerable children. Following introductions, the facilitator set the stage by welcoming the members from all three communities and thanking everyone for their spirit of collaboration. From there, the main tasks were sharing, co-learning, and finding common ground. The first substantive discussion gave equal time to each community to discuss its context and what people saw as the top main harms to children that could be addressed via a community-led intervention. In the afternoon, there were open discussions of similarities or areas of agreement. By identifying common ground, these discussions began to lay the foundation for agreement and collaboration. It was natural, however, for people from each community to focus first on pressing the views of their own community. Yet the facilitator and the mentor kept the focus on areas of agreement and built on expressed views about the importance of flexibility and collaboration. This approach helped the communities to settle on a common harm to children to be addressed.

To reach this point, there had been sufficient time for the completion of several planning cycles, where each cycle consisted of a full community meeting and subgroup meetings in each village followed by an IVTF meeting. This iterative process enabled the IVTF to help the communities to move forward together, yet it also kept the individual communities highly empowered and feeling ownership for the process and decisions taken. By about the third cycle, the IVTF narrowed down to two harms to children, and communities were supportive of this "shortlist."

When it came time to choose between the two alternatives, there was a divergence of views between the IVTF and one of the communities regarding which harm to children should be selected and addressed collectively. Additional diplomacy helped to overcome such challenges, and the facilitator spent extra time in that community in hopes of enabling full discussion. It was important that the facilitator avoided imposing on the community by pressing it to accept the wishes of the other two communities. In one case, this required slowing down and inviting the

IVTF members and others to help find a solution that balanced the value of collective action with respect for the rights of each community to make its own decisions.

The Sierra Leone facilitators also found that it was useful to help community members identify overlaps or connections between the two short-listed harms to children. Often this happened as community members began thinking ahead about possible community actions to address the harm to children. For example, if the one community wanted to address out-of-school children while the IVTF favored addressing teenage pregnancy, it was useful for the facilitator to highlight the learning phase findings that teenage pregnancy is one of the primary causes of children being out of school. In this respect, it made sense for community actions that aim to address out-of-school children to have elements of helping to prevent teenage pregnancy. This approach helped to build agreement across all three communities. During this process, the facilitator reminded everyone that the detailed intervention planning lay ahead and that the insights from the current dialogues would be fed into the subsequent planning discussions. As this example suggests, it can be helpful during these discussions to keep an eye on what is practical to accomplish.

Through this iterative process, the communities in both regions of Sierra Leone chose to address the problem of teenage pregnancy. Many such pregnancies stemmed from sexual abuse, and the girls who became mothers at a young age not only had to drop out of school but also suffered economic hardship that led them into sex work. A key to the planning process at this point was its inclusivity. Through the subgroup discussions and home visits, care was taken to ensure that the voice of each child was heard in the discussions of which harm to address.

Planning the Community Action

After the communities, working with the IVTF, had decided to address teenage pregnancy, it seemed clear that working via the IVTF was potentially useful and could be extended to facilitate the planning of the community action. An important prelude, however, was to ask communities whether the IVTF membership needed any adjustment. After all, individual Task Force members could have changing circumstances such as a family illness that could have made it difficult for them to continue. In addition, teenage pregnancy is a problem that involved and affected young people. A natural question to ask is whether the IVTF composition needed to be reconfigured to allow, for example, increased inputs from children. In reflecting on these questions, the IVTF and the communities decided to add an additional female and male youth leader from each community. Thus, the IVTF included 7 people from each village, with a total of 21 members. That nearly all the previous members continued indicated the keen interest and excitement that the process was generating.

As the IVTF met to begin planning action by all three communities to address teenage pregnancy, the facilitators helped them to reflect on their facilitative role and the importance of enabling all three communities to reach agreement on a single intervention. The facilitators stressed that general agreement rather than universal consensus was needed. IVTF members were invited to think back on the importance of the planning cycles that included a mix of IVTF discussions and community planning discussions, with the latter including full community

meetings, small group discussions, and home visits. This reflection led the IVTF to choose to continue using this iterative approach in planning the community action.

As the action-planning discussions began at community level, particular ideas came forward about what actions would help to prevent teenage pregnancy. One idea was that girls needed the confidence and life skills needed to say "No!" to sexual advances or harassment. Another was that children and parents needed better understanding of puberty, pregnancy, pregnancy prevention, and issues associated with sexually transmitted infections. Still another was that teenage pregnancy could be reduced by providing better education and building schools in villages that had no secondary schools.

During these discussions, the facilitators helped the IVTF to take into account the action criteria (see tool MGM 6), which included things such as low cost, sustainability, and linkage with formal stakeholders. Although the criteria came from the action research team, they were not imposed on the IVTF or the communities themselves. For example, the facilitators stirred discussion of sustainability by asking whether most NGO projects continued beyond their period of active funding. Typically, IVTF members answered this in the negative. The facilitator then asked whether the harm to children they want to address is likely to continue over time. Having answered this issue in the affirmative, the IVTF members reflected on how they wanted the communities' intervention process to benefit children over longer periods of time. In this manner, communities embraced the sustainability criterion as being within their own interest. Once communities embraced the importance of sustainability, it was a short step to helping them to see the benefits of using a low-cost approach. These discussions also helped the IVTF to consider which actions were feasible. Impoverished people were quick to realize that expensive approaches such as building schools would not be sustainable if there are shortages of qualified teachers and little support from the Ministry of Education.

The IVTF members also reflected on the potential value of linking with and collaborating with formal stakeholders, which is crucial in a systems-strengthening approach. Having selected teenage pregnancy as the issue to be addressed, communities wanted the Government to help by, for example, providing contraceptives. The IVTF moved this process forward by asking the facilitators and mentors whether this was possible. This question led the facilitators and mentors, in collaboration with UNICEF, to enquire whether the district level Ministry of Health could be reliable partners in providing contraceptives. Having received an affirmative answer, they visited the district MoH and began discussions that eventually led to collaboration with the communities. The IVTF and the communities were happy with this process since it was not imposed, and the collaboration could help them to address a problem—teenage pregnancy—that they had not succeeded in addressing on their own.

Throughout the planning discussions, the IVTF facilitated the process but did not direct it. Among its most important tasks was to enable an inclusive planning process. IVTF members did this by encouraging many community members to participate in the dialogues and in planning how to address teenage pregnancy. Each IVTF meeting was followed by a cycle of whole community discussion, small group discussions, and home visits. The cycles continued until the communities seemed to have achieved a general agreement on the outline of the action they wanted to take.

At that point, the facilitators and mentors invited the IVTF to have a two-day workshop for the purpose of developing a working plan for the action that could then be shared with communities, subjected to any final revisions, and approved at local levels. This working plan consisted of an intervention matrix (see Tool MGM 12) that spelled out each action element (family planning, sexual and reproductive health, and life skills). For each element, there was a corresponding objective and rows of the matrix that defined the who, what, when, and where of the associated activities that would help to achieve the objective. In other words, for each objective, participants defined what steps will be taken or activities implemented, who will do them, approximately when they will do them, and any other information concerning the how. The draft plan was shared with the respective villages, and minor adjustments were made to the action plans. The process ended with the three villages and the IVTF agreeing to the action plan.

Enabling Community-Led Action

With the communities having decided which action they would take to address teenage pregnancy, the next step was for communities to decide how to organize themselves for implementing the action. Since the IVTFs had already been formed for planning purposes, the facilitators asked the communities whether the IVTFs would be useful for facilitating or overseeing the community action. Importantly, there was no pressure from the facilitators to have the IVTFs continue. Indeed, the facilitators were open to other possible processes the communities might have developed as a means of enabling the community-led action. As it was, the communities liked the approach of carrying on with the IVTF, which they themselves had formed, and they wanted the members of the IVTF for each village to facilitate the action process in their respective villages.

An important question was whether the IVTF membership should remain the same as it had been during the action planning. This question was important because members of the IVTF did not initially volunteer for a long-term post. Also, it was possible that the circumstances of some IVTF members had changed (e.g., due to an illness in the family), making it difficult for them to continue on. Since the action process was usually more time-consuming than the planning process had been, it was respectful to give people space to make their own decisions about whether to continue.

Further, the nature of the action raised questions about the composition of the IVTF. Since the intervention involved high levels of activity by teenagers, it made sense to ask the community whether it wanted to reconfigure the IVTF membership to take that into account. The communities decided that since the intervention aimed to prevent teenage pregnancy, it made sense to add additional female and male youth leaders to the IVTF. Thus, each village had seven rather than five members on the IVTF, with four of the seven members being young people. This arrangement made sense to the communities, which recognized the central role of young people in pregnancy prevention. Elders accepted this shift because they saw young people as taking responsibility for achieving community-defined aims.

As the communities implemented their self-designed action, the IVTF members encouraged full participation by different people in the communities. They also worked closely with the Peer Educators who had been trained by NGOs on issues of family planning, sexual and reproductive

health, and life skills. Across the villages, the IVTF helped to monitor how the community action was going and whether adjustments were needed. For example, if contraceptives were not available to people in one community, the IVTF members in that community could bring the situation to the attention of all three communities and also the facilitator and mentor. The mentor played a key role in working with the Ministry of Health to make sure that the supplies of contraceptives were maintained.

Over time, the IVTF members and the Peer Educators realized that the inter-village monitoring and coordination would likely be more effective if each village had a focal point as the main point of information. This change, however, did not diminish the important role played by the IVTF. Not only did the IVTF help to promote and coordinate the community action but it also provided a useful means of collective reflection and making any needed adjustments. Over a year after the community action had begun, the IVTF played a key role in taking stock of how the action was working, what challenges it faced, and what, if any, adjustments were needed. This type of self-reflective, local evaluation process is important for enabling ongoing community-led action.

It is worth emphasizing, however, that the IVTF is not a "silver bullet" approach that will work well in all circumstances. The essence of a community-led approach is that communities themselves must be free to decide how to organize themselves and conduct their collaborative action. Collectively, we have much to learn from different communities and groups thereof about how communities can effectively take action together on behalf of vulnerable children. Thus the IVTF approach is only one of many possible approaches, and it is offered here in a spirit of co-learning.

MGM 4. Phases, Objectives, Steps, and Benchmarks

Note: This tool provides an indicative overview of the various phases of the community-led work. However, it is not intended to be a checklist or template for all community-led work. Also, it is important to note that in practice, the process is often more circular than linear, with extensive overlap between different phases and steps.

Phase	Objective	Steps	Benchmarks
Agency preparation (2–3 months)	• Promote coordination and buy-in from different actors • Help the agency prepare for this process	• Discussions with relevant coordination groups and Government actors • Agency senior managers learn about community-led approach • Agency reflection meetings on changed role and modalities of work • Hiring and initial, week-long training of facilitators • Agency thinks through issues of ethics and child safeguarding in regard to community-led approach	• Different stakeholders, including the Government, buy into and support the community-led work • NGO decides to use a community-led approach • NGO makes needed adjustments in human resources, program approach, and child safeguarding procedures • NGO formulates its boundary rules and intervention criteria
Learning about the community (2–3 months)	• Learn deeply about the community and the perspectives of many different people • Establish respect and trust with the community	• Meet with chief, elder men and women, youth leaders, etc. to explain purpose and approach • Use a nonjudgmental, participatory, open-ended approach to learning • Analyze the data with close attention to participants' narrative and direct observation • Feed findings back to the community	• Authentic spirit of trust and co-learning with the community develops • Community validates the learning findings • Community begins to reflect on what they could do to address the harms to children that were identified • Community agrees to continue thinking about action with the agency

Planning, issue selection (7–12 months)	• Enable the communities to select which harm(s) to children to address • Enable inclusive community planning on which harm to children to address • Enable meaningful child participation	• Mentors are hired and oriented • The community holds open meetings to discuss which harm(s) to children to address • The community discusses how to create a more inclusive process • If the community decides to have small group discussions, those begin, with representatives feeding key points back to the community discussions • If the community decides to collaborate with other communities, then it decides how joint planning will occur • Throughout, the facilitator enables a process of slow dialogue, collective reflection, and joint decision-making • Communities decide whether they want to collaborate with formal stakeholders • Facilitators and mentors check on appropriateness and feasibility of linkages and collaboration with district or provincial authorities • Iterative discussions at different levels continue until wide agreement has been achieved	• First community planning discussion is held • Community recognizes the limits of open community discussions • Community decides how to create an inclusive process • Highly inclusive process for choosing the issue is established • Small group and inter-community planning groups form, if relevant • Individual communities develop a shortlist of the most important harms to children to address • Communities select which harm(s) to children to address • Transition plan for facilitator and agency is developed
Action planning (2 months)	• Enable inclusive community planning on a community-led action • Enable meaningful child participation	• Facilitators and mentors receive training on action planning • Continue the community, small group, and inter-community dialogue processes as above but with a focus on the communities' action • Communities explore whether they want to adjust the representation on the inter-community process	• Highly inclusive process for communities deciding which action to take in addressing the selected harm(s) to children • Community develops action plan that fits with the broad intervention criteria • MoU signed with community-selected

		• Communities decide whether they want to have particular trained subgroups (e.g., Peer Educators, Parents' Group, Youth Group, etc.) lead or conduct work on particular aspects of the action • Communities decide which formal stakeholders to collaborate with • Meetings with formal stakeholders regarding how they could collaborate with the communities and support the community-led action	formal stakeholders who will collaborate with the communities on the action
Action (ongoing)	• Enable inclusive participation in the community-led action • Enable meaningful child participation	• Facilitators receive training on their changing role, the transition process, and documentation • Community chooses and receives capacity building as needed • Community develops and implements its own messages and activities (e.g., role-plays, community drama and discussion, campaigns, parents' discussions, meetings with school officials, etc.) • Space is included for impromptu supporting activities • Community monitors its activities and adherence to its action plan, making adjustments as needed • Mentors or agency staff monitor the support by formal actors, advocating with them as needed	• Highly inclusive process for communities implementing their action plans for addressing the selected harm(s) to children • Communities receive needed capacity building per their plans • Formal stakeholders do their part to support the action
Evaluation	• Take stock of how inclusive and community owned the action process	• Communities hold periodic meetings to reflect on the action process and how to make improvements or address challenges that have arisen	• Narrative data on the action process, benefits, and challenges • Data on actual outcomes for children

	is • Collect empirical data on the effectiveness of the action, with comparison of baseline and endline data	• Near its exit time, the external agency conducts a participatory evaluation that includes data on outcomes for children	• Learning from both the community-led and the external evaluations are fed back to communities, who decide on adjustments

MGM 5. Qualities of Facilitators of a Community-led Approach

Qualities	Description
Humility	Does not put themselves "above" or judge other people; recognizes the many things that local people know about the situation, their children, their values and practices, etc. that they do not know. Does not position themselves as an "expert."
Empathy	Uses elicitive questions and reflective listening to understand the other person's perspective; seeks to "walk a mile in the other person's shoes."
Trust and respect	Treats all people with dignity and builds positive, appreciative relationships. Recognizes the unique situation of each individual. Sensitive to issues of power, equity, gender, class, and power.
Inclusive/participatory	Seeks to engage with everyone and to invite their voice and agency in the planning discussions and decisions. Invites the participation of girls and boys of different ages, without upsetting local norms.
Accompaniment	Is patient with the community as it moves in "community time." Neither guides the community toward a pre-defined end nor forces it to meet outsider deadlines.
Adaptability	Able to deviate from a plan, changing approach and timing as new opportunities or obstacles arise; good problem solver.
Versatility	Develops rapport and relationship with different people using different approaches and interpersonal skills as appropriate to the particular individual or subgroup.
Ethical	Acts in accord with accepted ethical principles; reflects regularly on ethical dilemmas that arise, seeking others' advice as needed; protects the best interests and well-being of children.

MGM 6. Sample Action Criteria

Note: These action criteria are illustrative only. Although action criteria may be set by external actors such as NGOs, they could also be set through a participatory dialogue with communities.

1. ***Addresses a community-selected harm or harms to children.*** The harm(s) should be child protection issues (defined broadly) that diverse people, including children, view as important and that are chosen by the community itself, without being pushed or guided toward it by outsiders. The harm(s) need not be the most important issues—they can be ones that people feel are ripe and feasible. Most likely, the selected harm(s) will be issues that communities had identified in the learning phase.

2. ***Inter-community collaboration.*** We want three communities to work together, if possible, in selecting which harm to address and in developing and implementing a community-led intervention. This collaboration enables co-learning across communities and likely strengthens the quality of the intervention. In practice, the collaboration means that all three communities will need to identify a commonly agreed harm to children to address, a commonly agreed intervention to address it, etc.

3. ***Linking intervention***. The intervention involves collaboration—making a linkage (or strengthening an existing one)—between the three communities and a formal, government-led aspect of the national child protection system. This could involve social welfare, health, education, etc. This criterion rules out many otherwise valuable actions (e.g., livelihoods actions such as animal-rearing to prevent children from being out of school—unless such actions include collaboration with formal system stakeholders).

4. ***Common action by all three communities***. There is one action plan for all three communities. That one action could address a single issue (e.g., teenage pregnancy) or multiple issues (e.g. a successful intervention for reducing teenage pregnancy would likely increase ongoing school attendance for girls, thereby addressing another risk). The common action could involve multiple facets. For example, an action to reduce teenage pregnancy might have (but does not "have to" include) things such as condom distribution, reproductive health education by health workers, and community health education. Individual communities could still improvise, yet the improvisations would be in the service of the wider action plan.

5. ***Likely to be effective***. One of the challenges in community-led work is not to support community actions that have proven to be ineffective in different settings. The facilitator will need to work with communities to help them reflect on the likely effectiveness of different approaches and, if needed, to learn from other resources such as other communities or NGOs.

6. ***Social justice.*** The action should be owned and supported by diverse people, including marginalized people, children, and people outside the chiefs' family, favorites, etc. It also means that the action "belongs" to all three communities, and is not guided mainly by people in only one community.

7. ***Ripeness***. People in both the villages and the government office involved should be enthusiastic and ready to implement or support the action. The implication is that community discussions and government discussions need to be initiated around the same time. It would be unproductive for communities to select an action that involves stronger links with social workers if the Ministry that oversees social workers was unsupportive.

8. ***Feasibility***. The action should be doable, keep within budget constraints, and not be hindered by excessive logistical requirements (e.g., weekly visits during the rainy season when the rivers flood and bridges wash out) or political complexities.

9. ***Low-cost***. We don't want a fancy action that is costly and unsustainable. We're basically facilitating straightforward actions that include sustainable, useful linkages.

10. ***Sustainability***. If the community action is likely to end or collapse at the end of the funding period, then it is unsustainable. The action should be a process and piece of work that community people and government workers will carry forward even after the end of the funding.

11. ***Ethics***. The action process and the steps taken should respect ethical principles, avoid causing unintended harm, and manage ethical issues such as raised expectations.

MGM 7. Sample Roles and Responsibilities of Mentors

Note: The roles and responsibilities of mentors, and even the use of the term "mentors," is highly contextual. This tool is offered for purposes of illustration only.

A team approach is of vital importance in enabling community-led work on child protection. Facilitators benefit from having an experienced hand serve as a mentor, who serves as a role model, guide, sounding board, and support for their work. Typically, the mentor works with a small number of facilitators. Here is a summary of the mentor's role and responsibilities in the community-led work of the Interagency Learning Initiative.

Role. The mentor's role is to support and backstop facilitators who enable community-led work. The mentor serves as a co-learner, coach, role model, and support for the facilitators and provides a senior presence who helps to solve problems and address challenges.

Responsibilities

- Communicate biweekly with the facilitators, offering encouragement and support;
- Listen to community people in bi-monthly field visits, and use what is learned to help the facilitator reflect on how to make improvements;
- Coach the facilitators, giving them ongoing advice and training on how to improve the quality of their work;
- Engage regularly with the facilitators in discussing and solving problems that have arisen;
- Advise the facilitators on how to stay true to their intended roles and a community-led approach;
- Engage with the facilitators on ethical issues, helping them think through dilemmas and take appropriate courses of action;
- Liaise regularly with the facilitators' line manager(s);
- Facilitate district government partnership in the linking intervention, as stated in a written plan or MoU that spells out roles and responsibilities, timetable, etc.;
- Monitor government and NGO fulfillment of their responsibilities, pressuring them when needed;
- Make regular visits (preferably one per month) to the communities in order to work with relevant community members, government, and NGO partners;

- Keep a journal or monitoring log of all meetings and discussions with Government and NGO stakeholders, identifying key points of discussion, agreements or actions taken, and any gaps or challenges.

MGM 8. Thinking Through Facilitators' Ethical Responsibilities

Facilitators in a community-led approach are required to behave in ways that are ethical, role appropriate, and respectful. Ethical issues are omnipresent and do not allow simple black and white answers. They are sufficiently complex that facilitators should never feel that they are left to address them "on their own." In fact, dialogue with mentors, superiors, and community people of high integrity is essential for taking stock of different situations, reflecting on one's own behavior, and following a contextually appropriate course of action.

A dilemma for many NGOs is how to balance a community-led approach with their Child Safeguarding and child protection policies. This issue is particularly acute with regard to the question of whether a facilitator in a community-led approach should be obligated to report violations against children that they observe or become aware of. For example, should a facilitator who observes a father beating his child for misbehavior following the local social norms report this violation to their agency? For many agencies, there may seem to be no dilemma, as their Child Safeguarding policies dictate that all staff have an obligation to report in ways that follow their agency procedures. This reporting obligation recognizes that the NGO has an ethical obligation to respond and that it would be unethical to do nothing while violations are occurring and children's rights are being trampled.

Although this approach has its merits, it poses significant problems in a community-led approach. For one thing, if a facilitator reported a violation and their agency responded, even referring the case to authorities, local people would see the facilitator as judging or monitoring local people, thereby undermining trust and the facilitator's perceived neutrality. From the agency's standpoint a significant problem is that the agency's Child Safeguarding policy, which has a top-down approach, is on a collision course with a community-led approach. Adherents of mandatory reporting will likely argue that such a collision is appropriate and that ethical reporting processes take precedence over the continuation of community-led approaches.

However, an alternative way to conceptualize the ethical issues here is to recognize that the undermining of a community-led approach also has ethical implications. If the community-led approach is having benefits for children now, would it be ethically advisable to undermine the process that yields those benefits and protections for children? Also, if the community-led approach has more sustainable benefits for children, is it ethically advisable to deny children those benefits? Perhaps a mandatory reporting obligation reflects a case-based approach to thinking about ethics, whereas ethical consideration should be given to the wider group and to the benefits that come with effective community ownership and prevention.

Let's explore this further using a hypothetical scenario. Using a community-led approach, your agency has enabled a community process that has made significant reductions in teenage pregnancy. Across six villages, there have been reductions each year of approximately 15 teenage pregnancies, which carried increased risks of things such as maternal mortality, dropping out of school, and engagement in sex work for purposes of survival. Now consider whether a

facilitator who observes a father beating his child for misbehavior should report this violation to their agency. They know that reporting will undermine the community trust since the agency will be likely to follow a top-down process of either visiting and educating the father, or, if the beating were severe, reporting the father to the authorities. For ethical reasons, the facilitator is reluctant to undermine the community-led process that seems to be helping to save lives and reduce girls' exposure to significant risks such as teen pregnancy and sexual exploitation. At the same time, the facilitator thinks it would be unethical to do nothing, as that could enable the beating to continue and might make them and their agency complicit in it.

This kind of ethical dilemma, which has many facets, admits no simple answers. It is not presented here as a way of suggesting that agencies should do away with their Child Safeguarding policies or should go along with whatever communities want to do in raising and guiding their children. Rather, it is to suggest that agencies need to wrestle with these ethical issues and not leave facilitators in a community-led approach either paralyzed in their dilemma or left to think it through on their own, which could lead to inconsistent approaches across facilitators.

This tool invites agencies to intentionally think through the ethics of this kind of situation and to give coherent guidance to their facilitators. In a spirit of dialogue, the box below shares the approach that has been developed by one interagency team.

Example: Interagency Action Research on Community-led Child Protection Processes 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.

MGM 9. Sample Initial Work Plan for Facilitators

Note: This work plan from Sierra Leone outlines the early part of the planning phase in which communities engage in dialogue and select which harm to children they want to address. It assumes that the work on preparation and learning about communities has already occurred, as facilitators may or may not have been involved in those phases. It also assumes that the facilitators have been trained and are prepared for their work. This outline is for purposes of illustration and is not intended to be a template for all settings.

Month 1

- Initial meeting (with Mentor) with Paramount Chief, Chiefdom Speakers, and Government Social Worker assigned to the Chiefdom, explaining our purpose and process, and asking the Chief's support (without them controlling the process) in collaborating with the community, which will use a slow, inclusive process of dialogue to select a harm to children that will subsequently be addressed through community-designed and -led intervention.

- Meet informally with key community stakeholders—section and town chiefs, imams, pastors, teachers, influential women, youth leaders, etc., explaining our purpose and process.

- Enable first open community meeting (one in each of the three communities), to explain our purpose, invite collaboration, spark thinking about harms to children (which may have changed significantly due to the Ebola crisis), explain the process of the community-led work, and identify the prospective roles of (a) the community, and (b) the facilitator.

- Facilitator takes transect walk, stopping to meet and talk with people in difficult circumstances who may not attend community meetings.

- Facilitator lives/works in communities at least 21 days of each month, getting to know people, building relationship and trust, doing participant observation, ensuring inclusive process, and keeping records of their work. In general, the facilitator lives in each community for one week each month, although following a schedule that is flexible and fits the needs and situation of different communities.

- The facilitator outlines the temporary nature of his or her engagement and how it supports community-owned action.

- Facilitator submits the monthly report by the end of the month. (The report includes two elements—(a) a short summary of the community process and the key events/accomplishments by the community, and (b) one participant-observation).

Month 2

- Facilitator lives/works in communities as above, continuing relationship-building, doing participant-observation, and learning about power relations via transect walks and discussions.

- At the next community meeting, the facilitator enables initial dialogue and reflection about how to develop a process in which all community members have a voice and help to select one harm against children to address through collective action. The facilitator also invites ideas about which harm to children should be addressed by the community.

- If the community meeting suggests having subgroup discussions, organize and facilitate initial discussions with groups of approximately 10 people, inviting dialogue about which harm to children to address via a linking intervention (and why). Conduct discussions with 5 separate subgroups.

- Talk with people at random and in daily activities (e.g., over meals or on the way to school) about their thinking on which harm to children should be addressed.

- Submit monthly report by end of the month.

Months 3 and 4

- Facilitator lives/works in communities as above and continues to promote an inclusive process.

- At next community meeting, the facilitator invites ideas about which harm to children should be addressed by the community, with ideas from the previous small group discussions fed in anonymously. By asking questions, the facilitator also invites the group to reflect on the fact that some people cannot or do not participate in community meetings or small group discussions. The community engages in problem-solving dialogue about how to invite and include the views of such people. Home visits may be an option, but the community may have better ideas.

- The facilitator helps to prepare for the home visits or other option the community has chosen for including marginalized people and people who do not or cannot attend community meetings and small group discussions.

- Subgroup discussions continue on which harm to children to address. This time and from here on, the subgroup discussions should be facilitated by a member selected by the group, with the facilitator present as an observer and resource, or not present. Afterwards, the facilitator should work with the subgroup facilitator on how to feed the main points back to the full community meeting.

- Facilitator submits monthly report by end of the month.

Month 5

- Facilitator lives/works in communities as above. If the discussions within the community are inclusive and include a cycle consisting of community meeting—subgroup discussions—home visits, the facilitator now begins discussions on inter-community collaboration.

- At the next community meeting, the facilitator encourages the community to consider the value of collaborating with other villages. If communities are receptive, a planning facilitation group such as an Inter-Village Task Force (IVTF) is conceptualized.

- Facilitator works with each subgroup to select one member to represent the subgroup on the IVTF.

- Plans for the first IVTF meeting are developed. Facilitator works to make sure that people understand that the IVTF is not directive but facilitative.

- Subgroup meetings continue, with home visits and outreach to include the views of marginalized children and other people.

- Facilitator submits monthly report by end of the month.

Months 6–8

- Facilitator lives/works in communities as above.

- Each month, there is a full planning cycle consisting of an IVTF meeting followed by (in each community) a community meeting—subgroup discussions—home visits. Over time, the facilitator helps the communities to develop a common short-list of, e.g., the top two harms to children that the communities want to address collaboratively.

- Facilitator and mentor scan for how to link action options under discussion with government collaborators, encouraging options that have positive, sustainable linkages.

- Facilitator submits monthly report by end of the month.

Month 9

- Facilitator lives/works in communities as above.

- There is a full planning cycle consisting of an IVTF meeting followed by (in each community) a community meeting—subgroup discussions—home visits. Over time, the facilitator helps the communities to develop a common short-list of, e.g., the top two harms to children that the communities want to address collaboratively.

- Facilitators and mentors further explore linking aspects of the short-list options.

- Facilitator submits monthly report by end of the month.

Month 10

- Facilitator lives/works in communities as above.

- There is a full planning cycle consisting of an IVTF meeting followed by (in each community) a community meeting—subgroup discussions—home visits. The facilitator helps the communities to develop common ground and agree on a single harm to children to address through an action that links with formal stakeholders.

- Facilitators continue the process if additional time is needed. When agreement across the communities is reached, the facilitator begins preparing for the next phase—the planning of the community-led action.

- Facilitator submits monthly report by end of the month.

MGM 10: Sample Memorandum of Understanding Between Government Ministries, Non-governmental Organizations and Communities in Kongbora Chiefdom

Note: A formal memorandum of understanding (MoU) may not be necessary in all contexts. In Sierra Leone, the processes of enabling dialogue and achieving agreement among the various partners was useful in itself, and the actual MoU was useful in achieving accountability by the formal system actors. This MoU is for purposes of illustration only. Less formal processes may be useful in other contexts.

Preamble

In August 2012, a one-day meeting of government ministries (MSWGCA, MOHS, MEYS), the FSU, child protection NGOs and representatives from Gondama, Senehun, and Levuma was held to discuss how they could work collaboratively to address the issue of teenage pregnancy, which has been identified as the most serious child protection problem in the three villages.

The meeting was organized by the action facilitator (recruited by the Columbia Group for Children in Adversity), after consultation with traditional leaders in Gondama, Senehun, and Levuma in Kongbora chiefdom and in collaboration with the MSWGCA in Moyamba. The following people/organizations attended the meeting:

- MSWGCA
- MEYS
- DHMT
- FSU
- PLAN
- DCI
- SLRC
- ActionAid
- Restless Development
- DRIM

- Pikin to Pikin
- St. George's Foundation
- Marie Stopes
- Moyamba District Council
- Four representatives from Gondama
- Four representatives from Senehun
- Four representatives from Levuma

At the end of the meeting it was agreed that all the participants, through their respective organizations, would work collaboratively to address the problem of teenage pregnancy in Gondama, Senehun, and Levuma in Kongbora chiefdom through:

- Raising community awareness on the sexual and reproductive health of adolescents and youths
- Strengthening children's life skills
- Increasing access to sexual and reproductive health services

This memorandum of understanding therefore provides the framework by which the MSWGCA, DHMT, MEYS, FSU, Moyamba District Council, and the child protection NGOs listed above will work collaboratively to address the problem of teenage pregnancy in Gondama, Senehun, and Levuma in the Kongbora chiefdom. The MoU will outline the different roles of each of the players and the mechanisms for monitoring and coordination.

Background

In 2011 the Columbia Group for Children in Adversity on behalf of the Inter Agency Action Group for Child Protection carried out an ethnographic research into community-based child protection mechanisms in the Moyamba and Bombali districts in Sierra Leone[22]. The purpose of the research was to learn about existing functional mechanisms of child protection at the grass-

[22] The research was carried out in Kongbora and Upper Banta chiefdoms in Moyamba district, and in Magbaiamba Ndowahun and Libeisaygahun chiefdoms in Bombali district.

root level. The research involves three phases; an ethnographic research, an outcome definition phase, and an intervention phase.

The ethnographic phase identified protective factors and preventive mechanisms which included: proper parental care, support from siblings and the extended family, support from natural leaders such as teachers, religious leaders and women's leaders, education, chiefs, and the work of NGOs. Four main risks or harms, among others, to the well-being of children were identified: children out of school, teenage pregnancy, maltreatment of children not living with their biological parents, and heavy work. In addition, the ethnographic phase identified functional networks and pathways of response to child abuse.

In the outcome definition phase, communities identified broad outcomes of wellbeing. The following were identified as the main outcomes of wellbeing:

- Education
- Contribution to household activities
- Obedience
- Respect
- Not involved in "mammy 'n daddy" business (sex)
- Contribution to family livelihood
- Good character
- Good manners

The action phase focused on working with communities through respectful dialogue to develop interventions that will strengthen linkages between community-based child protection mechanisms and the formal child protection system. A community facilitator recruited through consultation with traditional leaders organized community members into small groups ensuring inclusiveness of all social categories. After a series of consultations within small subgroups, a village-wide and then inter-village consultation (of the three villages where the research is carried out) was conducted. At the end of the consultations, the three villages agreed on an action to address what was considered as the most serious child protection issue. This process happened in the Kongbora chiefdom, which was randomly selected as the intervention chiefdom. The action will be delayed in Upper Banta chiefdom (which will also act as control chiefdom for evaluation of the efficacy of the intervention). Before the development of the intervention, a baseline survey of the wellbeing of children was carried out in both Kongbora and Upper Banta chiefdoms.

Purpose of the memorandum of understanding

The purpose of this memorandum of understanding between the native administration of Kongbora chiefdom represented by their Paramount Chief and the Moyamba District Council, the MSWGCA, DHMT, MEYS, FSU, PLAN, DCI, ActionAid, SLRC, DRIM, Restless Development, Pikin to Pikin, Marie Stopes, and St. George's Foundation is to define the terms of collaboration between the different parties of this MoU in their drive to address the problem of teenage pregnancy in Gondama, Senehun, and Levuma in the Kongbora chiefdom in Moyamba District.

Parties

The parties to this memorandum of understanding shall be the:

1. Gondama, Senehun, and Levuma communities in Kongbora chiefdom in the Moyamba District represented by the Paramount Chief of Kongbora chiefdom
2. Moyamba District Council
3. MSWGCA
4. DHMT Moyamba
5. MEYS Moyamba
6. FSU Moyamba
7. PLAN
8. DCI
9. SLRC
10. ActionAid
11. DRIM
12. Pikin to Pikin
13. St. George's Foundation
14. Marie Stopes
15. Restless Development

Role of different parties in the MoU

Through this memorandum of understanding, Gondama, Senehun, and Levuma communities in Kongbora chiefdom in Moyamba District, and the MSWGCA, MOHS, MEYS and the non-governmental organizations listed above have agreed to work together to address the problem of teenage pregnancy in Gondama, Senehun, and Levuma communities. The parties have agreed to perform the following specific and joint functions:

Specific roles of the village chiefs

1. Raise awareness on MoU and its implementation in their respective villages.

2. Provide accommodation for government/NGO staff that may need to stay overnight in their villages to implement activities in the MoU.

3. Work with the action facilitator to appoint representatives from the village who will participate in radio discussions when required.

4. Ensure that their villages are represented in the district coordination meeting where implementation of the MoU will be discussed.

5. Monitor implementation of the MoU in his/her village.

6. Support the facilitating role of the action facilitator.

7. Chiefs will support pregnant teenage girls through traditional mechanisms—mediation, counseling, and legal assistance (at community level), and will report and refer cases as appropriate to MSWGCA/FSU and NGOs.

Specific roles of MSWGCA/Moyamba District Council

1. Ensure there is social-worker presence in the chiefdom to work with the three villages and support implementation of all activities.

2. Organize coordination meetings of the different parties to the MoU through district child protection committee meetings.

3. Will receive cases of teenage pregnancy and provide/refer victims to appropriate services.

Specific roles of the MOHS

1. Assign staff to facilitate awareness-raising sessions on sexual and reproductive health with adolescents, youths, and parent groups.

2. Facilitate awareness-raising with religious leaders on sexual and reproductive health of adolescents and youths.

3. Manage supply of contraceptives at village level through the PHUs.

4. Provide medical examination and treatment for teenage girls who are pregnant through the PHUs.

5. Will provide psychosocial services for pregnant teenage girls as and when appropriate or refer to other service providers.

6. Will document cases of teenage pregnancy reported to the PHUs.

Specific roles of the MEYS

1. Ensure schools in the three communities provide space and time for age-appropriate sexual and reproductive health education.

Specific role of the FSU

2. Will receive and document all cases of sexual abuse referred to them.

3. Will address all cases of sexual abuse in line with its mandate.

4. Will inform parents/chiefs about the status of cases of child abuse that they are addressing.

Specific roles of NGOs

PLAN

1. Will participate in radio panel discussions on "teenage pregnancy" as and when required.

2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.

3. Will provide IEC materials on the problems of teenage pregnancy.

Restless Development

1. Will provide peer educators to work with the intervention facilitator to conduct dialogue sessions in Gondama, Senehun and Levuma communities and schools.

DCI

1. Will participate in radio panel discussions on "teenage pregnancy" as and when required

2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.

3. Will provide IEC materials on the problems of teenage pregnancy.

SLRC

1. Will participate in radio panel discussions on “teenage pregnancy” as and when required.
2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.
3. Will provide IEC materials on the problems of teenage pregnancy.

ActionAid

1. Will participate in radio panel discussions on “teenage pregnancy” as and when required.
2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.
3. Will provide IEC materials on the problems of teenage pregnancy.

DRIM

1. Will provide air-time for radio discussions on sexual and reproductive health education.
2. Will provide staff to participate in radio discussions on sexual and reproductive health and teenage pregnancy issues, especially as they relate to the disabled who are most vulnerable to sexual abuse and at increased risk of teenage pregnancy.
3. Will provide appropriate IEC materials for use in schools and communities.

Pikin to Pikin

1. Will participate in radio panel discussions on “teenage pregnancy” as and when required.
2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.
3. Will provide IEC materials on the problems of teenage pregnancy.
4. Will train children to develop community drama to highlight the issues of teenage pregnancy and sexual and reproductive health.

St. George’s Foundation

1. Will participate in radio panel discussions on “teenage pregnancy” as and when required.
2. Will provide staff to participate in awareness-raising discussions on sexual and reproductive health and teenage pregnancy issues.
3. Will provide IEC materials on the problems of teenage pregnancy.

Marie Stopes

1. Will maintain adequate and regular supply of contraceptives in the three communities.

2. Assign staff to facilitate awareness-raising sessions on sexual and reproductive health with adolescents, youths, and parent groups.

3. Facilitate awareness-raising with religious leaders on sexual and reproductive health of adolescents and youths.

Coordination

The MSWGCA will include the implementation of this MOU as an agenda item in its monthly district meetings. During the meetings the facilitator will report on progress of the implementation of the MOU and any issues related therein. One representative per community will attend the district monthly meeting.

Monitoring of implementation of the MoU

Monitoring of the implementation of the MoU will be done at two levels:

1. At the village level, the action facilitator will develop a monthly action plan in consultation with community members, government, and non-governmental organizations that are party to the implementation of this MoU. The chief or his/her representative will monitor the implementation of the monthly action plan through weekly and monthly reports to be provided by the facilitator and through discussions with community members.

2. At the chiefdom level the chiefdom speaker will have fortnightly meetings with the intervention facilitator to be updated on the implementation of the MoU and will inform the Paramount Chief and other chiefdom authorities appropriately. The chiefdom speaker will conduct at least one visit to each village on a monthly basis to check with community members and get feedback on the implementation.

Review of the MoU

This MoU will be reviewed at the end of the intervention phase of the research on community-based child protection mechanisms. Based on the outcome of the review the parties to the MoU will make recommendations on future directions.

This MoU is agreed upon on this _____day of the month of October 2012 between the under-mentioned parties and shall come into force on the day of signing by the said parties.

1. _____

   The Executive Director, Defense for Children International

2. _____

   The Country Director, PLAN International

3. _____

   The Director, Pikin to Pikin

4. _____

   The Director, St. George's Foundation

5. _____

   The Director, Restless Development

6. _____

   The Director, Disabled Rights Movement

7. _____

   The Director, Pikin to Pikin

8. _____

   The Country Director, Action Aid International in Sierra Leone

9. _____

The Country Director, Marie Stopes

10. _____

The Director, Sierra Leone Red Cross Society

11. _____

The Paramount Chief, Kongbora Chiefdom

12. _____

The DMO, Moyamba District

13. _____

The Deputy Director of Education, Moyamba District

14. _____

The Chairman, Moyamba District Council

MGM 11. Sample Community-Developed Action Plan

Note: This action plan outline is not intended as a template and is for purposes of illustration only. In community-led work, it is valuable to enable communities to be creative in how they want to develop and express their action plan.

Harmonized Implementation Plan and Task Force

Roles for Magbaiamba Ndowahun Chiefdom, Bombali District to Address teenage pregnancies

What	How	When												Who	Where
		Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Service Providers	Village 2 (Pelewah)
Family Planning	Train group of Taskforce members on family planning	√			√						√			Task Force & Community/youth/ children	Respective Community
	Educate the community & families (village) meetings, CTA meetings, house-to-house outreach		√		√	√	√		√	√	√		√	Task Force & Community/youth/ children	Respective Community
	Send key messages (drama, music, radio, song)		√		√	√	√		√	√	√	√	√	Service Providers	Respective Community
	Provide contraceptives		√		√	√	√	√	√	√	√	√	√	Task Force & Community/ youth/children	Respective Community

	Monitor & report to the community & service providers in FP		√		√	√	√	√	√	√	√	√	√	Service Providers	Village 3 (Hunduwah)
Sexual Repro-duction Health Education	Train group of Task force members on Sexual Reproductive Health SRH			√		√								Task Force & Community/ youth/children	Respective Community
	Educate the community & families on ARH (hold meetings, door-to-door visits, peer drama)			√		√	√		√	√	√		√	Task Force	Respective Community
	Monitor and report to the community & service providers			√		√	√	√	√	√	√	√	√	Service Providers	Respective community
Life Skills	Link with NGO/CSO to teach about life skills	√	√						√		√			Task Force	Makeni
	Train group of task force on life skills			√					√					Service Providers	Village—3 Pelewala
	Train community members (teachers, parents, children), Nurses on life skills			√	√				√	√	√		√	Task Force	Respective community

	Monitor & Report to the community & service providers on life skills.			√	√	√	√	√	√	√	√	√	√	Task Force	Respective community

Harmonized task force roles

1. Link up with service providers for task force trainings and supply of contraceptives
2. Train and educate community members/youth/children on family planning/sexual reproductive health/life skills
3. Sensitizing the community through house-to-house visits, role-plays/drama/Songs/public announcements, CTA meetings, Peer-to-Peer activities
4. Mobilizing community members towards meetings and community activities
5. Arrange accommodation, meals for service providers
6. Manage resources relevant to the work (training logistics, posters etc.)
7. Monitoring of community activities/supply of drugs/use of drugs and report regularly on a bi-weekly basis to update chiefdom and village authorities
8. Coordinate the implementation, ensuring that the plan is followed
9. Encourage parents and families to ensure the co-operation of children in the entire work
10. Exercise/model by example a servant leadership role to engage every sector of the community in the implementation process

MGM 12. Sample Outline for Review Meeting

Note: There are many different modalities and processes that communities can use to take stock of their accomplishments and any adjustments that might be needed. This discussion and reflection-oriented tool is only one illustration.

Outline for Review Meeting: Adults

Purpose

For the past two years, the communities have worked hard to prevent teenage pregnancy. However, it is important to step back periodically and reflect on successes and challenges, and to use our collective learning to strengthen the intervention.

Objectives

The specific objectives are to:

- review the strengths and accomplishments ("good things done") of the action;
- identify the challenges that could limit the community-led action or make it difficult to implement it fully;
- define the way forward through collective problem-solving; and
- discuss the transition (exit) strategy and the new role of the community.

Working Agenda

9:30–9:40	Introductions and overview of the purpose of this meeting. (Overall facilitation by Marie and David)
9:40–10:00	Identify what they had planned to accomplish back at the time of the implementation planning meeting. (Plenary discussion; write key items on flip chart)
10:00–10:30	Tea break
10:30–11:30	Strengths & accomplishments discussion:

- In small groups by village, participants identify the things that have gone well in the intervention and the accomplishments, writing them on a flipchart (20–30 mins).

- Each of the village flipcharts is posted on the wall, and we go through them, identify areas of overlap and difference, and engage in plenary discussion about them. As we go, we ask: "How did villages achieve X?"

11:30–1:00 Challenges discussion

1:00–2:00 Lunch

2:00–3:00 How to address the challenges/The way forward. (Plenary discussion)

3:00–3:15 Soft drinks

3:15–4:15 New arrangements. Plenary discussion of:

- transition strategy and reduced presence of Ernest and Samba;

- the increasing responsibility of the community; and

- ongoing but reduced support from David and Marie.

4:15–4:30 Wrap-up

Note: To enable full participation by children, a separate meeting was conducted with children using participatory methodology and a small competition.

Outline for Review Meeting: Children

Purpose

For the past two years, the communities have worked hard to prevent teenage pregnancy. However, it is important to step back periodically and reflect on successes and challenges, and to use our collective learning to strengthen the community-led action.

Objectives

The specific objectives are to:

- review the strengths and accomplishments ("good things done") of the action;

- identify the challenges that could limit the action or make it difficult to implement it fully;

- define the way forward through collective problem-solving;
- discuss the transition strategy and the new role of the community.

An additional yet important objective with the children is to conduct a competition for the children, with their performances captured on video camera.

Working Agenda

9:30–9:40 Introductions and overview of the purpose of this meeting. (Overall facilitation by Marie and David)

9:40–0:00 Identify what they had planned to accomplish back at the time of the implementation planning meeting. (Plenary discussion; write key items on flip chart)

10:00–10:30 Tea break

10:30–11:30 Strengths & accomplishments discussion:

- In small groups by village, participants identify the things that have gone well in the action and the accomplishments, writing them on a flipchart (20–30 mins);
- Each of the village flipcharts is posted on the wall, and we go through them, identify areas of overlap and difference, and engage in plenary discussion about them. As we go, we ask: "How did villages achieve X?"

11:30–1:00 Challenges discussion

1:00–2:00 Lunch

2:00–3:00 How to address the challenges/The way forward. (Plenary discussion)

3:00–3:15 Soft drinks

3:15–3:30 Update on new arrangements. Update on:

- transition strategy and reduced presence of Ernest and Samba;
- the increasing responsibility of the community;
- ongoing but reduced support from David and Marie.

3:30–4:30 Competition and wrap-up