

Community Engagement in Case Management

Community Volunteers and their Role in Case Management Processes in Humanitarian Contexts: A Comparative Study of Research and Practice



Publishing/Citations

©The Alliance for Child Protection in Humanitarian Action, 2021.

The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings. Through its technical Working Groups and Task Forces, the Alliance develops interagency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

For more information on the Alliance's work and joining the network, please visit <https://www.alliancecpha.org> or contact us directly: info@alliancecpha.org.

This report is made possible by the generous support of the American people through the United States Agency for International Development's (USAID) Bureau of Humanitarian Affairs (BHA). The contents are the responsibility of the Alliance and do not necessarily reflect the views of USAID or the United States Government.

Suggested Citation:

The Alliance for Child Protection in Humanitarian Action, Community volunteers and their role in case management processes in humanitarian contexts: A comparative study of research and practice, 2021.

License:

This document is licensed under a Creative Commons Attribution-ShareAlike 4.0. It is attributed to the Alliance for Child Protection in Humanitarian Action (The Alliance)

Author: Glynis Clacherty

Project Technical Lead: Colleen Fitzgerald, Plan International USA



I am a Community Volunteer

“I chose this profession out of love, to help the people of my community. Initially, I was just a housewife running a small business. But then I joined the team. I am proud of my work because I help people who really need it. There are many vulnerable children in this community. They all consider me their friend. They are very happy when they see me.”

About this Report

The Community Level Child Protection Task Force and the Case Management Task Force under the Alliance for Child Protection in Humanitarian Action (the Alliance) are implementing an interagency initiative to provide a better understanding of community volunteers who have responsibilities within the case management process. This research report is the first deliverable of the project. It is an exploratory study on the roles community volunteers play within the case management process to identify capacities and limitations of community volunteers and best practices. Further research is underway on three case studies in Myanmar, Malawi and Nigeria. The case study research has begun with a participatory assessment of the existing situation of community volunteers in a range of six different non-governmental organizations and humanitarian settings in these countries. Further research will pilot the development of resources and processes, such as guidelines and trainings. These will be widely disseminated with the aim of supporting case management services offered with the support of community volunteers. The ultimate aim is to reduce risk to vulnerable children, families and volunteers and make sure that case management processes always work in the best interests of the child.

How to Use this Report

This research focuses on volunteers' experiences, roles and motivations as well as good practices, challenges, risks and benefits of working with volunteers. It presents evidence from the literature and from interviews with technical experts and then compares this with what was found in a wide range of program documents, such as trainings, guidelines and standard operating procedures as well as interviews with case management program managers working in the field. As a result of this comparative work, key learning has emerged about the work of community volunteers involved in case management in child protection programs working in humanitarian contexts. This learning can be used to inform conversations at program development, management and field level around the work of volunteers.

The recommendations offer a number of suggestions for actions, based on the content of the research, that can be used to reflect on and improve the work we do with community volunteers. Use it as a whole or extract pieces that seem most relevant to your context. Use what is here to talk with volunteers as you develop and deliver case management to make sure your work with children is thoughtful and in their best interests.

Contents

10	Background
10	Aim of the Research Study
11	Definitions
12	Research Activities and Approach
14	Findings from the Desk Review and KIs
15	Finding 1: Evidence that Community Volunteers Bring Benefits for Children, Families and the Broader Community
21	Recommendations for Finding 1
22	Finding 2: The Need for Critical Reflection on the Incorporation of “Community Volunteers” into CM Programs in Humanitarian Contexts
40	Recommendations for Finding 2
42	Finding 3: The Need to Recognize the Lived Reality of Community Volunteers
49	Recommendations for Finding 3
51	Finding 4: Recognize the Importance of Being Context Aware and Building on What Exists
59	Recommendations for Finding 4
60	Finding 5: Apply Evidence on How to Build Effectiveness, Quality and Sustainability into Work with Community Volunteers
71	Recommendations for Finding 5
72	Conclusion

Acknowledgements

Author: Glynis Clacherty

Technical Lead: Colleen Fitzgerald

We would like to thank all the members of the Review Committee who gave comments and guidance:

Lucy Hillier
Lauren Bienkowski
Severine Chevrel
Hugh Salmon
Riyad Alnajem
Martha Bragin
Crystal Stewart
Michelle Van Akin
Jane Calder
Lourdes Carrasco
Cliff Speck
Anneloes Koehorst
Sahar Smoom
Ayhan Sakkal
Audrey Bollier
Gatienne Jobit
Alexandra Shaphren

Thank you to the key informants who agreed to be interviewed and the many volunteers who sent us stories about their lives and work.

Published: 2021

Acronyms

AIDS: Acquired Immunodeficiency Syndrome

AoR: Area of Responsibility

BHA: Bureau of Humanitarian Affairs

CBO: Community-based Organization

CHW: Community Health Worker

CM: Case Management

CP: Child Protection

DRC: Democratic Republic of Congo

GSSWA: Global Social Service Workforce Alliance

HIV: Human Immunodeficiency Virus

HRP: Humanitarian Response Program

INGO: International Non-governmental Organization

KII: Key Informant Interview

MHPSS: Mental Health and Psychosocial Support

NGO: Non-governmental Organization

ORV: Outreach Refugee Volunteer

PEPFAR: President's Emergency Plan for AIDS Relief

PFA: Psychological First Aid

PSS: Psychosocial Support

RECOPE: Réseau Communautaire Protection de l'Enfant (Child

Protection Committee Member)

SOP: Standard Operating Procedure

TOR: Terms of Reference

UNHCR: United Nations High Commissioner for Refugees

USAID: United States Agency for International Development

USD: United States Dollar



 Village Health
Volunteer

Background

Community volunteers are an integral part of preventing and responding to cases of violence, abuse, neglect and exploitation in humanitarian settings. They are often the first entry points into communities and help to identify children who are at risk of, or who are survivors of violence; they also mobilize communities to prevent violence. However, most practitioners acknowledge a reliance on the work of community volunteers without a clear understanding of their capacities and limitations, especially within case management. This lack of analysis can put children, families and volunteers themselves at risk or even cause harm. This concern was evidenced in the 2017 Alliance for Child Protection in Humanitarian Action (the Alliance) research prioritization exercise,¹ published by the Alliance's Assessment, Measurement and Evidence Working Group. This exercise identified and ranked key research questions to inform future child protection (CP) research. In the Global Research Agenda,² experts conveyed the need to identify best practices for engaging the local social service workforce and establishing sustainable para-social work models where volunteers engage in Child Protection responses, including case management.

On behalf of the Alliance, Plan International (with the support of an interagency review committee) is leading a project to document, analyze and disseminate best practices for engaging community volunteers in the case management process. This document is the first deliverable of the project to "Conduct an exploratory study on the roles community volunteers play within the case management process to identify capacities and limitations of community volunteers and best practices."³

Aim of the Research Study

Building on the original proposal and in discussion with the review committee, the aim of the research was defined as:

To provide a better understanding of community volunteers who have responsibilities within the case management process. This will include looking at volunteers' experiences, roles and motivations, as well as good practices, challenges, risks and benefits of working with volunteers.

The information collected will be used to inform the development of guidance and tools to support community volunteers involved in providing support to the most vulnerable children (and their families) at the community level with a particular focus on the case management process.

Definitions

The two key research terms “volunteers” and “case management” are defined below.

Volunteers

Volunteers are defined in this study as individuals from the affected community who ‘volunteer’ through some form of agreement with a local community-based organization (CBO), a local non-governmental organization (NGO) or an international NGO (INGO).⁴

The report does not include research on “natural helpers,”⁵ who are community members acting to help neighbors and have no relationship with an organization.

Case Management

The study uses the Child Protection Inter Agency Guidelines for Case Management & Child Protection⁶ definition of case management.

Case management is an approach for addressing the needs of an individual child who is at risk of harm or has been harmed. The child and their family are supported by a caseworker in a systematic and timely manner through direct support and referrals. Case management provides individualized, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.⁷



Research Activities and Approach

The research in this report includes four main activities, which are described below.

A Review of Evidence

The first step was to review academic literature to look for evidence about community volunteers' work. The review used a narrative approach.⁸ A narrative review is built around identifying, discussing and evaluating research on key concepts of relevance to the research aim, which means the approach is particularly suited to identifying key patterns and concepts related to volunteers and their involvement in case management. This form of review does not use the full protocol of a systematic review, but it does need to make the search strategy transparent.⁹ The search strategy is outlined in Appendix 2. In line with the format of a narrative review, the findings from the literature are presented under "key concepts"¹⁰ or themes.

Key Informant Interviews (KIIs) with CP Technical Advisors and Academics

A semi-structured protocol was developed around the research questions in the original Terms of Reference (TOR). Key informants were purposively sampled¹¹ to create a spread of the main international organizations working in case management globally and a spread of academics and CP advisors (14).

The interviews were recorded, transcribed, analyzed and then integrated under the themes derived from the desk review. See Appendix 3 for a list of key informants.

A Review of Practices Used through Studying Program Documents and KIIs with CP Program Managers

A review of grey literature was then conducted. The literature selected was related to the work of community volunteers and included trainings, standard operating procedures (SOPs), guidelines, TOR, job descriptions, examples of case management documentation and case studies from INGOs and NGOs. Interviews were also conducted with CP managers/coordinators who are responsible for case management programs (15) in various humanitarian contexts.

Comparative Study of Practice in Relation to Evidence/Theory

The key themes identified through the review of academic literature and the interviews of key academic informants were then compared with evidence of practice from the grey literature and interviews with managers working in humanitarian settings.

Photovoice Narratives

Volunteers from a range of different NGOs working in a variety of humanitarian contexts around the world were invited to submit photographs with stories about their experiences as volunteers. Over 50 narratives were submitted by volunteers from 17 humanitarian contexts. These have been used to illustrate the emergent themes from the point of view of volunteers.

Data Analysis

The analysis involved a circular process¹² of identifying key themes around effectiveness and quality based on the evidence in the academic literature and then looking at the reality of program implementation through what was found in the grey literature and from key informants. This circular process is evident in the findings section below, where there is a “back and forth” between evidence from the academic literature and the reality of what was found in program documents and from KIIs. The recommendations emerged from this interaction between evidence and reality.

Findings from the Desk Review and KIIs

What has emerged is that the two central concepts; namely, “volunteers” and “case management,” are complex; yet this complexity is not reflected in what we see in the way CP programs work in the field. Either an unawareness of the complexity or an inability to deal with it has led to working with community volunteers without always considering why and how they will be involved in CM. Most crucially is the need to think more clearly about the link between the function of “volunteer” and the impact this will have on their lives in their own particular context. Additionally, while accepting the need for a comprehensive and systematic approach to case management, key informants, in particular, questioned the inflexible application of the approach (as outlined in the Inter Agency Guidelines for Case Management & Child Protection¹³), especially when the “workforce” of volunteers could not support it and the context made it inappropriate.

In this section of the report, some of the complexities are explored in a number of key findings:

Finding 1: Evidence that community volunteers bring benefits for children, families and the broader community

Finding 2: The need for critical reflection on the incorporation of “community volunteers” into CM programs in humanitarian contexts

Finding 3: The need to recognize the lived reality of community volunteers

Finding 4: Recognize the importance of being context-aware and building on what exists

Finding 5: Apply evidence on how to build effectiveness, quality and sustainability into work with community volunteers

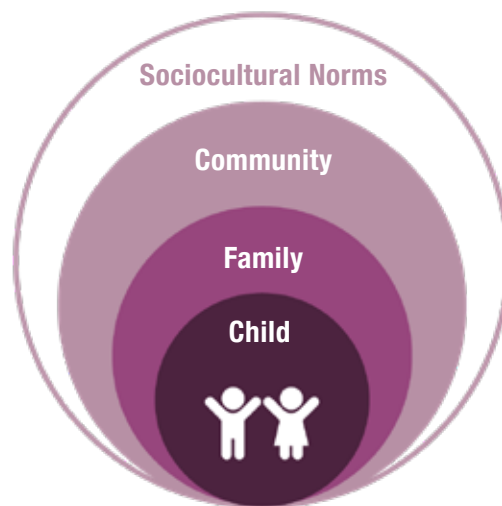


Finding 1:

Evidence that Community Volunteers Bring Benefits for Children, Families and the Broader Community

One of the important understandings emerging from research in the last 20 years relating to CP in humanitarian contexts is that children grow and develop through their interaction with intersecting circles of systems, such as family, peers, community, socio-cultural norms and values, national legal and policy environments and global political, economic and geophysical systems.¹⁴

The Diagram¹⁵ Below Describes these Different Systems



Volunteers are the “Eyes on the Ground”

I find their role critical because they’re the eyes on the ground.

These people are involved in activities within their communities hearing what’s going on for children. They’re like the first responder. They hear and see what is affecting a child. Without that, how would we even know what’s happening?

INGO CP Advisor

What more recent research shows is that these systems are spatially and culturally specific, and the physical and psychosocial lived reality of children and their families differs depending on where and how they live.¹⁶ The implications of this emerging understanding is that CP actors working in communities affected by conflict or natural disaster need to respond with contextual and cultural competence. This means CP actors need to “respond appropriately and effectively to [people’s] ... backgrounds, identities and concerns.”¹⁷ One of the important reasons for working with volunteers is because they can act as “cultural brokers” or “mediators.”¹⁸

Volunteers Bring Cultural and Relationship Competence

Research conducted with community volunteers who support children affected by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) in South Africa suggests that the volunteers understood risks, systems of support and the local hierarchies that needed to be mobilized to prevent and respond to the issues affecting the children.¹⁹

Evidence shows that one of the most effective ways of helping communities respond to violence is through relationships where volunteers and community members can problem solve together.²⁰ Additionally, certain complexities relate to working with community members as volunteers (we discuss this under Finding 3); however, when looking at the benefits, the evidence tells us that volunteers are valuable because of their personal qualities, such as their ability to form relationships with children and families and their understanding of the dynamics of the local context. The box below describes a volunteer program built on the cultural and relationship competence of volunteers.

Volunteers are the Main Source of Referral

Whenever I do my case management audits, I always look at how this child is referred to us. I guarantee, I don't have the exact statistics, but every time they are almost always referred by a community worker.

INGO CP Advisor

Volunteers Can Respond Immediately

We trained the volunteers on very basic psychosocial first aid (PFA). And now, if a child is in immediate distress, we don't need to wait for our staff to arrive to the camp in three days. We have a volunteer trained on PFA, who is directly in touch with the parent and child.

Manager of CP Program,
Refugee Camp

Outreach Refugee Volunteers (ORVs or ROVs) Syria

ORVs have been working since 2007 in Syria with urban refugees and internally displaced people.²¹ Although this program is identified as a mental health and psychosocial support (MHPSS) program, it is referred to here because it includes broad services including CP. Also, it is one of the few programs that work with community volunteers in a humanitarian context that has been comprehensively documented and evaluated. The research²² describes the particular benefits of working with ORVs, highlighting how the volunteers build bridges for people who hesitate or find it difficult to access services. They also accompany wary clients to service appointments and facilitate ongoing assistance. The ORVs play a critical role when clients transition from one service to another and facilitate cooperation between the client and service providers. Essentially, they are there to “share the burden.” The evidence²³ suggests that one of the greatest benefits of working with community-based volunteers is the relationships they already have with community members and their ability to bridge the divide between community members and the official systems.

Volunteers are Available When No Other System Exists

A second benefit that volunteers bring is that in humanitarian contexts they can quickly find solutions where no service systems exist or where outside agencies can take time to respond.²⁴ Key informants described how volunteers are “present even during the night if someone needs them.”²⁵ They described how it was community volunteers who were able to trace families of separated children in the immediate aftermath of the earthquake in Haiti²⁶ and how community volunteers in northern Mozambique immediately knew which families would keep children orphaned by an attack on a village safe until extended family could be traced.²⁷



Short Story

I Noticed She was Missing School

A Story from Adoch Jerosé,
Children of the World Foundation

📍 Uganda

This is the house where N lives with her grandma. It is already falling down, though they still use it as shelter. They hail from my very own village in Kitgum District. N lost both parents. The mother died of HIV/AIDS, and the father was abducted by the LRA Rebels way back in the 2000s. Life has been hard for them. N always misses school due to financial constraints. When I first visited the family, N's only hope and dream was to 'marry off' so she could give her grandma a better life. I talked to her about child marriage and its consequences, and she agreed to wait. She is now in Primary 5, and her dream is to become a doctor and a counselor so she can reach out to many women and girls who are in her same shoes. Whenever I visit them, they appreciate me with whatsoever they have.

“ This may be little; but to me, it is such a great reward. Her decision to accept my advice is more rewarding to me. I felt grateful and important. others did not experience the burden they had.”

Because volunteers are available, they are seen as one way to fill the gap if professional social workers cannot be employed. This is one of the main reasons behind the American International Health Alliance model of para-social workers,²⁸ which is founded on the need to “strengthen the social welfare system in low-resource countries.”²⁹ This idea is not without its own complexity, however. Key informants³⁰ highlighted the need to consider the reliance on volunteers in CP programs as social work was seen historically as the work of volunteers.³¹ Despite the work of organizations, such as the Global Social Service Workforce Alliance (GSSWA), to lobby for and work for the professionalization of social work, this traditional understanding persists globally. This is why CP budgets are often not large enough to employ professionals,³² why professional social workers are not paid salaries equivalent to professionals in other fields and why there is often an overreliance on volunteers. Further, key informants indicated that during the COVID-19 pandemic, social workers were often not allowed into refugee camps in some contexts, as they were considered “non-essential.”

Volunteers Became Essential During the COVID-19 Pandemic

KIs for this research were conducted during the COVID-19 pandemic, when CP staff in many programs were unable to undertake face-to-face work. This situation meant that many programs had to rely on local community volunteers to take more responsibility in the face-to-face case management.

“The ability of caseworkers (employed by the organization) to provide case management services was significantly limited simply because our access was significantly reduced. When we realized COVID-19 restrictions would stop us from going into the camp, we did a short training for volunteers in the camp who were already doing psychosocial support (PSS) with children. It was very interesting to hear the feedback of volunteers – how empowered they feel now, how proud they are that we believe in their capacities. Of course, we know that case management is very demanding in terms of skills and in terms of knowledge but with support from the caseworkers on mobile phone, they are coping. For me, it’s a key lesson learned for post-COVID programming. Before the situation, we didn’t have volunteer support in case management. Now I’m wondering why.” (Manager CP Program, Refugee Camp)

Other key informants, particularly those managing volunteers, pointed out that the inability to work face-to-face meant that volunteers were unable to refer cases to social workers or more highly trained caseworkers. The programs were relying on volunteers to handle high-risk cases and all stages of case management.

“Previously, our case management officers used to visit three or four days in a week. At this moment [because of COVID-19] we are allowed to go for two days and there are restrictions on partners and vehicles issued, so we cannot always even make two days. Sometimes, if the caseworker can meet the volunteers physically, the problem can be solved very quickly, but at this moment, we can’t meet them. So, the volunteers are depending on phone calls. They are doing a lot of work – there are more cases because of COVID. But they never complain. They don’t say, ‘Why should we do a home visit, why do we keep working; we have real concerns of our own life.’ Nobody raises these questions. They are, what is the word? Dedicated! Yes, yes, they’re very good.” - NGO CP Manager, Refugee Camp

Many key informants worried about the burden this placed on volunteers and the risks it created for children.

“I am [a] bit concerned about [the volunteers’] mental health. Now COVID is a pressure and their work is also a pressure, and we don’t have the people or resources to give them some relief. Right now, we have only nine case management officers, and their time to go into the camp is only two or three days [not every day as they used to]. They have to supervise a lot more volunteers and many cases, so they didn’t have the luxury of time to concentrate on the volunteers’ mental well-being.” - NGO CP Manager, Refugee Camp

What these quotes illustrate is the extent to which CP programs have had to rely on volunteers who are possibly not fully trained and usually not rewarded in any way for what has turned out to be full-time, highly responsible work. This issue is explored further under Finding 2. What is important under this finding is that when the COVID-19 pandemic started, the volunteers were the ones on the ground; they were there when NGO CP staff could not access the community.

As there are few case studies in the grey literature documenting the detailed work of volunteers in the case management process,³³ their contribution is often unacknowledged. The analysis of guidelines, SOPs and case studies on CM in CP, as well as the information from key informants, also suggests that the benefits volunteers bring with them is not always recognized. For example, although volunteers are seen as “cultural mediators,” this is rarely acknowledged in CP program materials. No mention is made in trainings of volunteers’ existing knowledge of risks, systems of support, and the local hierarchies that need to be mobilized to prevent and respond to issues affecting children. The unique role of being the “eyes on the ground” and always available for children is absent from many proposals, guidelines, SOPs and trainings.

Recommendations for Finding 1: Evidence that Community Volunteers Bring Benefits for Children, Families and the Broader Community

Child protection organizations need to review the way volunteers are included in their programs so that the benefits the volunteers bring are optimized. This could entail some of the following activities:

- Use some of the information from this report (and information gathered from volunteers themselves) to create reflective workshops with child protection teams to build an understanding of the fact that volunteers are not only functionaries in a program, but also critical to CP work as the “eyes and ears on the ground.” One important aspect of the workshops should be to find ways to introduce CP actors on the ground into the project proposal or development phase so that project proposals are feasible.
- Develop simple, easy-to-implement, project-level participatory “research” or review processes that allow volunteers to share their knowledge of risks, systems of support and the local hierarchies that need to be mobilized to prevent and respond to issues affecting children. One way of doing this would be to involve volunteers in developing guidance for a particular project. This process can take place within existing programs and in the start-up phase of new programs. It would then be important to record this information and integrate this knowledge into the operating procedures of the CP and case management program. Look, particularly, for ways of doing this kind of simple discussion/ research within an emergency response.
- Document the findings and research/discussion processes used in the above activity and share the learning gained from the discussions through existing networks at global and national levels to further shift the perception of volunteers from functionaries to valuable participants within the sector.
- Develop advocacy material for donors (using some of the participatory research described above) to emphasize the power of seeing volunteers as a rich source of understanding and skill. Encourage donors to fund the time and resources needed to establish systems that provide for quality support and supervision for volunteers so that they can play their important role within the wider CP system.



Volunteers Included in Program Proposals without Thinking Through Details

In countries where people are not familiar with how volunteers work, it is often only mentioned in passing in a proposal. It's like an assumption that volunteers are going to be used, but there's maybe not a lot of language to discuss [the details]. When I was looking at proposals, I only found a few organograms that actually had the volunteers included in them. It is as if [in these countries] we are not asking ourselves how they will be included with the details.

INGO, CP Advisor

Finding 2:

The Need for Critical Reflection on the Incorporation of “Community Volunteers” into CM Programs in Humanitarian Contexts

One of the main themes that emerged from the research was that although there are obvious benefits, the manner in which “community volunteers” are involved in CP programs and in case management processes, particularly, needs to be structured and planned more carefully. Lack of appropriate planning and consideration of the role volunteers will play, how they will work and, most importantly, the relationship they will have with the NGO or CBO that manages them can affect the sustainability of interventions and sometimes lead to negative impacts on volunteers, children, families and communities. This finding emerged from discussions in the literature and KIIIs around the concept of “voluntariness”³⁴ and the need to look critically at or “problematize”³⁵ the term “community volunteer.”

Names Volunteers are Often Given

Depending on the country context or specific project, this cadre may also be called community health volunteers, community volunteers or para-professional social workers.

Names Tell Us Something

One of the observations from the KIs and review of grey literature was the different names given to volunteers. Sometimes these names reflected their role and responsibility (e.g., child protection volunteer, Refugee Outreach Volunteer (ROV or ORV), psychosocial supporter, para-social worker, caseworker, Réseau Communautaire Protection de l'Enfant, (Child Protection Committee Member - RECOPE), community-based social service worker. Generally, the review of grey literature revealed a mixture of titles, making it almost impossible to identify roles and responsibilities from the name. An example of this is the following quote from an SOP for CM from an INGO working in humanitarian and development settings.³⁶

“At each stage of the CM process, there are two key roles: the caseworker and the case manager. A caseworker is typically the front-line worker within an OVC program. This role is typically filled by a cadre of community-based social service workers. Depending on the country context or specific project, this cadre may also be called community health volunteers, community volunteers or para-professional social workers.”

Often the name of the volunteers was adapted by the local community and CBO or NGO. For example, in the President's Emergency Plan for AIDS Relief (PEPFAR) programs in South Africa, the local NGO, children, community members and parents called all the volunteers “social workers,” even though they were not professionals. Meanwhile, in one project in Sudan, the INGO and local community called volunteers para-social workers, even though they had little training and received no compensation. In a program in the Central African Republic, the RECOPE (see above) members became known simply as Recopé. In a Tanzanian refugee camp, the volunteers were called “incentives” because the NGO referred to them as “inc https://www.dropbox.com/s/x07fatb3c53groi/Community%20Engagement%20in%20Case%20Management_%20Exploratory%20Study%20Report_%20for%20design%20%2B%20donor%20revisions%20%281%29.docx?dl=0 entive workers.” Some NGOs used their own names, such as Mother Leaders, Masungukate (which means good advisor in the local language), which added to the complexity. While it may have made analysis difficult, often these local names reflected that the program had tried to build on existing practices. For example, the name Masungukate used in a home visiting program in Mozambique was chosen by the community volunteers themselves based on the tradition of women (Masungukate) who give advice to young girls. What this plethora of names highlights is the complex mixture of roles and responsibilities given to volunteers in CP programs and how they are perceived by the community and the NGO.

A Continuum of Voluntariness

What emerged from the research was the wide range of roles and responsibilities that “community volunteers” have within CP case management. They also have a wide range of different forms of relationships with those who contract³⁷ them. For example, some have job descriptions and yearly contracts, others have no contract and no job description, some are chosen by the community and others go through a selection process within an NGO or CBO. The research revealed a continuum of voluntariness, with “pure”³⁸ volunteers at one end, para-professional (caseworkers) at the other and incentivized workers somewhere in the middle. The KIs and grey literature (particularly TOR or Job Descriptions for volunteers) showed that placement along the continuum of voluntariness in relation to case management is based on certain characteristics, including:³⁹

- Remuneration for work
- Secondary education as a requirement for selection
- Responsibility within the steps of case management
- Responsibility for levels of risk (i.e., a high-, medium- or low-risk case)
- Nature, length and depth of training and whether the training is assessed
- Existence and type of supervision
- Training linked to a qualification framework or awareness of the career trajectory of the worker
- Levels of documentation the worker is required to undertake

The table on the next page shows a typology of ‘voluntariness’ based on these characteristics.

Table 1: Different Types of ‘Volunteers’ Identified in the Research

Type 1: Volunteers

- No payment in kind or cash for service
- No educational criteria required for selection
- Responsible only for identification and referral (sometimes also accompanies children through other stages)
- Take responsibility for no cases – not even low risk (i.e., always refer)
- Short training on CM (e.g., from as little as one day to six)
- Monitoring and support
- Supervision is through group report-back/support
- Little or no documentation required

Type 2: Incentive Workers

- A small stipend to cover transport or incentives, such as bicycles, boots, or chickens for income generation
- Required to have secondary education
- Basic training on steps of CM
- Only identify and then refer high-risk cases
- Follow-up with low- and medium-risk cases
- Some documentation required
- Receives monitoring and support

Type 3: Paraprofessional (Caseworkers)

- Paid a salary commensurate with equivalent worker in government or NGO sector
- Longer training (at least two to three weeks)
- Training assessed
- Qualification recognized within a lifelong learning system
- Responsible for all levels of CM, including high risk, though many would refer high risk to a caseworker with professional training
- Receives ongoing structured supervision and support
- High level of standardized documentation

Examples from the Two Ends of the Continuum of “Voluntariness”

An example of Type 1 volunteers found in the research were young male mentors in a refugee camp in Greece with a highly mobile population of unaccompanied boys who live together in groups because placement in foster families is not an option. The young mentors in the camp who volunteered for the role were vetted and trained by the NGO to each visit a single group of boys every few days to check up on their well-being and report back to the local CP coordinator if there were any problems.⁴⁰

An example taken from a development context in India that falls on the other end of the continuum (Type 3) is a group of caseworkers from the community who are given extensive ongoing training linked to a national qualification system that will allow them to advance in social work or another career in the future. They are paid a salary commensurate with workers in other sectors, such as health, and are responsible for a caseload of 20 to 25 children or families. They are supervised and become part of a team, and their caseload is monitored regularly so it is manageable. Among other community-based activities, such as engaging with community leaders, identifying general CP risks, and engaging with families and children, they are tasked to make decisions related to case referral and escalation to local government CP units. Their training is competency-based and assessed and includes extensive work around identifying risk and complexity of cases and when to refer.⁴¹

Complex Mixture of Types of Voluntariness

It is important to note that in spite of representing three “types of community volunteers” involved in case management in the table above, there is, in reality, a complex mixture of the different characteristics between the three categories on the continuum. Expectations placed on community volunteers does not always follow the logical idea of more rigorous selection criteria, plus in-depth training = more responsibility = better remuneration. There are examples where volunteers who do not receive a stipend have no requirement for secondary education, have the minimum of training and handle a significant caseload of CP cases through all the steps of the case management process without structured supervision.⁴² Key informants pointed out, for example, that not all trainings are long or in-depth enough to provide volunteers or incentivized workers with the skills to do a risk assessment; however, this is something they are often called on to do.⁴³ They also are often not part of a team where they are supported by a higher trained colleague or able to refer easily to other functionaries within a system, even though they have responsibility for “high-risk” cases.⁴⁴

Exploited for Their Kindness

We have to be a stronger voice for the volunteers. I think they have become another vulnerable group. A community on their own, that are vulnerable and being exploited for their kindness. Sometimes through ignorance. But once you are working more than five hours a day continuously every day, you are no longer a volunteer. As soon as there is structure and form to their job, it's become work.

INGO, CP Advisor

Volunteer or Low Paid Contractor?

We've put ourselves in the weirdest situation where we're calling people volunteers when what they actually are is a low paid consultant.

INGO, CP Advisor

Kills and the review of grey literature, which included project proposals,⁴⁵ identified the fact that when programs are designed, there is little reflection on the type of volunteer and why a particular type is needed for the context and for the level of involvement in case management, for example. The review and key informants described situations of high levels of responsibility and a heavy workload often accompanied by significant personal risk with little or no remuneration in contexts of poverty, where there was little difference between beneficiary and volunteer.⁴⁶ This was seen as an issue that needed addressing in CP programs in humanitarian (and development⁴⁷) contexts.⁴⁸ Some key informants and some of the literature described the situation as “exploitation,” particularly for incentivized community workers (Type 2).⁴⁹ This point becomes relevant when considering NGOs are often limited by legal restrictions, such as status recognition, and are unable to pay volunteers.

In addition to the fact that high demands with no or little payment may be unethical, the evidence shows that pressure on volunteers from their families to earn more and their own frustration with their situation can make the programs they work within unsustainable⁵⁰ and less effective.⁵¹ Dissatisfaction (often hidden, as we discuss in Finding 3 below) can even lead to volunteers subverting the program themselves.⁵²

When Does Volunteering Become Work?

A number of key informants⁵³ suggested two key questions that need to be asked in regard to volunteer involvement in CP programs:

1. At which point does the role and responsibility of volunteers move from Type 1, which is a true volunteer, along the continuum to being a “worker”?
2. When does the work become exploitative?

Most agreed that the cross-over point is related to time, responsibility and the relationship with the implementing organization.⁵⁴ The two examples in the box on the following pages help us understand this point.



When Volunteering Becomes Work

Example 1

In a program responding to post-storm destruction and displacement caused by migration in El Salvador,⁵⁵ the CP program is built around a network of volunteers who are mobilized to be “volunteers for their community, and we emphasize that they do not work for the organization.” They are trained to identify cases and to refer to a case management focal point in the INGO. “We make sure they do only a few hours a week; as soon as it is more than that, it is a ‘job.’ A volunteer will, for example, make a list of families in the community who are very vulnerable, identify the main problems and why they exist. They remain volunteers; we tell them we do not require a person who is monitoring the children in their individual cases, such as how they go to school, if they have the full vaccination scheme; this can no longer be asked of a volunteer, child-per-child, because that is a job that needs a stipend or to turn them into an employee.”

Budget Constraints Preclude Payment

I think the problem is budgets. We have very small budgets for CP in multisectoral projects. It's obviously more costly to have hired caseworkers. They would be on contract and need benefits, so we work with caseworkers at community level as incentive workers.

INGO, CP Advisor

When Volunteering Becomes Work

Example 2

A refugee camp in East Africa has a population of over 80,000. The case management team is made up of 37 volunteers and one supervisor. The volunteers receive a small stipend based on an amount set by United Nations High Commissioner for Refugees (UNHCR), which is the same for all volunteers. For example, those involved in food distribution receive the same as the case management volunteers in spite of the fact that the case management volunteers have a much heavier time commitment and responsibility.

The case management volunteers identify cases and report them to the supervisor, who is also a volunteer living in the camp and has had further training. The supervisor and volunteer respond directly if the case is low risk, filling out documentation and following up on the case. The supervisor refers medium- and high-risk cases to five social workers who live outside the camp; often these social workers do not speak the local language, so volunteers are needed throughout the case process as interpreters. The social workers develop the case plan and determine the response with the medium- and high-risk cases, but volunteers are called on to do the follow-up on the case, sometimes visiting the home or meeting the family at the organization's offices but also doing home visits alone throughout a case process. The volunteers are available 24 hours a day to respond to cases and are often called on, for example, if a child has gone missing or neighbors report conflict in a home involving children.

The camp is spread out over a large distance; while there are motorbikes available for volunteers, these are limited in number so they often have to walk long distances to do home visits. The proportion of volunteers to residents in the camp, the fact that they are available 24 hours a day, the limited professional support they can call on and the fact that they are needed as interpreters and also as supporters throughout high-risk cases means the work of the case management volunteers in this camp is significant and no longer "volunteer" work.⁵⁶



The more personal issues related to volunteering are explored in Finding 3, but it is worth noting the personal impact of being a volunteer who works long hours, leaving little time for livelihood, farming or other economic work, and receiving a small stipend. Ethnographic research conducted with community volunteers in Ethiopia⁵⁷ includes the following quote:

Now at least three times in a week, I wake up [in the middle of the night]. I think about my family ... about supporting them with a good job. I will not sleep until the next day. There is no happiness with me. When I can't sleep, I will feel depressed all day.⁵⁸

Research with community volunteers in Taiwan⁵⁹ that looked at “burdens” and the degree to which they are experienced by volunteers found that volunteers’ experience of “burden” is dependent on the number of people each volunteer served on average per week (i.e., their workload).

The Photovoice narrative on the next page from a volunteer in Myanmar illustrates how many volunteers have to fit their volunteer work in with work to earn money and the care of their families. It is not difficult to imagine how volunteer work could become a burden if Htu Nan was expected to work longer hours.

Short Story

Working and Volunteering

A Story from Htu Nan, Bethlehem Camp, Myitkyina, Kachin State, Myanmar with Kachin Baptist Convention, with Support from Plan International



3. *After the daily case management activities, I work as a shoemaker.*



4. *These are the shoes that I made.*



1. *My name is Htu Nan. I have been working as a volunteer for three years. I would like to share my daily activities with you all. In the morning I am selling noodles for my daily income.*



2. *After that, I start my volunteer work in the camp. This photo shows a follow-up case visit to a family. I am very proud to be a volunteer because I have the opportunity to help those who need the support.*



5. *After I have finished my daily tasks, I offer my time to my family, especially my children. My time spent with family includes preparing food, playing together with my kids and praying.*

Even though the issue of economic need is one of the main co-motivators for volunteering (see discussion below), this issue is not acknowledged in any of the guidelines or in the training materials reviewed. The centrality given to the link between motivation, effectiveness and sustainability in the research literature would lead one to expect guidelines to acknowledge this issue. Trainings should include, at the least, a discussion that acknowledges the challenges faced by volunteers when their families begin to resent their volunteer activities. A few NGOs include savings schemes or income generation projects in addition to volunteer training, and some are moving toward the model of a paid cadre of workers who will become part of the broader official social service system. On the whole, however, the issue of payment for volunteering is “the elephant in the room” in terms of the grey literature we reviewed. One of the only examples to acknowledge in their policies that some people volunteer to access further opportunities was from a small national NGO:

“It’s not a taboo if a volunteer is doing this kind of work just to get an opportunity in the future. It is really okay. We make sure they know that it’s okay and prioritize them when we have an opening for paid work; we make sure that they have the priority. I think it’s some kind of motivation for them.”

Influence of Programs to Support Children Affected by HIV and AIDS

Key informants⁶⁰ suggested that the models of community volunteer involvement developed and recorded within the HIV and AIDS sector during the 1990s and early 2000s have had a strong influence on the way community volunteers are engaged in humanitarian programs. The scan of grey literature on community volunteers and their involvement in case management revealed many evaluations and descriptions of programs that worked with volunteers for children affected by HIV and AIDS.⁶¹ Many of these programs were implemented by the same INGOs and NGOs that have been working to develop case management in CP programs in humanitarian contexts. In particular, informants (many of whom had been or are still involved in the HIV and AIDS sector work) suggested that the widespread model of a community volunteer who is given a stipend to support a number (often as many as 25) of children had created a precedent for the Type 2 model of voluntariness. These key informants and some of the research reviewed⁶² made the point that this had led to an uncritical acceptance of the model of incentive workers.

It is important to note that many of the agencies involved in this work have recognized the issues attached to working through incentive workers and have spent considerable time on advocacy around the needs of community volunteers and in working to have them accepted as paid government workers within national social services.⁶³



This work is beginning to be adopted in the development sector and in some humanitarian settings.⁶⁴ Nevertheless, it is important that those working in case management in humanitarian contexts reflect on how much the incentive model inherited from the work in the HIV and AIDS sector has influenced thinking.

Moving Toward the Para-Professional Approach

The CP sector has acknowledged that the expectations placed on volunteers can be exploitative. Some INGOs working in the humanitarian sector⁶⁵ have focused on moving away from working with incentivized workers to creating a cadre of para-professionals that become Type 3 caseworkers. They often work alongside Type 1 volunteers in a team approach.

The para-professional model being developed by some INGOs and governments requires community caseworkers to have at least secondary education, provides longer in-depth training, supportive supervision and, crucially for sustainability and effectiveness, is linked into a CP system, preferably the state system. One of the reasons given in the research for the adoption of the para-professional model is that it promotes sustainability because it builds the professional base of the national CP system. It also builds sustainability in the lives of individual community caseworkers through the recognition of their training in national qualification frameworks, making sure they remain in the CP sector.⁶⁶

Although the para-professional model is quite developed in its application, one of the biggest challenges that emerged from the research was the fact that to be sustainable and effective and provide a quality service, it requires the involvement and ongoing commitment of national players to integrate the trained para-professionals into the official system.

This takes time and ongoing advocacy, but key informants⁶⁷ emphasized that it is possible even in humanitarian responses.⁶⁸ There are examples of the building of a national system alongside humanitarian CP interventions.⁶⁹

Looking Critically at Case Management

A theme that emerged from the discussions with key informants was the need to look critically⁷⁰ at the application of the comprehensive case management approach as outlined in the Child Protection Inter Agency Guidelines for Case Management & Child Protection.⁷¹ Informants acknowledged that there had been significant work done by many NGOs and global networks to develop a systematic model of case management built on the “do no harm” principle. This work has included development of minimum standards,⁷² guidelines,⁷³ trainings for volunteers⁷⁴ and supervisors⁷⁵ and documentation processes⁷⁶ giving the sector a comprehensive and detailed set of tools.

The research summarized under Finding 1 suggests that community volunteers are a trusted, culturally competent bridge between services, children and families, and thus the most suitable to be on the frontlines of CP interventions. The case management system, as referenced above, is a sophisticated system with detailed protocols, lengthy forms and procedures that are all created to ensure confidentiality and protection of vulnerable children in sensitive settings. Many key informants, particularly those working in the field,⁷⁷ made the point that the procedures and documentation were often too complex for the cadre of volunteers they were working with, particularly given the lack of literacy skills and the need for interpretation of different languages with children and families.

The case management system needs substantial structure in place if it is to be implemented successfully. This includes having skilled caseworkers to work alongside volunteers, proper training and supervision for volunteers and sustainable funding. Putting such structures into place is not always done, meaning that community volunteers are often called on to implement a system that can become onerous and even exploitative in terms of time and responsibility. Additionally, when these structures are not in place, the quality of care children and families are receiving could be compromised. The question arises: If the necessary criteria for quality case management (as outlined in the Child Protection Inter Agency Guidelines)⁷⁸ are not attainable, should program developers and managers explore a model that is more appropriate and that safely engages and supports community volunteers to respond to child protection cases in their communities?

It is useful at this point to reflect on the broader issue of funding for child protection in humanitarian settings generally. As discussed in Finding 1, one of the reasons for working with volunteers in CP programs is because there are often not enough professionals in the local government workforce. The other issue, in relation to the humanitarian context, is that child protection responses are underfunded by humanitarian donors. This means that often there isn't the budget to employ professionals to support CM. The extent of the underfunding is evidenced in a recent report⁷⁹ by a network of humanitarian organizations. This report states that:

The gap between stated funding needs and funding received demonstrates that child protection is significantly underfunded. An in-depth analysis of seventeen 2019 Humanitarian Response Plans (HRPs), as well as the Bangladesh Joint Response Plan and the Syria 3Response Plan for 2019, demonstrate that child protection receives on average 47% of the sums required for child protection in these plans. In comparison, the overall requests across all sectors are funded at 67%. In these 19 responses, CP makes up 2% of the overall funding requirement, receiving less than half of that, funded at 47%. If you look at the total amount of funding received, only 1.4% goes to CP.

The report indicates funding for trained professionals to work on case management is significantly less than required. This demonstrates the extent to which CP is not seen as “essential” and therefore why program implementation often falls to community volunteers. Many key informants mentioned how important it was to advocate with donors about the central role CP plays in the holistic well-being of children and their ability to access their rights as outlined in the Convention on the Rights of the Child.

Choosing to Volunteer is a Personal Choice

To return to the discussion on the types of voluntariness and the issue of incentives, it is useful to explore the literature on why people are motivated to volunteer. Research shows that ignoring motivations can affect the quality⁸⁰ of CP programs. The first idea that emerged from the research about motivations was that the choice to volunteer is a deeply personal one, often related to a person's life history.⁸¹ The narrative below, collected as part of this study, resonates with this evidence.



Short Story

Following the Steps of My Father

A Story from Let Dak Let, Plan International 📍 Ethiopia

My name is Let Dak Let. I live in Kule South Sudanese refugee camp. I am 27 years old, I completed grade 12 and I became a volunteer because of my father.

My father was a volunteer worker in South Sudan. He used to gather children in the community every morning and teach them alphabets and how to read, write, listen and speak English. My father was my role model and I always wished to become bold enough to serve my community just like my father did. When the conflict broke out in South Sudan, I came to Ethiopia six years ago and started to work as a volunteer caseworker following the steps of my father.

I work with 40 unaccompanied, separated and other vulnerable children in the camp. The best part of my work is when I do interviews with children, having a conversation with questions and answers.

“ The feelings and the emotions that the children share is heart melting, and I feel honored to be trusted by the children to be counted as a person they go to. They seek help, share their feelings and put their trust in me.”

My father is very welcoming with my work; he empowers me to remain strong and energetic and to use my golden time serving children. I will continue serving children, fighting for their right and be their voice.

What this story illustrates is that for Let Dak Let his volunteer work is deeply personal; it is motivated by his own life history and shapes his present relationship with his father and his sense of self. Other research⁸² describes how community volunteers narrated their own stories of caring for loved ones alone as the main reason for becoming involved in community volunteering – to ensure others did not experience the burden they had. For most, their caring work began with children, neighbors, grandparents, parents and friends long before they formally joined any organization; in fact, many had even started small CBOs to bring neighboring women together to care.⁸³ Transitioning to a formal role as a community volunteer was “simply an extension of this wider “carer” role, or an additional way to demonstrate care for others and the community.”⁸⁴

Choosing How Much Time to Volunteer

Reflecting on my own community that I live in, sometimes people will put out a call for volunteers: 'We need volunteers to clean up this park' and then you kind of self-select into that, but that is completely within your control. You decide what time you can dedicate to it, you decide what role, what job you're going to do when you get there. This is different from the kind of volunteerism that we expect [from volunteers in the CP program] – often theirs is nearly full time on a long-term basis.

INGO, CP Advisor

Motivations to Volunteer are Multifaceted

The second point about motivations to volunteer is that they are complex and multifaceted. We explore briefly here some of what we have learned from the research about this complexity. One common reason for volunteering that emerged⁸⁵ is the effect of local social norms or what have been called “naturalizing discourses of care.”⁸⁶ This is a useful phrase that describes how, within a community, people will talk about caring for others from within their own belief and value system. This discussion influences people in that community or makes “natural” the idea that if you are a “good” person, you care for others. Religious beliefs,⁸⁷ values such as respect for others, gender norms,⁸⁸ norms such as social obligation and reciprocity all influence the way people understand volunteering. It is important that the CP sector acknowledge this reality as program guidelines, proposals and trainings are developed. Of particular importance is the fact that these ideas around caring and volunteering often contrast with that of individual choice, which is embedded in the Western understanding of voluntarism.⁸⁹ This is an important distinction as the idea of social obligation, for example, often masks the “cost of participation.”⁹⁰ What this means is that local people may feel obligated because of their own belief and value system when they are approached to volunteer. Over time, as they understand the impact the volunteer work is having on their need to tend their farms or work to earn money for their families, they realize the cost of their sense of social obligation. What is important is from the time of program design, there is a need to consider and ask why people are volunteering, not to assume an understanding of “being a volunteer” as similar to one’s own understanding.

Incorrect Assumption about “Help-giving Volunteers and Help-Needing Beneficiaries”

Research suggests that the assumption behind including community volunteers in a program is often based on the idea of “help-giving volunteers and ... help-needing beneficiaries.”⁹¹ This is, in fact, a false premise because in most of the humanitarian contexts in which CP programs are being implemented, there is deep poverty and few economic possibilities. Further, community volunteers also are part of the affected community, as IDP’s or refugees in need of protection and humanitarian assistance. In this context people often choose to become a “hopeful helper,”⁹² someone who has joined the group of volunteers hoping that this will lead to employment or that they could use a portion of the stipend often offered to further their personal goals of studying and therefore employment (which would ultimately help their family). The fact is that volunteers and clients have the same fundamentally important and common needs: “food, livelihoods, jobs and education for their children”.⁹³



This is a key issue to keep in mind in the humanitarian context where many volunteers have experienced the same conflict or disaster that displaced the community and are living in the same condition of uncertainty and need as the community they are part of.

Intertwining of Helping Values and Economic Interests

What also emerges from the research is an intertwining of values; community service and religious, helping values can run along with “economic and material interests” as a motivation.⁹⁴ It is important to acknowledge that the intertwining of helping values and economic need as motivations for volunteering are not necessarily contradictory.

One study⁹⁵ points out that “exercise of choice and, hence, voluntary action is compromised for individuals who are faced with severe material needs and limited or absent livelihood options.” Another ethnographic study of community health workers (CHWs) working for different HIV and AIDS service NGOs in Khayelitsha, an economically marginal urban settlement in Cape Town, South Africa, makes a similar point.⁹⁶ Most of the programs in the area relied on altruism as a primary source of motivation, and they complemented this with small paid “incentives.” The authors describe how CHWs navigate both altruistic and economic motivations through creating a discourse and identity that legitimizes “paid” labor and a caring relationship in a way similar to Zambian CHWs in another study.⁹⁷ In the Zambian study CHWs often spoke about economic motivations, not in relation to individual benefit but to their need to care for their families and other community members. They also identified developing skills as an important way of contributing to the community at the same time as allowing them to develop employable skills, which could help their families in the future. What emerges, therefore, is an intertwining of the two most commonly mentioned motivations for volunteering.

There is also evidence that many volunteers are unconcerned with financial incentives. Sometimes caring values dominate in spite of circumstances and the reality of poverty. The quotes from key informants below illustrate another way of looking at incentives. What they show is that volunteers are not a homogenous group but individuals with widely different motivations and lived realities. What is important is to acknowledge that volunteering is not a simple act of choice as many may assume it to be, but a complex decision based on contextual and personal realities.

“There are some people who really feel for their community who really want to do something for their community. Since 2018 we only give them [47USD]. This is nothing. But one of our volunteers was offered a job in another sector where they would pay him (94USD), but he said no; I don’t care about money. But here I have scope to learn. I want to learn and I want to work for my community. Can you imagine?” - Manager CP Program, Refugee Camp

“I remember one of the women asking me, ‘I would like my stipend to be increased because I can only buy a small number of boxes of sardines and eggs for the children with the money you give. I’d really like to be able to give them more.’ She was using all her stipend to buy food for the children she visited!” - Academic

Gender and Choosing to be a Volunteer

An additional point about motivation to volunteer is the role of gender norms.⁹⁸ In the studies referenced here, volunteers express the idea that caring in both the family and the community is seen as women’s work, and one proves that you are a “good woman” by caring outside the family. The one study⁹⁹ suggests that the idea of motherhood is particularly important as a social construction of identity for community volunteers.

Inherent in the women’s idea of effective motherhood was the idea of strength or power associated with the role of mothering. Power was afforded by the traditional status associated with motherhood and multiple practical skills required in being a mother.¹⁰⁰

Yet, though gender is influential, there is work¹⁰¹ that shows even this notion is more complex than we think. One example is a male CHW who reported caring, often in an intimate way, for women. This was accepted because of who the male was (a pastor) and why he was caring. So, again the reality is much more complex than it seems at first.

Recommendations for Finding 2: The Need for Critical Reflection on the Incorporation of “Community Volunteers” into CM Programs in Humanitarian Contexts

Child protection organizations that include community volunteers in case management programs need to look critically at the expectations, responsibilities and roles of “community volunteers.” This reflection should include looking at risk to children, families, communities and volunteers, as well as exploitation of volunteers. It also needs to include reflection on roles, responsibility and time commitment that is not commensurate with education, available time, training or level of supervision. If the resources or political context do not allow for ethical and “do no harm” involvement (e.g., legislation does not allow refugee volunteers to earn), then it is important to reduce expectations on volunteers.

This may involve programs having to adapt case management approaches described in guidelines to make them appropriate for the context.¹⁰² The process could include some of the following activities:

- Develop short briefing documents for NGOs, based on the typology presented in this report, that will encourage program staff to reflect on the role volunteers play in case management.
- Develop reflective workshop processes for NGO technical advisors, proposal developers and program managers to assist them in assessing the expectations, responsibilities and roles of volunteers in program delivery. Such a reflective workshop process should be able to be used in existing programs as well as when new proposals are written. The workshop processes should include examples of practical alternatives that illustrate how volunteers can be involved ethically. It may be necessary to do research to find and document examples.
- Collect and disseminate exemplar frameworks used by different NGOs for the work of volunteers.
- Develop guidelines around consulting volunteers themselves about roles and responsibilities and expectations. These should be accompanied by participatory tools for this kind of reflection process and details on how to apply volunteers’ ideas.

- Produce briefing document/guidelines on what NGOs can do if the resources or political context do not allow for fair wages (i.e., how to reduce the expectations and responsibilities placed on volunteers working in case management.) This should include information on how to adapt case management processes that expect too much, while still keeping the “do no harm” principle paramount.
- Develop training packages for community volunteers that can be adapted to the level of involvement in case management expected from them.
- Document programs that include volunteers in income generation/ livelihood programs (as an alternative to paid incentives), along with beneficiaries, as case studies to encourage creative thinking around ways of working ethically with volunteers who are as vulnerable as the potential beneficiaries of a program. This would involve thinking in a more integrated way about programming for children (e.g., livelihood programs and CP programs working together).
- Produce advocacy materials and campaigns that encourage donors and governments to see social workers as essential to the well-being of children and therefore make funding available for their inclusion in case management processes.
- Develop advocacy materials and/or campaigns for donors and government around the need to implement a training and support process that allows community volunteers to work their way up a career ladder, such as the para-social worker model that some NGOs have begun to apply.



We Don't Document Volunteers' Lives

We don't document volunteers' lives. I've never seen that for any organization. There is probably really interesting information out there.

INGO CP Advisor

Finding 3:

The Need to Recognize the Lived Reality of Community Volunteers

Along with other aims, part of the motivation behind this study was to understand the lived experience of community volunteers. Apart from a small body of work that looks at the role of CHWs in humanitarian contexts,¹⁰³ there is very little research on the experiences of community volunteers in humanitarian contexts. The desk review conducted for this research, therefore, included relevant work from the broad body of literature on community volunteers who are involved in the development context, with a focus on those who work in CM with vulnerable children. This section presents these findings along with information from the review of grey literature and from key informants.

Being a Volunteer Can Have a Positive Personal Impact

There is evidence that the relationships volunteers build with beneficiaries/clients and the satisfaction they get from seeing the changes they can bring into children's and families' lives is an important part of "being a volunteer."¹⁰⁴ The story below from a volunteer working in a refugee settlement in Syria illustrates this.



Short Story

Seeing the Smile on His Face was Priceless A Story from Hamdo Kadish, Hurras Network 📍 Syria

This photo tells you about my work. I helped the family take the six-year-old boy to a service center for children with disabilities. They provided him with a wheelchair. Now he can move around. He was carried by his brother before.

Seeing the smile on his and his parents' faces was priceless and drives me to work harder and secure the needs of many children, especially those with special needs. Sometimes volunteers like myself are a child's last hope. This child could've been one of my own.

Hamdo Kadish describes above the satisfaction of seeing the change he brings in the lives of children. Let Dak Let's story under Finding 2 illustrates how this kind of satisfaction can give volunteers a sense of agency and positive identity. Research with volunteers in deep rural villages in Mozambique¹⁰⁵ shows that being a volunteer can bring personal meaning to men and women who have not been able to pursue education and have low status in the family and community. The young woman quoted below is the third wife in a very traditional household.

"I was an empty basket before. I had nothing to give. I had only Grade 2 and I did not know many things. I felt very important to be elected from many, many people. I think they saw something important in me – that made me feel good. The training was very important, very important for me. Very!...I wake early to do my work at home so I can go to do my home visits. Even my husband cares about my work. Sometimes we go to the far fields together, and we stay there trying to find some cassava. When I go there, he asks, 'How will your caregivers do as you are here?' So I do see he cares about what I am doing. Before, I was feeling like an empty basket; now I am a full basket. I know many things, and I can help people."¹⁰⁶

Volunteering can also benefit volunteers' families. A study in Western Kenya¹⁰⁷ shows that being a volunteer gives people knowledge and skills that help them in relationships within the family.

"I have also benefited ... I am able to help my wife in doing some work. We also work well together and do not quarrel ... Even the neighbors are wondering." (Father, Peer Educator)¹⁰⁸

In addition to these positive impacts on self and family, there is evidence that gaining status in the community is a motivator for people to continue volunteering.¹⁰⁹

"Even children in the village now point at me and say, 'He is teaching my father.'" (Father, Peer Educator)¹¹⁰

"The education and information we share with the community has made them love us. They hear us singing songs, and they know the group is learning ... They see us as role models." (Grandmother, Peer Educator)¹¹¹

It is important to understand these particular aspects of volunteers' lives because there is evidence from a synthesis of randomized control trials that interventions are more effective if certain mechanisms are triggered, such as anticipation of being valued by the community, perception of improvement in social status, sense of relatedness with beneficiaries and increase in self-esteem.¹¹² Importantly, the evidence also suggests that if these mechanisms do not exist, the volunteer program can have negative effects on the community and on CP efforts.¹¹³

Power Issues

Power dynamics are another significant aspect of volunteers' lives recorded in the literature. The management of power issues is identified as a key factor for effectiveness in a review of 59 evaluations¹¹⁴ of community-level CP programs in humanitarian contexts. The power disparity between community volunteers and the organizations that "contract" them is linked to the discussion on incentives in Finding 2. Research evidence¹¹⁵ and key informants¹¹⁶ point out how difficult it is for volunteers to express their difficulties in managing life with a small incentive; for example, in a context where social norms of "goodness" and "helping" are intertwined with volunteering. Volunteers find it hard to be open about self-interested motives and therefore struggle with self-advocacy in a context where the work one does is founded on the idea that "being a volunteer" should come from your heart and your willingness to do what is expected of you as a Christian, a Muslim or a woman or a mother, for example.

A large-scale qualitative study in Ethiopia¹¹⁷ and a survey of volunteers supporting orphan children in Zambia¹¹⁸ both describe how volunteers use constrained forms of communication about their dissatisfaction with NGOs because of the burden they carry as well as the conditions under which they work. Key informants also discussed the issue of “covert side conversations”¹¹⁹ among volunteers because of their lack of power as “employees” of the NGO. This meant that managers never really understood how volunteers were coping and experiencing their work.

In a research study¹²⁰ undertaken with volunteers around power issues, volunteers expressed how the economic gap between them and their managers affected their sense of self-worth and ultimately their performance. The volunteers in the study point out that they do the real “footwork” but earn little, whereas managers earn more and are seldom seen in the field where the real challenges are. Additionally, research suggests that sometimes the relationship between supervisors and volunteers is disrespectful and thus disempowering.

“Sometimes we are just spoken to like small children. We are laughed at if we do not fill the form in right. It is very de-motivating. Some people do give up because of this.”¹²¹

This kind of experience is particularly worrying because the impact of the relationship between supervisor and volunteer was identified by a number of different studies as an important factor for program effectiveness.¹²² Power imbalances between volunteers and local structures, such as traditional leaders or health service workers, can also impact their ability to do their work effectively. An ethnographic study of gender-based violence¹²³ in a refugee camp setting provides some understanding of why this is so. The study suggests that having monitoring and response mechanisms for protection in place is not enough because women are at the bottom of a vertical system of power. Thus, they seldom report into the systems; when they do, they often experience ongoing abuses of power by even the officials and service providers who are there to protect them.

“To interrupt the cycle of violence and to promote the rights of girls and women, a community needs not only to ensure that formal mechanisms to monitor and prosecute offenders are enforced. Promotion of vital freedoms also requires a supportive social, cultural and political environment that enables those who are in the most vulnerable social positions to engage in open dialogues and recognize their agency.”¹²⁴

What the quote suggests is that programs and, by implication, training of volunteers needs to include an understanding of how power dynamics shape “social, cultural and political environments.”

The quote above suggests that female volunteers, in particular, need to go through a process to recognize their own agency and be empowered to support women and children in accessing services. It also suggests that volunteers need to understand how to advocate within service systems to make sure women do not experience abuse of power when reporting. Power dynamics between volunteers themselves can also affect their work with children.¹²⁵

The evidence suggests, therefore, that understanding power dynamics and practical information and skills training on how to deal with them should be a central part of the training of volunteers.

Being an “Insider” or an “Outsider”

As the discussion earlier describes, volunteers indicate the work they do brings them benefits, but research also points out that volunteering can bring its own difficulties within the community dynamic.¹²⁶ One study explores this idea in terms of the volunteer being an “insider” and an “outsider.” Volunteers are “insiders” in that they are working within their own communities, even if these communities are sometimes displaced in some humanitarian contexts. They shape their working identities around the idea that they belong and therefore have a purpose linked to caring for the people who live alongside them. By becoming part of a formal volunteer program, this insider status very often is disrupted.

They are given training and can earn incentives, which raises their status, and they are also “branded” as volunteers with t-shirts, hats or vests. While this branding can help them access homes, talk to community leaders and access services on behalf of the children and families they support, it can also confirm their outsider status. Families who are neighbors can question their right to “interfere” in their lives, questioning why they suddenly have the power to do this. In some contexts volunteers aligning themselves with a particular organization or even just being part of the hierarchy of services in the community can create distrust, particularly in places like refugee camps, which often have complex political realities.¹²⁷ Even just alignment of volunteers with particular official institutions can create distrust and even danger in conflict or post-conflict situations.¹²⁸

Another issue that created “outsider”¹²⁹ status was that volunteers were blamed when they could not provide what people really needed, which was most often food.¹³⁰ The quotes below from volunteers from two different studies highlight this issue.

“They call us “yellow t-shirts with empty promises.” (The volunteers are given yellow t shirts to identify them as working for a local NGO).

“Sometimes when they see us, they quickly close the door.”

“They say we take (listen to) their problems, but we do nothing.”

“It is mostly about food that they are angry.” (Volunteer Caregivers)¹³¹

“They told us that clients would have food, so going to see them without food is very hard; it’s not fair.” (Volunteer Caregiver)¹³²

This issue is related to the fact that services and support in humanitarian contexts are often not integrated, and most volunteers work in programs dealing with a single issue. They are health volunteers, CP volunteers or livelihood volunteers because the programs and funding are separate. One journal article¹³³ describes how a faith-based CBO in Kampala, which was built around holistic care, over time became a provider only of medication for those living with AIDS, as donors sought to work with them in a community. In the process the ideals of holistic care were gradually overshadowed by what the author calls “neo-liberal development rationalities and bio-political concerns” (i.e., the “siloed” programs that dominate the humanitarian aid sector). This issue, of course, goes beyond a discussion of the work of volunteers, but it worth mentioning here that this general “siloed” approach has a particular impact on CP programming. Case management is an approach that has the potential to intervene holistically with the child and family and therefore meet real needs. This potential is far from being realized, however, partly because of a lack of understanding of the importance of CP and its consequent underfunding within humanitarian interventions. The recent report produced by a collaboration of the Alliance, UNHCR, Child Protection Area of Responsibility (CP AoR) and Save the Children¹³⁴ gives very clear evidence of just how underfunded CP is in the humanitarian sector.

To return to the impact that the inability to meet families’ real needs has on volunteers, this inability distressed volunteers, and some studies¹³⁵ and key informants¹³⁶ described volunteers using their own (very limited) resources to assist children and adults with food, clothes and money for transport to a hospital or to see a social worker. Linked to this issue was the emotional stress caused by the condition of many of the beneficiaries they visited.

“When I wake up [in the night], I also think about what they tell me in the day about their problems... Yesterday there was one woman who was lying on the ground. She had nothing to eat. The [antiretroviral] medication was there in her room, unused... And I can see these things... So these things worry me.”¹³⁷

Physical Risk is a Reality

Sometimes the cases are so complex: a 13 [year]-old girl was sexually abused by the gang boss, and the volunteer identifies him and sometimes makes just a call, and we (as managers) have to take action in a way that does not identify the volunteer as they have to continue to live in the community.

CP Manager, El Salvador

Research and interviews from key informants¹³⁸ suggest that there are instances in which it is not only the risk of emotional stress that volunteers face, but also very real threats to their physical safety. This was raised by key informants working in Colombia¹³⁹ but can be a reality in many humanitarian contexts.

The issue of risk is related to the discussion under Finding 2 about the roles and responsibilities of volunteers. Some cases need the involvement of a professional. It is important that volunteers not be expected to handle complex cases alone. This is where the importance of a team approach, as outlined under Finding 5, is so important.

The Complexities of Volunteers' Lived Experience is Seldom Acknowledged

The review of grey literature suggests that trainings, for example, seldom, if ever, included opportunities or activities to help volunteers think about some of the key complexities they face by choosing to become a volunteer. There is no evidence in the trainings reviewed of bidirectional training where volunteers share or even train NGO staff on community complexities. This is dealt with in more detail under Finding 4.

It is clear from the research evidence that power disparities between volunteers and the organizations they work with affect quality, sustainability and effectiveness. Yet, guidelines, training materials, SOPs, etc., do not address power dynamics. The evidence suggests that supporting volunteers with managing power imbalances between them and the child and family they are working with, them and supervisors, community leaders and service providers is central to effectiveness in CP programs. In fact, part of initial community assessment (which we discuss in the finding below) should involve looking at power dynamics.

There is little evidence in the grey literature reviewed of processes that would help volunteers work through how to do their volunteer work together with the economic activities they need to do for survival, how to negotiate the time spent on volunteer work with family members and how to negotiate the challenges of representing an outside organization within the community.

Some of the trainings and SOPs¹⁴⁰ we reviewed addressed the emotional impact of the work on volunteers, but these were the exception rather than the rule. One of the key informants working in Syria talked about how emotional support for volunteers was an important aspect of their work.

“Another aspect of dealing with children during war... would be helping the helper with some kind of self-care training because they will be exposed to some very hard cases. How do they deal with their own emotions? When they really need to help others, they must make themselves a priority, you know, like help yourself put the oxygen mask on you before you help your child. It’s a requirement by (our organization) for all volunteers to be on our referral pathway. If they dealt with a hard case, for example, we sit with them and we talk if they have any problems and if they want any kind of help and they are okay or not. We have a psychologist that our staff members and all volunteers can come out to and talk without the permission of their manager whenever they want.”¹⁴¹

There is, however, almost no acknowledgment in the grey literature of potential physical risk to volunteers.

Reccomendations for Finding 3: The Need to Recognize the Lived Reality of Community Volunteers

Child protection organizations need to acknowledge the power dynamics between the organization and community volunteers, within the community itself, between the volunteer and child and family, and between volunteers themselves. This would include acknowledging that community volunteers have to negotiate these power dynamics on an everyday basis and that disparities of power can have serious consequences for them as individuals as well as for the quality, sustainability and effectiveness of their work. Acknowledging power disparities could include organizations undertaking activities such as those described below:

- Develop reflection workshops on power dynamics for program managers so they understand how power excludes, sets up hierarchies and creates “voicelessness,” for example. Link this learning to practical steps managers can take to empower community volunteers.
- Apply open, transparent and participatory community processes to recruit volunteers to ensure reaching all community groups and social layers, thus breaking community power barriers at the beginning of the community volunteers’ involvement.
- Hold horizontal trainings, where NGOs recognize volunteers’ unique knowledge, capacities, challenges and strengths and ask them to share these with NGO staff, moving the NGO staff away from the role of “owners/bearers of knowledge” to a more participatory approach where volunteers and NGO staff learn from each other.

- Set up mechanisms, such as regular “dialogue circles” or confidential “suggestion/complaint boxes,” that allow community volunteers the confidential space to express concerns about and praise for program staff who manage or supervise their work.
- Develop workshop tools for dialogues with volunteers around power dynamics within the community and how they could negotiate them. Build on their understanding of how to negotiate these dynamics in the delivery of the case management program.

Child protection organizations need to be open and accepting of the fact that community members often volunteer in the hope of the work becoming something that will help them earn a living or link them to further opportunities. This could entail some of the following activities:

- Include discussions around this and be open about the organization’s ability to meet these expectations.
- Undertake an analysis of CP systems at national government level to find opportunities, such as training, where volunteers can be made “visible” within the system and maximize their chances of future career opportunities.
- Build in mechanisms, such as formal descriptions of training programs and references that volunteers can use to access further opportunities.
- Explore ways with volunteers that they can negotiate the time spent on volunteer work with family members.

Acknowledge that community volunteers can face emotional and physical risks as they conduct their work. This could involve activities, such as:

- Create a tool for co-mapping risks (program staff and community volunteers) that community volunteers could face while delivering case management services and ways to mitigate these risks. This could be followed by contextually relevant, scenario-based security training.
- Discuss with volunteers how to negotiate the challenges of representing an outside organization within the community if this is a risky activity.
- Include psychosocial support for community volunteers in program proposals and implementation and make sure volunteers have access to quality psychosocial support when they need it.



Finding 4:

Recognize the Importance of Being Context Aware and Building on What Exists

Although the focus of the research reported on here was to “better understand the roles of community volunteers who have responsibilities within the case management process,”¹⁴² the TOR included questions around the connection between case management, volunteers and “traditional mechanisms”¹⁴³ for protecting children. The TOR includes questions such as:

Can formal case management systems disrupt positive local mechanisms for protection of children?

Is it possible to build on traditional practices to create contextualized case management approaches in humanitarian settings?

What role can community volunteers play in ensuring case management is context specific?

This section outlines findings from the desk review and key informant interviews around these questions.

Understanding Context

The desk review identified a body of evidence suggesting that investing time to understand the context is linked to effectiveness of child protection programming.¹⁴⁴ Both the review and key informants¹⁴⁵ emphasized that pre-action contextual analysis is important and also possible,¹⁴⁶ even in emergency responses where one might assume there is no time for it. For example, research documenting a model of “social work” response in a disaster context based on learning from the 2008 Wenchuan earthquake¹⁴⁷ suggests an approach to disaster response that is “locality-specific and culturally relevant.”¹⁴⁸ This model includes:

A step-by-step approach for social workers and mental health practitioners to promote local participation; culturally relevant ways of being, knowing and coping; self-help; mutual help; inter/transdisciplinary approaches among stakeholders; and ethical behavior ... (Because) individual coping strategies to disasters are strongly influenced by cultural factors, social support networks and other considerations including government policies and decisions (Bhugra and Van Ommeren, 2006). Disaster and loss carry different meanings for different people across different cultures.¹⁴⁹

A 2010 review¹⁵⁰ of evaluations of community-based CP programs in humanitarian settings showed that only 5% of the projects assessed what existed in communities to protect children before the emergency. A recent (2017) evaluation of a community-based child protection program in two camps sheltering Burundian refugees in Tanzania¹⁵¹ included a situational analysis a posteriori (i.e., looking back) to understand CP systems in pre-crisis Burundi. The analysis highlighted the importance of understanding existing mechanisms of protection for planning and implementing CP programs. The situational analysis identified that in Burundi, before displacement, the community was protected through a set of institutions, such as family/friend networks, the chief (who was seen as a father figure) and religious institutions. Specific child protection mechanisms included a Family Council, Bashingantahe and local associations that worked to care for vulnerable children. The analysis found that family and religious networks had been disrupted by the displacement but that the values underlying the institutions had survived. It also found that the Family Council and local associations had not survived the displacement and had largely been replaced by CP structures led by the government, UNHCR, agencies and NGOs, preventing their re-activation. What is important is that the larger evaluation linked to the a posteriori analysis showed there was a “lack of acceptance of collective responsibility”¹⁵² among the community for child protection and little sense of ownership of CP activities.

The evaluation research describes a number of reasons for this lack of ownership, but one is related to the fact that the program did not work within institutions that were familiar and within the value norms of the society (such as the Family Council) or with individuals who understood how the local associations had worked in Burundi in the past. The program is now working to revitalize the traditional mechanisms. What this research illustrates is the possibility and the power of conducting participatory assessment regardless of the stage in which a program finds itself and that building on what exists is vital for effectiveness and sustainability of child protection programs.

The need to acknowledge and work within existing mechanisms is beginning to be acknowledged by NGOs. For example, the 4th edition of the UNHCR Emergency Handbook includes a section on Community-Based Protection, making the point that:

Displaced and stateless communities are in the best position to know the threats they face; they are equally familiar with the causes and effects of those threats and can help to address them. Humanitarian actors therefore need to understand and listen to the communities they serve to ensure their programmes do not inadvertently leave people and communities worse off.¹⁵³

The importance of understanding and beginning with what exists is reinforced in a review of existing child protection mechanisms in Democratic Republic of Congo (DRC) and Uganda.¹⁵⁴ This review suggests that not only does working from existing mechanisms increase effectiveness, but it also prevents disrupting existing child protection systems.

Externally imposed structures can weaken local child protection capacities... War Child's experience in Uganda and DRC shows that imposing external structures presents serious challenges to effective community-based support. In Uganda, child rights programming was initially imposed by NGOs; these rights-based approaches prevented local communities from internalizing and taking ownership. As learned in DRC, the imposition of child protection structures risks setting up parallel systems and does not contribute to locally driven child protection mechanisms.¹⁵⁵

In the review of case management trainings undertaken as part of this research, little evidence of content was found around assessing context and existing mechanisms for protecting children. There were possibly community mapping exercises done during program design with local staff, but findings from these were not referred to or built into SOPs and trainings. Some trainings included information on doing an assessment of existing resources, but this most often included only services such as health services and local NGO services.

No mention was made of the need for staff and volunteers to talk about or acknowledge endogenous resources or positive traditional child protection practices that could be used within the case management process to respond to the needs of children. In some of the material, there is an assumption that traditional mechanisms are all negative; that is, there are often instructions to “identify harmful traditional practices” with no mention of positive traditional practices. Some recent work, such as the Alliance Reflective Field Guide¹⁵⁶ and its reference to “deep context analysis,” does attempt to fill this gap, but this is an exception.

An Example of Building on What Exists

The work documenting the Syrian ORV, or ROV,¹⁵⁷ work gives a particularly useful outline of how this program was rooted from the start in the existing community context. The first step was to “go out and speak to refugees, in the places where they are and to try and understand their situation better.”¹⁵⁸ The recruitment of community volunteers was built on this identification of “emerging needs.” The nature of the volunteer work itself was built from this context analysis. It became clear that there were women within the community who, though they had their own needs, were “best placed” to conduct home visits. These women, who subsequently became ORVs, were identified and selected through the initial focus group discussions that sought to understand the community needs. They began their work by mapping where refugees were (an important task in this program, which was based in an urban context where refugees were scattered) and what the needs of the most vulnerable were.

Traditional Mechanisms for Child Protection

There is a growing body of research on community-based CP mechanisms. This includes work produced by the Columbia Group for Children in Adversity,¹⁵⁹ the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems,¹⁶⁰ the Alliance Task Force on Community Level Child Protection¹⁶¹ and, more recently, the Community Resilience Alliance.¹⁶² This work has provided examples of how to work alongside communities within existing traditional mechanisms. Two of the Columbia Working Group research pieces, though, look at child protection in a humanitarian setting with refugees in Kampala city in Uganda¹⁶³ and in camps in Rwanda.¹⁶⁴ These studies provide important information on existing protective mechanisms for children in humanitarian contexts.

A Traditional Way of Mitigating an Issue?

**Does our referral system ever
include a traditional way of
mitigating an issue?**

INGO CP Advisor

We have included some details about them here as they illustrate that information about institutions already protecting children could be built into CP programs, particularly if community volunteers can be selected from these institutions.

Both studies show that while the family is the first traditional response and protective mechanism for child protection, local religious leaders and groups also played an important protective role. The review of grey literature, such as SOPs and trainings, shows almost no mention of how community volunteers can interact with faith-based organizations as a source of case management support. In the context of this review, this seems to be a lost opportunity. The body of work on volunteers involved in MHPSS case work in Syria¹⁶⁵ describes how faith-based organizations were involved from the early assessment stages of the program and how many of the volunteers came through these organizations.



Short Story

I Didn't Give Up

My Name is E. I'm a Maasai by tribe. In our culture, gender-based violence (GBV) is an issue that as Maasai women we face in our daily lives.

I am a victim/survivor of GBV. I'm a victim/survivor of female genital mutilation (FGM) as well as forced early marriage.

When I completed standard seven (primary school), my father took me to be mutilated; he later then found me a man to marry. Because I was young, I couldn't resist though I wasn't ready. Since then, I knew my dreams were stopped. I wanted to be educated so that one day I could help young girls and women in my community against gender issues.

But I didn't give up; I decided that I will use the little knowledge I have to help women in my community. And that is how I became a volunteer.

I have arranged that I meet with young girls and women thrice a week, and we talk about GBV issues. Since our culture doesn't allow women's meetings, we had to find a secret place in the bush under the tree. The picture to the right shows a place where we meet.

I have saved many young girls from forced early marriage and FGM. Many women now seek help from me in case they face any form of GBV or a girl is in danger of being subjected to GBV. We are now getting some help from the leaders in our community who have now become aware of GBV because of my work.

Find a Local Way of Solving It

A community worker that's there all the time can see things ... Can really understand that culture well and why a family may make a choice for a child, like child labor. If we had community volunteers supporting with assessments and really trying to understand where the action is coming from. Being someone from that same community, they probably already know a lot about the way people think and what they believe in. They could think of alternatives to the way we might respond in a case. Find a local way of solving it.

INGO CP Advisor

Moving from work on the natural support mechanisms within communities to research on other traditional mechanisms, there is work conducted in West Africa.¹⁶⁶ The study is based on a collection of information available about locally developed (or “endogenous”) practices that exist to protect mobile children. The author of this study suggests that detailed examination of and building on local protection practices, such as those mentioned above, allow for real “bottom-up” development of a broad community-based child protection program. The approach is an intensive one but is important and should be considered in looking at future, local research on case management and how to link what is often a top-down process with positive local practices.

Building a Volunteer Case Management Program Around Existing Practices

A CP program supported by an INGO in the Cordoba region of Colombia has built a volunteer program around the concept of community support, which is deeply embedded in the culture of rural areas of Colombia. The Cordoba area has a long history of conflict with the continuing presence of armed groups, recruitment of children, forced displacement and a very limited state presence, mixed with extreme poverty. Within this difficult context, the program is built around an existing network of community members who identify as “agentes comunitario” (community workers) along with teachers and adolescents who have been trained and supported over a number of years to become a “Child Protection Community Network.” This network identifies and monitors families and children in need of protective accompaniment, which includes referral into a formal child protection case management system for the most at risk. This community network is a source of knowledge (through trainings and peer exchange), a source of emotional support (through regular contact and peer support), a source of social recognition and, importantly, in an area where identifying and reporting concerns can be very sensitive and risky, a source of protection.

Being part of a network that includes having back-up support from the few NGOs in the area and other institutions mitigates the risks and increases the empowerment of the volunteer members. Key informants reflected on the fact that this local network approach was a pragmatic or natural one in a context of limited services from the state where community members needed to provide their own protection.

The review of academic literature identified a large body of work¹⁶⁷ that looks at the application of endogenous practices in post-conflict contexts where children involved in armed conflict are supported to reintegrate into family and community. While this work does not relate directly to case management or to the work of volunteers, some of the studies have material related to social networks of support (which resonates with the idea of local volunteers), and they also illustrate the practicability and effectiveness of applying endogenous understandings and applications in child-centered programs. Much of this work was influenced by the work of Sub-Saharan African psychologists and other specialists¹⁶⁸ who questioned the application of Western trauma discourse to children who had been involved in armed conflict and came from non-Western societies. Within this context many of the reintegration programs looked beyond the norms of the biomedical psychological models toward local rituals of healing and cleansing or local initiation traditions.¹⁶⁹ Accepting that building protection programs on endogenous practices has complexities and is not a “heal all,”¹⁷⁰ it is important to acknowledge that many key informants interviewed for this research raised the need to look critically at the “case management” approach, just as those working in the reintegration of children looked at the Western trauma approach, and asked if it is appropriate in all contexts.

In closing this section on why building existing mechanisms is important, it is worth quoting a study¹⁷¹ undertaken in Sierra Leone, which makes the important point that, in spite of the presence of CP actors, such as community volunteers, caseworkers and government social workers...

Overwhelmingly people used traditional family and community mechanisms in responding to child harms. Even in regard to criminal offenses, they very seldom used formal child protection mechanisms.¹⁷²

The study indicates that apart from problems of access and mistrust, this disconnect is attributable to the fact that “the formal CP system is modeled after that of Western systems and was imposed on communities that already had their own endogenous practices.”¹⁷³

It is this disconnect that has led to recent work¹⁷⁴ on how to encourage community-driven interventions that enable an understanding of the endogenous to create a more functional CP system that acknowledges positive local practices and seeks to integrate them with more formal mechanisms through a slow internally driven process.¹⁷⁵

Recommendations for Finding 4: Recognize the Importance of Being Context-aware and Building on What Exists

Child protection organizations need to make sure a context analysis (including geographical, economic and socio-cultural norms) is undertaken before implementation. Organizations should continuously aim to learn and develop their understanding of the context in collaboration with the community, especially community volunteers. There is evidence that this is possible in humanitarian contexts and, in fact, is essential if the intervention is to be appropriate, effective and sustainable because it is owned by the community. The following ideas are important to keep in mind:

- Context analysis should include gathering information on existing CP mechanisms, power dynamics, norms and values around children, gender, and traditional structures that support children and families. Existing tools and resources can be adapted to do such context analysis.¹⁷⁶
- CP responses and program development need to include a focus on positive existing practices, not only on “risks” or “harmful traditional practices.”
- Context analysis is often done as part of a humanitarian effort but is not always reflected in the CP response. CP organizations need to seek out such information, engage in context analyses and allow it to inform the design of case management and volunteer programs.
- In the case of existing programs, evidence indicates that a context analysis done after a program has begun can still be useful and improve community engagement and therefore impact on the implementation of case management responses.



Finding 5:

Apply Evidence on How to Build Effectiveness, Quality and Sustainability into Work with Community Volunteers

A theme that emerged from the review of academic literature was that there were certain components or characteristics of community volunteer programs that have been shown to promote quality, effectiveness and sustainability. This information comes from a body of evidence-based work that includes mixed-method quasi-experimental evaluations, randomized control trials and systematic reviews around elements creating effectiveness and quality in volunteer programs. Although some of this work is related to development contexts and/or to health, rather than child protection, it has been included in this review because it provides useful guidance in a context of very little evidence-based research that measures impact or effectiveness of CP case management community volunteer programs in humanitarian contexts. Additionally, the findings from the KIs echo the findings of the selected evidence-based pieces of work suggesting their relevance to case management in humanitarian contexts. This section presents the intersecting data from the KIs and research evidence and some examples from the review of grey literature.

Selection of Volunteers

The review found some evidence about the impact of selection criteria and processes for community volunteers. Research in a refugee context in Syria that looked at the role of outreach volunteers¹⁷⁷ suggests that the “soft skills” of communication, openness, humility and dedication, together with previous experience in similar work, are relevant selection criteria for effectiveness. Other research suggests that selecting respected and motivated people within the community and gender were enabling factors for effectiveness.¹⁷⁸

Community Selection of Volunteers

Although not a common practice, there was some interesting data on the selection of volunteers by the community themselves. Some programs¹⁷⁹ involved children in their selection of volunteers. A manager of a CP program in a refugee camp in Central African Republic describes how this is done.

We have some step-by-step guidelines on selection. First, we discuss with children, asking them the name of people from their communities in whom they trust, people they go to ask support or advice when they or other children have a problem. Children give us the names; we submit this list to local leaders and ask them to tell us if those people have good morality. If there is a good testimony on these people at community level, we involve Social Affairs ministry officers for verification and approval. If the local authorities and the Social Affairs officer agrees, then we ask them, the nominated people, to volunteer to be involved in protection of children.

A manager working in a program with displaced people in El Salvador¹⁸⁰ described how important it is for volunteer selection to be a community process.

I believe that volunteers should be chosen by the community and not the institution. On many occasions officials from an institution who do not live in these communities go to a community meeting and can say, ‘that person who raises his hand, the one who speaks the most, that person could be the volunteer.’ They select them and go through the training process, but volunteering has to be a product of community consensus. There are so many methodological techniques that are already documented and systematized for doing this. For example, you can use a trust tree diagram where you show all the people in the community, and you ask people: If you had to choose someone from here to tell a very serious problem, who would you choose? That person should be the volunteer.

Because that person who talks the most could have a reputation for not keeping much confidentiality, but the institution selected them, not as the volunteer who people naturally sought out, and maybe people would not tell them a serious problem of domestic violence or something serious.

Training of Volunteers

What emerged from the review of research was that training of volunteers is the most important means of creating effective and quality programs.¹⁸¹ The research suggests that length of training,¹⁸² depth and quality¹⁸³ and ongoing mentoring and follow-up¹⁸⁴ are all important for effectiveness in a community volunteer program. Key informants also highlighted the importance of training, and the review of grey literature around training in case management shows that many of the recently developed training programs¹⁸⁵ are designed to provide systematic and in-depth training.

As mentioned in Finding 2 above, what emerged from the review of grey literature is that there is a growing body of training targeting the Type 3 level of para-professional.¹⁸⁶ The GSSWA has been influential in the move to improve consistency and competency among para-professional workers. They acknowledge that, “those working at the community level [of the social service network] are often para-professionals, using their knowledge of the context and culture of their communities to support the most vulnerable.”¹⁸⁷ They point out that these workers often fall outside of an organized social service system and that, “Most countries do not have a way to ... ensure the consistency and quality of their training, supervision and remuneration.”¹⁸⁸ One of the contributions of the GSSWA has been to encourage the development of a “competency framework for para-professionals that would outline the functions and competencies of para-professionals and could be used to provide program guidance, accountability and ultimately inform both training and supervision.”¹⁸⁹

This move to a competency-based approach to training is evident in recent trainings developed by INGOs for case management in development and some humanitarian contexts.¹⁹⁰ Competency-based education includes methods of education and assessment “designed to evaluate mastery of learning by students through their demonstration of the knowledge, attitudes, values, skills and behaviors required.”¹⁹¹ What this suggests is a way of learning that links theory to practice, facilitating the application of the knowledge to the actual context in which it will be used through mechanisms such as case studies, role plays and participatory tools such as mapping, all the time encouraging dialogue among trainees.

No Matter the Training Approach, Context is Always Important

Competency training is like money; it depends on who's using it. Having a list of core competencies as fixed without looking at context is a problem. The Chinese saying goes that the water can float a boat and the water can sink the boat. So the competence is like a boat. It's just a boat. It depends on the water - the people who use it. What is needed is a tool, a framework, a set of training materials that is open, that is facilitative, that allows people to reflect whilst gaining specific skills. So if you were to look at the WHO, psychological first aid toolkit,²⁰² I find that as a good example of helping people to be sensitive, but at the same time, know what to do and how to behave.

Academic, Practitioner in Disaster Relief Program

Literacy is An Issue

We cannot say 100 of our volunteers have writing skills, but they have good communication skills. You know it's very tough to find female volunteers who have literacy skills, who also have writing skills. They are very good in communication with the children, but they don't have writing skills.

Manager, Refugee Camp
Bangladesh

A number of key informants acknowledged that a competency-based approach to training, rather than one that was didactic and merely taught “definitions, steps and facts,”¹⁹² was a step in the right direction. However, as always, it needed to be applied with context in mind and to take into account relational skills of listening, building trust, empathy and humility. This resonates with the evidence presented above that the selection of volunteers needs to acknowledge those who have “soft” skills.¹⁹³

In spite of the fact that the evidence points strongly to training as a key component for effectiveness, quality and sustainability, a review of evaluations of community-based CP programs¹⁹⁴ showed that 15% of evaluations identified lack of training as an issue. The review of grey literature conducted for this research also shows there are few trainings developed for Type 1 volunteers. Most of the recent trainings on CM in the humanitarian sector are designed for the caseworker (para-professional) level.¹⁹⁵ Trainings for Type 1 and 2 volunteers seldom include the entire case management approach; they usually only include identification and referral. Linked to this, a number of key informants¹⁹⁶ raised the fact that many Type 1 community volunteers are not educated. Yet, these are the people who often have the soft skills that research suggests is needed in a community volunteer involved in supporting individual children.

Key informants¹⁹⁷ who worked in the field (managers and coordinators of case management programs) talked about the constant need to simplify trainings and for volunteers and workers of Type 1 and 2 and even Type 3.¹⁹⁸ A few examples of trainings were developed with lower literacy levels in mind from the MHPSS context,¹⁹⁹ but few deal with child protection and even fewer deal with case management. Literacy levels among community volunteers was raised as a key challenge by key informants in the area of documentation related to case management.²⁰⁰ This issue intersects with the issue of volunteer vs worker (discussed in Finding 2 above) and the fact that it is the workload created by documentation that often places an unrealistic time and capacity burden on many Type 2 volunteers.²⁰¹ While conducting a review of case management documents for this research, many examples of forms that required high levels of literacy as well as familiarity with bureaucratic conventions, such as how to fill in a form or checklist were found. An acknowledgment that literacy includes not only an understanding of words, but also of conventions and processes seemed to be missing in many of these examples. In addition, the volunteers in training and managers in SOPs were provided almost no guidance on how to work in a context of different languages. Volunteers are often the only people who speak the local language, and they need training on how to interpret throughout the case management process in particular.

The box below quotes a CP program manager in a refugee camp in Bangladesh describing how the program slowly built the capacity of volunteers to handle case management and highlights the challenges faced in the field. Of course, this situation describes a long-term protracted humanitarian situation in which this slow building of capacity is applicable. The point is that it takes time to build a volunteer's capacity to handle a full case management process, and what is important is to think through the expectations on volunteers, even at the beginning of implementing a response. A contextual analysis would allow an assessment of what is appropriate given the context and prevent the burdening of volunteers with more than they can handle.

Building CM Capacity Slowly²⁰³

At the very beginning, in 2017, when we started working with volunteers, we worked only on strengthening community capacity. We started with what child protection is and how they can follow child protection principles and contribute to their community. So at that stage they were not involved in case management, just referring. So in 2018 we continued the capacity building work; we taught what is case management, what are the risk factors, what are the protective factors. So, it was like a continuous process; it was not 'Okay, we trained them on case management; now they know case management.' It was very small, small, small, small steps. We also did continuous assessment of their capacity, and gradually we observed that their performance was improving, their knowledge was improving and they were doing well; then we decided now we can involve them in a little portion of the case management process. So they started with follow-up of cases and updating the case manager. No documentation, just follow-up, and give the update to the caseworker, verbally. Then at the end of 2018, we did another assessment of their capacity. And we started involving them in identifying the child protection concerns and then interviewing a child, assessing the risk. They were still supervised by case management officers. We didn't involve all of them, just those who had shown the capacity. At the end of 2019, we did another assessment, and we plan now in 2020 to involve some of them in the Information Management System like managing case files, recording information.

Child Participation

The review of evaluations of community-based CP programs²⁰⁴ and one other evidence-based piece of research on CP programs²⁰⁵ suggests that child participation in the development and implementation of programs is an important component for effectiveness. The desk review identified interesting work on how to involve youth in action for children in humanitarian contexts.²⁰⁶ This report includes detailed information on how to involve young people throughout the key stages of the “humanitarian cycle.” Of note, too, is that the KILs²⁰⁷ identified that youth often work as volunteers alongside adults in case management programs, usually identifying children needing care and referring them. A set of case studies collected as part of interagency work on community-based CP programs also identified three exemplar programs where young people were central players in CP programs.²⁰⁸ The one case study described a child-led organization, which is a powerful model used widely by the African Movement of Working Children and Youth or Mouvement africain des enfants et jeunes travailleurs (Maejt) in West Africa.²⁰⁹ It is beyond the scope of this report to explore youth as volunteers, but this would be an important area for further research.

Supervision

A systematic review of supervision related to CHWs²¹⁰ makes the point that while few supervision strategies have been rigorously tested and data on supervision of community volunteers is particularly sparse, “high-quality supervision that focuses on supportive approaches, community monitoring and/or quality assurance/problem solving may be most effective.”²¹¹ Other research²¹² suggests that when community volunteers work alongside caseworkers, the clients’ and families’ experience with services may improve. Caseworkers can facilitate, along with the volunteer, the transition between different layers of support and care systems. The Save the Children review of evaluations of community-based CP programs²¹³ indicates that regular and long-term technical support and oversight to ensure the effectiveness of community mechanisms was a gap identified by the evaluations.

In other research conducted while looking at community volunteers’ work in a humanitarian context,²¹⁴ a code of conduct and compliance monitoring, as well as communication and coordination of volunteers, were seen as important organizational elements that added to quality and effectiveness.

This particular piece of research described the multiple communication strategies used by the intervention, which included weekly meetings, Facebook messaging and posts and mobile phone group messaging, making the point that, “One-on-one dialogue and feedback is instrumental in getting the best out of the people you deal with, regardless of how difficult their situations may be.”²¹⁵ Finally, in relation to evidence around supervision, a number of different studies identified the impact of relationships between supervisors and volunteers as an important factor in performance effectiveness.²¹⁶ This is discussed under Finding 4 in more detail.

Confidentiality

Key informants²¹⁷ indicated that service providers in NGOs and government often expressed concern about the ability of community volunteers to keep issues confidential when they are part of a community. Some CP managers interviewed gave this as one of the reasons behind a team approach where volunteers simply identify and refer a case and a trained caseworker follows up.²¹⁸ However, it is useful to make the point that there was research²¹⁹ done in the early days of the HIV and AIDS epidemic, when confidentiality was an extremely sensitive issue, that community volunteers were deeply committed to keeping clients' confidentiality, even when it meant they faced anger from other family and community members. Additionally, key informants²²⁰ specified that careful training and, crucially, follow-up and mentoring to make sure the training is understood in context can reduce the risk. The issue of safe documentation procedures for use by community volunteers was raised as a particular challenge by key informants.²²¹

The importance of supervision is being increasingly acknowledged by the CP sector, as recent work to develop supervision strategies and practices shows.²²² Again, similar to the training program reviewed, the emphasis seems to be on supervision of Type 3, para-professional caseworkers, rather than Type 1 and 2 volunteers, who are assumed to be doing only identification and referral while, in reality, they are often responsible for the complete case management process.



Short Story

I Really Feel Happy When Working in a Team

A Story from Diodone, Plan International 📍 **Tanzania**

My name is Diodone, and I am 22 years old. I moved from my country to Tanzania as a refugee in the beginning of the year 2015. I have a diploma in Literature and Linguistics obtained in the camp. After I graduated, I sought a volunteer opportunity at Plan International. On January 2020, I successfully got the opportunity to become a Child Protection in Emergency volunteer. I like to work as a volunteer because I enjoy working and supporting my community and saving children's lives.

I really feel happy working in a team with experienced caseworkers and volunteers because it gives me an opportunity to gain more knowledge and feel a sense of belonging in a wonderful team. Our team helps everyone feel respected and valued. Each contribution, however small, is important. I am learning to be a professional so that when I return to my country, I can continue supporting my people. When I get problems and challenges, I always communicate with my colleagues and my supervisor who help to provide some advice. Anyone among the team is able to access and get support on professional or personal-related issues, which is a good motivation.

Team Approach

Many key informants emphasized the need for a team approach that worked with different types of volunteers and workers at different stages in the case management process.²²³ Some of the program materials reviewed for this research delineate, through SOPs, trainings and even in home visit reporting forms, that volunteers, those workers with minimum training, need to work alongside and/or refer to at least a para-professional, caseworker or social worker who has more extensive training.

Two Examples of Practices that Differentiate Responsibility Between the Para-Professional and the Volunteer

1. A home visit reporting form for volunteers working in a refugee camp in East Africa is divided into two sections:
 - Questions to ask IF the para-social worker is with you
 - Questions to ask IF you are alone
2. SOP used by CP implementing partners during Cyclone Idai in Mozambique
 - In the absence of a trained child protection social worker from the Acção Social (government service), cases will be referred to the trained child protection case management focal points, to be determined by the CP Case Management Task Force members.

There is evidence around the effectiveness of the team approach from the work in Syria with urban refugees and internally displaced people. This research provides²²⁴ data showing that a multi-layered, stepped-care model using a team approach is a functional case management model. In this program volunteers are involved in identification and referral of cases and then work in a team where caseworkers and/or social workers facilitate the client's access to services with the volunteer coming along for continuity and to maintain trust. The program has developed case management services that are divided into two tracks. High-priority users with severe mental health problems or high-risk CP issues, for example, are guided to mental health services or social workers, and users with mild to moderate mental health problems or low-risk protection issues are guided to psychosocial support groups or receive regular visits from a volunteer.

Case managers with a background in either psychology or social work who have been through a three-month case management training program, followed by an on-the-job training period, make the decision about which track a user is referred into. Community volunteers are involved in both tracks. For example, higher risk users are supported by follow-up services and the lower risk category by facilitating support groups and home visits.

What is important about this example is that community volunteers are seen in this program as an integral part of a case management team. Their role within the team is identified and delineated from the program planning stage. As stated in Finding 2, the evidence seems to suggest this is often not the case in many CP programs where volunteers are seen as “a good thing” without much thought about their role within the case management process.

To return to the story sent by Diodone, he emphasizes how important it is for him to have the support of supervisors and other team members. One of the strong themes that emerged from the narratives sent in by volunteers was the importance of the support they get from each other.

In my line of work there are also things that break my heart as not everyone is willing to support a child and, in most cases, they are the ones who contribute to cases of abuse. But with help of other volunteers, I am able to share some cases that burden me while maintaining the confidentiality of my clients. Whenever there is a challenge faced among us, the volunteers, we sit down, identify the problem, and solve it there and then.

Once faced with difficulties, I consult my colleagues and they guide me [on] how to proceed. Because of this, I am able to perform my volunteer duties with minimal stress.

As colleagues in the volunteering program, we always strive for success in team work by providing consultations to each other, so we are gathering together. As volunteers, we support each other through teamwork and group spirit, [and] share new ideas that help us going forward in our volunteering work.

These quotes illustrate how important peer support is to community volunteers, both in terms of solving problems with a case and for personal emotional support.

Community Volunteers as Part of the Child Protection System

Some research evidence suggests that support from the “employing” organization to volunteers when they interact with the government social service system is linked to the outcome’s effectiveness for children.

Integrating Volunteers into the National System

At first, the local NGO was doing all the training, the mentoring, etc., but little by little we were trying to really ensure that they were working with the Department of Social Welfare social worker to provide that mentoring. Making that connection, so doing capacity strengthening for both the government social worker and the volunteer.

INGO CP Advisor

The review of evaluations²²⁵ of community-based CP interventions and a review of randomized control trials²²⁶ related to the work of CHWs both suggest that clear definitions of roles and good coordination between government services and programs working with community volunteers are important²²⁷ elements for intervention effectiveness. Research²²⁸ comparing three South Africa community volunteer programs illustrates how those volunteers supported by the managing organization to negotiate the vertical power systems controlling access to services were more effective than those volunteers who were not supported. The support took the form of relationship-building between the NGO and the government service system. The managers of the program made it their business to get to know the service providers, introduced volunteers to them and assisted volunteers when they came across barriers in accessing any service for the children and families they supported.

In line with these findings, the key informants who had experience with building links between community volunteer programs and official systems (mostly, but not exclusively, in the development context) talked about how important it was to do advocacy at government level along with program development.²²⁹ This advocacy involved NGO managers interacting with relevant government officials regarding the role and importance of integrating volunteers into the formal service. In some cases the NGO was involved in writing actual guidelines that became policy.²³⁰ This has led to the integration of para-professional staff selected, trained and managed by INGOs and NGOs into government systems.²³¹ It also allowed for incentive workers to become salaried auxiliary workers,²³² for more efficient referral systems²³³ and a sustainable CP system.

It is important to acknowledge that much of the effort to integrate the work of community volunteers into official systems has been done in development contexts. It is often much more complex to support community volunteers to interact with a formal or official system in a humanitarian context. Key informants described challenging situations where government, for example, required NGOs in a refugee camp to work with local nationals to refer child protection cases into the national system. Another challenge is where the government is part of the conflict, does not recognize the status of refugees for political reasons or is simply overwhelmed by the crisis situation.²³⁴ The challenges are complex barriers to create links between the official CP system and community volunteers. In other contexts, key informants described the need to protect community volunteers from being used by government for political ends through clear job descriptions.²³⁵

Clearly Defined Roles Protect Volunteers

If we take an example of a ‘community mobilizer’ where the job description and responsibility is broad, then the opportunity is quite high for the [national] state to use these mobilizers to disseminate propaganda messages or to even spy on people, as happens in some locations. Whereas ... if we have clearly defined roles, then there is an opportunity to manage and mitigate the risk of being influenced and taken to do other work ... These are sensitive issues and at every stage we need to be checking in and finding ways to manage this in a way that doesn’t put the community worker at risk of being abused in a political way.

Some key informants made the point that it was possible to work with government systems during a humanitarian crisis, particularly if the social service framework in the country was analyzed to look at barriers and opportunities before a project began in order to develop a strategy for involving and training community volunteers that fit within the national system.

Recommendations for Finding 5: Apply Evidence on How to Build Effectiveness, Quality and Sustainability into Work with Community Volunteers

Child protection organizations need to scrutinize the evidence gathered in this report in relation to what they are implementing in reality, and adapt in order to make programming with volunteers more effective and sustainable. This reflection and adaptation process could include some of the following activities:

- Develop a review process for CP program managers to assess the program activities with community volunteers in relation to the evidence about what is effective.
- Develop systems of volunteer selection that prioritize interpersonal skills, while promoting community acceptance and transparency. If possible, include children in the selection process, and local authorities, if contextually appropriate.
- Invest in ongoing capacity building, coaching and supervision of volunteers that focuses on relational skills as a priority, and slowly builds responsibilities linked to case management according to what is contextually appropriate.
- Structure case management programs that include volunteers as integral members of the team. Facilitate team building and trainings to develop relationships between volunteers and caseworkers/ social workers in which trust and appreciation of complimentary roles can be built.
- Advocate with local authorities and official systems in order to:
 - Create links with community volunteers for effective referrals
 - Create pathways for career development of community volunteers into the CP system

- Disseminate case studies that illustrate effective selection, training, supervision and a team approach and examples of how programs are structured according to context so that volunteers can work without being exploited, no matter what the level of resources are.
- Create briefing documents on effective programming with volunteers and case management that can be used in advocacy. Targeted audiences should be donors, and NGO business development teams should promote sufficient funding and appropriate resource allocation (e.g., including supervision structures for volunteers).

Conclusion

What emerges from the research is a sense of certainty about the power of involving community volunteers and the intense commitment of these volunteers to their work. The research challenges the CP sector to think about the gaps that exist in how volunteers are integrated into CP programs. The evidence presented here calls on the sector to question some long-held assumptions about community volunteers, to think through existing case management mechanisms, and to establish listening processes to understand the lives of volunteers.

The commissioning of this research within the Community Engagement in Case Management Project shows the acknowledgment of the important role of community volunteers and the deep concern in the sector for both the well-being of volunteers and the vulnerable children and families with which they work. Building on this concern, it is critical to act now on the learning from this report to examine CP response plans, trainings, guidelines and job descriptions. The comparison between evidence and reality suggests numerous ways in which work with community volunteers in case management can be improved (see Appendix 4 for a list of all the recommendations).

The additional work of the Community Engagement in Case Management Project will provide case studies of how the lessons can be applied in reality and a collection of practical resources created in humanitarian settings to assist this work. CP actors can begin this work now, however, by exploring some of the findings of this report at program level.

In conclusion, this research, particularly the narratives shared by volunteers, demonstrates the scale and level of commitment of community volunteers when they volunteer in CP programs. The narrative below, from a volunteer in Ethiopia, highlights this commitment and compels the CP sector to acknowledge and do right by volunteers and the children and families they work with.

“My name is Nyarueni Kun; I am 43 years old. When I was a child, I used to dream that one day I will become an educated and independent woman who would work for a brighter future for all women and girls in my community. I used to think that every dream of mine was reachable until I experienced the chaos of my life after the civil war back in my country South Sudan. I never imagined I would end up this way being uneducated and all my dreams destroyed by things which were out of my control. I lost my hope and I gave up on my dream. It was all gone as a blink of an eye. I was forced to get married when I was only 17 years old, but I wasn’t angry with the decision of my parents because I had already lost my hope and at that time, “surviving” was all I was thinking about.

After a few years, I came to the refugee camp in Ethiopia. I looked at the situation of the children here, and I decided to step forward. I wished for them to live in a protected environment so that they can dream big and become successful and not lose their hope just like I did. I have been working voluntarily as a child protection committee chair person for the past three and half years. I serve the children now. I facilitate meetings with the committee and develop action plans about what to accomplish in a certain time period. I conduct awareness raising and mobilization activities within communities about child protection concerns, available services to children with protection risks and child rights. I also do home visits and I assist caseworkers in identifying children with protection risks, in exploring alternative child care options, in tracing parents or relatives of children. I sometimes come to the child friendly spaces and tell resilience building stories to the children. I am proud that I am now giving children a chance to see a brighter future. It is never too late.”

Appendix 1: TOR Questions

Current Practices:

- What are the different roles community volunteers play within the case management system?
- How do the community volunteers feel about their work? What motivates them? What are the challenges they are facing?
- If asked to engage in the formal case management or formal child protection system, how are community volunteers being supported? Are they being trained, coached, and guided in their roles? If so, what does that look like and is it enough?
- How are referrals made from community volunteers to more formal systems? Are they done consistently and for what types of cases? Are there referrals from formal systems to volunteers?
- What are some ways in which community-based case management efforts link with government/national systems?
- Are incentives being offered to community volunteers? How is this funded and sustained?
- What types of cases are community volunteers supporting (including risk levels and protection concerns)? How is this determined?
- Are there different practices between urban and rural volunteers?
- What are some ways in which community-based case management efforts link with government/national systems?
- What are some benefits to the current practices? What are the negatives or potential harms identified?

Connection with Traditional Mechanisms:

- How do communities handle violence, abuse, neglect and exploitation when there is no formal child protection or case management system in place? What elements foster positive outcomes for children? Are there elements or actions that are harmful to children from a child-rights perspective?
- How does the formal system engage with these traditional mechanisms? Is it disruptive to positive coping mechanisms? Does it influence negative social norms and harmful practices?
- Are there examples of how humanitarian actors have effectively built on traditional practices to create contextualized case management approaches? An example could be taken from complicated cases, such as reintegrating Children Associated with Armed Forces and Groups.
- How do local civil society organizations and NGOs engage with community volunteers? How do they build on existing capacities?

Broader Questions:

- How are community volunteers and para-professionals defined in various contexts? What are their core competencies?
- What is the perceived sustainability of different models? Is that sustainability important?
- What are some positive and negative consequences of integrating community volunteers into case management?
- What are communities' capacities and limitations considering case management principles, particularly the best interests of the child?
- What are the best practices for supervision and coaching of community volunteers?
- How are community volunteers connected to sectors outside of protection? To what extent do they contribute to integrated services or facilitate referrals?
- What is the added value community volunteers can bring to a case management approach?

Appendix 2: Review Search Strategy

Search Strategy Academic Literature

The search strategy for the academic literature is summarized below.

Inclusion/exclusion criteria and key concepts:

- Peer-reviewed articles since 2000 in English aiming for as global a spread as could be sourced
- Evaluation studies that used at least a quasi-experimental design
- NGO reports based on systematic reviews of literature
- Child protection case management in humanitarian contexts that involves community-level volunteers
 - Descriptions of programs
 - Impact/effectiveness studies
- Experience of community-based volunteers in child case management in humanitarian and development contexts. Including development contexts allowed the researcher to learn from the large body of literature on volunteers involved in case management with orphans and vulnerable children. To make this work manageable, the research did not look at programming or effectiveness in development contexts but rather focused on studies that look at volunteers' perspectives about their motivations, challenges as they experience them and their identity as volunteers.

An initial search using key words produced a bulk of articles (145). The abstracts were read and the most relevant articles (69) extracted using the exclusion and inclusion criteria described above. These were then collated under three themes, which were generated in relation to the research aim and the original research questions in the TOR for the research work (see Appendix 2):

- Descriptions and reflections on programs using volunteers in case management in humanitarian settings
- Experiences of volunteers in development and humanitarian contexts
- Examples of use of endogenous practices around CP relevant to a study of volunteers

Search Strategy Grey Literature

The grey literature was largely provided by members of the review committee and key informants, although additional materials were supplemented through a key word search to ensure that different global regions were represented. The documents included came from nine large INGOs, two regional networks, four national-level NGOs, three global networks and two UN agencies working in the humanitarian sector and an INGO working in child protection with children affected by HIV and AIDS. The documents consisted of:

- Descriptions and reflections on specific projects that engage volunteers in case management

- Tools used with volunteers in case management (e.g., follow-up visit forms)
- SOPs, guidelines and general handbooks
- Training and capacity building materials

The documents were collated and then analyzed using a thematic analysis similar to the academic literature. The researcher used a largely emergent approach but did compare the grey literature with the themes that emerged from the academic literature.

Appendix 3: Key Informants

Alexandra Shaphren	Plan International
Amy Bess	Global Social Service Workforce Alliance
Anastasiia Doroshenko	Terre des Hommes, Bangladesh
Anneloes Koehorst	UNICEF
Bree Akkesson	Wilfred Laurier University, Faculty of Social work
Cliff Speck	UNHCR
Crystal Stewart	International Rescue Committee
Fahima Mustafa	Relief International, Bangladesh
Jane Calder	Save the Children
Janet Du Preez	4Children (Coordinating Comprehensive Care for Children)
Jayita Sen	Save the Children, India
Justin Kaseke	Plan International, Central African Republic
Kelly Bunkers	Maestral International
Lourdes Carrasco Colom	Terre des Hommes
Ludin Chavez	Save the Children, El Salvador
Madhumita Purkayastha	Save the Children, India
Maria Teresa Cuesta	Save the Children, Colombia
Mark Canavera	Care and Protection of Children Learning Network, Columbia University Mailman School of Public Health
Martha Bragin	Silberman School of Social Work, Hunter University
Onesmo Lameck	Plan International, Tanzania
Patiance Zhou	Save the Children, South Africa
Paula Sengo	Save the Children, Mozambique
Peter Ogenga	Children of the World, Uganda
Rima Mohsen	Save the Children, Lebanon
Riyad Alnajem	Hurras Network, Syria
Severine Chevrel	Catholic Relief Services
Shahana Rasool	University of Johannesburg, Department of Social Work
Taslima Begum	Relief International, Bangladesh
Timothy Sim	The Hong Kong Polytechnic University
Yohana Marcus Lwila	Plan International, Tanzania

Appendix 4: List of Recommendations for Each Finding

Recommendations for Finding 1: Evidence that Community Volunteers Bring Benefits for Children, Families and the Broader Community

Child protection organizations need to review the way volunteers are included in their programs so that the benefits the volunteers bring are optimized. This could entail some of the following activities:

- Use some of the information from this report (and information gathered from volunteers themselves) to create reflective workshops with child protection teams to build an understanding of the fact that volunteers are not only functionaries in a program, but also critical to CP work as the “eyes and ears on the ground.” One important aspect of the workshops should be to find ways to introduce CP actors on the ground into the project proposal or development phase so that project proposals are feasible.
- Develop simple, easy-to-implement, project-level participatory “research” or review processes that allow volunteers to share their knowledge of risks, systems of support and the local hierarchies that need to be mobilized to prevent and respond to issues affecting children. One way of doing this would be to involve volunteers in developing guidance for a particular project. This process can take place within existing programs and in the start-up phase of new programs. It would then be important to record this information and integrate this knowledge into the operating procedures of the CP and case management program. Look, particularly, for ways of doing this kind of simple discussion/research within an emergency response.
- Document the findings and research/discussion processes used in the above activity and share the learning gained from the discussions through existing networks at global and national levels to further shift the perception of volunteers from functionaries to valuable participants within the sector.
- Develop advocacy material for donors (using some of the participatory research described above) to emphasize the power of seeing volunteers as a rich source of understanding and skill. Encourage donors to fund the time and resources needed to establish systems that provide for quality support and supervision for volunteers so that they can play their important role within the wider CP system.

Recommendations for Finding 2: The Need for Critical Reflection on the Incorporation of “Community Volunteers” into CM Programs in Humanitarian Contexts

Child protection organizations that include community volunteers in case management programs need to look critically at the expectations, responsibilities and roles of “community volunteers.” This reflection should include looking at risk to children, families, communities and volunteers, as well as exploitation of volunteers. It also needs to include reflection on roles, responsibility and time commitment that is not commensurate with education, available time, training or level of supervision. If the resources or political context do not allow for ethical and “do no harm” involvement (e.g., legislation does not allow refugee volunteers to earn), then it is important to reduce expectations on volunteers. This may involve programs having to adapt case management approaches described in guidelines to make them appropriate for the context. The process could include some of the following activities:

- Develop short briefing documents for NGOs, based on the typology presented in this report, that will encourage program staff to reflect on the role volunteers play in case management.
- Develop reflective workshop processes for NGO technical advisors, proposal developers and program managers to assist them in assessing the expectations, responsibilities and roles of volunteers in program delivery. Such a reflective workshop process should be able to be used in existing programs as well as when new proposals are written. The workshop processes should include examples of practical alternatives that illustrate how volunteers can be involved ethically. It may be necessary to do research to find and document examples.
- Collect and disseminate exemplar frameworks used by different NGOs for the work of volunteers.
- Develop guidelines around consulting volunteers themselves about roles and responsibilities and expectations. These should be accompanied by participatory tools for this kind of reflection process and details on how to apply volunteers' ideas.
- Produce briefing document/guidelines on what NGOs can do if the resources or political context do not allow for fair wages (i.e., how to reduce the expectations and responsibilities placed on volunteers working in case management.) This should include information on how to adapt case management processes that expect too much, while still keeping the "do no harm" principle paramount.
- Develop training packages for community volunteers that can be adapted to the level of involvement in case management expected from them.
- Document programs that include volunteers in income generation/livelihood programs (as an alternative to paid incentives), along with beneficiaries, as case studies to encourage creative thinking around ways of working ethically with volunteers who are as vulnerable as the potential beneficiaries of a program. This would involve thinking in a more integrated way about programming for children (e.g., livelihood programs and CP programs working together).
- Produce advocacy materials and campaigns that encourage donors and governments to see social workers as essential to the well-being of children and therefore make funding available for their inclusion in case management processes.
- Develop advocacy materials and/or campaigns for donors and government around the need to implement a training and support process that allows community volunteers to work their way up a career ladder, such as the para-social worker model that some NGOs have begun to apply.

Recommendations for Finding 3: The Need to Recognize the Lived Reality of Community Volunteers

Child protection organizations need to acknowledge the power dynamics between the organization and community volunteers, within the community itself, between the volunteer and child and family, and between volunteers themselves. This would include acknowledging that community volunteers have to negotiate these power dynamics on an everyday basis and that disparities of power can have serious consequences for them as individuals as well as for the quality, sustainability and effectiveness of their work. Acknowledging power disparities could include organizations undertaking activities such as those described below:

- Develop reflection workshops on power dynamics for program managers so they understand how power excludes, sets up hierarchies and creates “voicelessness,” for example. Link this learning to practical steps managers can take to empower community volunteers.
- Apply open, transparent and participatory community processes to recruit volunteers to ensure reaching all community groups and social layers, thus breaking community power barriers at the beginning of the community volunteers’ involvement.
- Hold horizontal trainings, where NGOs recognize volunteers’ unique knowledge, capacities, challenges and strengths and ask them to share these with NGO staff, moving the NGO staff away from the role of “owners/ bearers of knowledge” to a more participatory approach where volunteers and NGO staff learn from each other.
- Set up mechanisms, such as regular “dialogue circles” or confidential “suggestion/complaint boxes,” that allow community volunteers the confidential space to express concerns about and praise for program staff who manage or supervise their work.
- Develop workshop tools for dialogues with volunteers around power dynamics within the community and how they could negotiate them. Build on their understanding of how to negotiate these dynamics in the delivery of the case management program.

Child protection organizations need to be open and accepting of the fact that community members often volunteer in the hope of the work becoming something that will help them earn a living or link them to further opportunities. This could entail some of the following activities:

- Include discussions around this and be open about the organization’s ability to meet these expectations.
- Undertake an analysis of CP systems at national government level to find opportunities, such as training, where volunteers can be made “visible” within the system and maximize their chances of future career opportunities.
- Build in mechanisms, such as formal descriptions of training programs and references that volunteers can use to access further opportunities.
- Explore ways with volunteers that they can negotiate the time spent on volunteer work with family members.

Acknowledge that community volunteers can face emotional and physical risks as they conduct their work. This could involve activities, such as:

- Create a tool for co-mapping risks (program staff and community volunteers) that community volunteers could face while delivering case management services and ways to mitigate these risks. This could be followed by contextually relevant, scenario-based security training.
- Discuss with volunteers how to negotiate the challenges of representing an outside organization within the community if this is a risky activity.
- Include psychosocial support for community volunteers in program proposals and implementation and make sure volunteers have access to quality psychosocial support when they need it.

Recommendations for Finding 4: Recognize the Importance of Being Context-aware and Building on What Exists

Child protection organizations need to make sure a context analysis (including geographical, economic and socio-cultural norms) is undertaken before implementation. Organizations should continuously aim to learn and develop their understanding of the context in collaboration with the community, especially community volunteers. There is evidence that this is possible in humanitarian contexts and, in fact, is essential if the intervention is to be appropriate, effective and sustainable because it is owned by the community. The following ideas are important to keep in mind:

- Context analysis should include gathering information on existing CP mechanisms, power dynamics, norms and values around children, gender, and traditional structures that support children and families. Existing tools and resources can be adapted to do such context analysis.
- CP responses and program development need to include a focus on positive existing practices, not only on “risks” or “harmful traditional practices.”
- Context analysis is often done as part of a humanitarian effort but is not always reflected in the CP response. CP organizations need to seek out such information, engage in context analyses and allow it to inform the design of case management and volunteer programs.
- In the case of existing programs, evidence indicates that a context analysis done after a program has begun can still be useful and improve community engagement and therefore impact on the implementation of case management responses.

Recommendations for Finding 5: Apply Evidence on How to Build Effectiveness, Quality and Sustainability into Work with Community Volunteers

- Child protection organizations need to scrutinize the evidence gathered in this report in relation to what they are implementing in reality, and adapt in order to make programming with volunteers more effective and sustainable. This reflection and adaptation process could include some of the following activities:
- Develop a review process for CP program managers to assess the program activities with community volunteers in relation to the evidence about what is effective.
- Develop systems of volunteer selection that prioritize interpersonal skills, while promoting community acceptance and transparency. If possible, include children in the selection process, and local authorities, if contextually appropriate.
- Invest in ongoing capacity building, coaching and supervision of volunteers that focuses on relational skills as a priority, and slowly builds responsibilities linked to case management according to what is contextually appropriate.
- Structure case management programs that include volunteers as integral members of the team. Facilitate team building and trainings to develop relationships between volunteers and caseworkers/ social workers in which trust and appreciation of complimentary roles can be built.

- Advocate with local authorities and official systems in order to:
 - Create links with community volunteers for effective referrals
 - Create pathways for career development of community volunteers into the CP system

- Disseminate case studies that illustrate effective selection, training, supervision and a team approach and examples of how programs are structured according to context so that volunteers can work without being exploited, no matter what the level of resources are.

- Create briefing documents on effective programming with volunteers and case management that can be used in advocacy. Targeted audiences should be donors, and NGO business development teams should promote sufficient funding and appropriate resource allocation (e.g., including supervision structures for volunteers).

Endnotes

- 1 The Alliance for Child Protection in Humanitarian Action. (2017). *Setting the Global Research Agenda for Child Protection in Humanitarian Contexts*. <https://alliancecpha.org/en/child-protection-online-library/briefing-note-setting-global-research-agenda-child-protection>.
- 2 Alliance for Child Protection in Humanitarian Action. 2018. *Setting the Global Research Agenda for Child Protection in Humanitarian Contexts*.
- 3 Plan International USA. 2019. *New Award Application to USAID/OFDA: Alliance for Child Protection in Humanitarian Action Funding Framework for Improved Case Management Practices*.
- 4 Note that literature on volunteers working in health and social support and in development and humanitarian contexts has been included in the review because of the dearth of literature on volunteers working in case management in humanitarian contexts, specifically, and because we knew there was much that was applicable from this broader literature on volunteers. See the search criteria in Appendix 2 for a more detailed explanation.
- 5 Turinawe, E. B. et al. 2015. "Selection and performance of village health teams (VHTs) in Uganda: Lessons from the natural helper model of health promotion." *Human Resources for Health* 13 (1): 73.
- 6 Alliance for Child Protection in Humanitarian Action, Inter Agency Guidelines for Case Management & Child Protection. 2014.
- 7 Alliance for Child Protection in Humanitarian Action, Inter Agency Guidelines for Case Management & Child Protection. 2014. p. 14.
- 8 Ferrari, R. 2015. "Writing narrative style literature reviews." *Medical Writing* 24 (4): 230–235.
- 9 Collins, J. A., and B. C. J. M. Fauser. 2005. "Balancing the strengths of systematic and narrative reviews." *Human Reproduction Update* 11 (2): 103–104.
- 10 Ferrari, R. 2015. "Writing narrative style literature reviews." *Medical Writing* 24 (4): 230–235.
- 11 Etikan, I. 2016. "Comparison of Convenience Sampling and Purposive Sampling." *American Journal of Theoretical and Applied Statistics* 5 (1),
- 12 Squire, Corinne. (2008). Experience-centered and culturally oriented approaches to narrative. In M. Andrews, C. Squire, and Tamboukou, M., eds. *Doing Narrative Research* 41–63 (p. 50). London: SAGE Publications.
- 13 Child Protection Cluster. (2014. Inter Agency Guidelines for Case Management & Child Protection.
- 14 Wessells, M. G. 2016. "Children and armed conflict: Introduction and overview." *Peace and Conflict: Journal of Peace Psychology* 22 (3): 198–207; Akesson, B., M. Denov, M. Denov, and B. Akesson. 2017. Socio-ecological research methods with children affected by armed conflict: Examples from northern Uganda and Palestine. *Children affected by armed conflict: Theory, method, and practice* 139–162; Pells, K. et al. 2018. "A socioecological approach to children's experiences of violence: Evidence from Young Lives." *Vulnerable Children and Youth Studies* 13 (sup1): 26–35.
- 15 The Alliance for Child Protection in Humanitarian Action. 2019. *Minimum Standards for Child Protection in Humanitarian Action*, 2019 Edition.
- 16 Boyden, J., and A. Dawes. 2019. *Tracing the Consequences of Child Poverty: Evidence from the Young Lives study in Ethiopia, India, Peru and Vietnam*. Bristol: Policy Press.
- 17 Kirmayer, L. 2012. Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Soc Sci Med*. 75 (2): 249–56. p. 124
- 18 Kirmayer, L. 2012. Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Soc Sci Med* 75 (2): 249–56; Tschudin, A., and N. De Lange. 2017. Children on the Move Outreach (CoMO) Model. Pretoria: Save the Children South Africa; Kil14, 4; Panter-Brick, C., S. E. Clarke, H. Lomas, M. Pinder, and S. W. Lindsay. 2006. Culturally compelling strategies for behavior change: A social ecology model and case study in malaria prevention. *Social Science & Medicine* 62 (11): 2810–2825; Wessells, M. G. 2015. "Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center." *Child Abuse & Neglect* 43: 8–21.

- 19 Naidu, T., and Y. Sliiep. 2011. "Contextual Reflexivity: Towards Contextually Relevant Research with South African HIV/AIDS Home-Based Care Volunteers." *International Journal of Qualitative Methods* 10 (4): 431–443.
- 20 Spangaro, J. et al. 2013. "What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review." *PLoS ONE*. Edited by P. Kissinger 8 (5): e62600.
- 21 Harrison, S. et al. 2013. "Against all odds': UNHCR's mental health and psychosocial support program for Iraqi refugees and internally displaced Syrians" 11 (2); Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329; Quosh, C. 2013. "Mental health, forced displacement and recovery: Integrated mental health and psychosocial support for urban refugees in Syria." *Mental Health*, 11 (3); Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292 and KII 5.
- 22 Quosh, C. 2013. "Mental health, forced displacement and recovery: Integrated mental health and psychosocial support for urban refugees in Syria." *Mental Health* 11 (3): 2.
- 23 Harrison, S. et al. 2013. "Against all odds': UNHCR's mental health and psychosocial support program for Iraqi refugees and internally displaced Syrians" 11 (2); Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329; Quosh, C. 2013. "Mental health, forced displacement and recovery: Integrated mental health and psychosocial support for urban refugees in Syria." *Mental Health* 11 (3); Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.
- 24 KII 1, 6 and 28.
- 25 KII 20.
- 26 KII 6.
- 27 KII 28.
- 28 Guyer, L., D. Singleton, and N. Linsk. 2012. *In Tanzania, Ethiopia, and Nigeria*. USAID & Capacity Plus, p. 58; Linsk et al. 2010.
- 29 Ipsen, F. 2017. *Ipsen 2017 comparison Tanzanian Indian Para social worker*. Metropolitan College University Emergency and risk management, p. 13.
- 30 KII 4, 11, 12.
- 31 KII 4, 11, 12.
- 32 Alliance for Child Protection for Humanitarian Action et al. 2020. *Still unprotected. Humanitarian Funding for Child Protection*. Author.
- 33 There are a few exceptions, though these do not go into detail about how volunteers work within the programs. For example: Plan International. 2017. *Community-based child protection: A strategy for protecting conflict-affected girls and boys: A case study from Central African Republic (CAR)*. United Kingdom: Plan International; Plan International. 2017. *Community-based alternative care as a strategy for protecting Burundian refugee girls and boys: A case study from Mahama camp. Rwanda*, United Kingdom: Plan International; Plan International. 2017. *Community-based child protection as a strategy for protecting South Sudanese refugee children: A case study from Gambella, Ethiopia*. United Kingdom: Plan International. The 4Children project of the Catholic Relief Service also documented case studies of volunteer work in the development context, e.g., Case study on case management for children orphaned or made vulnerable by HIV (OVC) and 4Children. 2017. *From assessment to graduation: Comprehensive case management for vulnerable children and households. The SCORE Project In Uganda*: Catholic Relief Services.
- 34 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council. p. 27.
- 35 "Problematize" is a word used by the theorist Paulo Freire in his work on education and development to describe a process of not accepting the common-sense definition of a situation or institution but rather to look at it critically and ask why it is the way it is.
- 36 Catholic Relief Services. 2019. *Standard Operating Procedures for Case Management* p. 9.
- 37 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council. p. 28.
- 38 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.

- 39 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; KII2, 6, 7, 8, 13, 15,16, 23, 24, 25, 27.
- 40 KII 3.
- 41 KII 7.
- 42 We have not referenced these for reasons of confidentiality.
- 43 KII 1, 5, 7, 8, 15, 23.
- 44 KII 1, 5, 7.
- 45 KII 1, 6, 7. There is significant evidence of this from project proposals – not referenced for confidentiality reasons.
- 46 KII 1, 6, 7, 11, 8; Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1): 72.
- 47 Akintola, O. 2008. "Defying all odds: Coping with the challenges of volunteer caregiving for patients with AIDS in South Africa." *Journal of Advanced Nursing* 63 (4): 357–365; Akintola, O., W. M. Hlengwa, and W. Dageid. .2013. "Perceived stress and burnout among volunteer caregivers working in AIDS care in South Africa." *Journal of Advanced Nursing* 69 (12): 2738–2749; Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council; Schneider, H., H. Hlophe, and D. van Rensburg. 2008. "Community health workers and the response to HIV/AIDS in South Africa: Tensions and prospects." *Health Policy and Planning* 23 (3): 179–187.
- 48 KII 6, 7, 8, 12, 14; Janneck, L. et al. 2009. "Human Resources in Humanitarian Health Working Group Report." *Prehospital and Disaster Medicine* 24 (S2): s184–s193.
- 49 KII 7, 8, 12; Maes, K. 2012. "Volunteerism or Labor Exploitation? Harnessing the Volunteer Spirit to Sustain AIDS Treatment Programs in Urban Ethiopia." *Human Organization* 71 (1): 54–64; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1); Madziva, C., and M. Chinouya. 2017. "'This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140.
- 50 Pallas, S. W. et al. 2013. "Community Health Workers in Low- and Middle-Income Countries: What Do We Know About Scaling Up and Sustainability?" *American Journal of Public Health* 103 (7): e74–e82.
- 51 Madziva, C., and M. Chinouya. 2017. "'This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140.
- 52 Wayland, C. 2002. "Acceptable and appropriate: Program priorities vs. felt needs in a CHW program." *Critical Public Health* 12 (4): 335–350.
- 53 KII 1, 7, 8.
- 54 KII 6, 7, 7, 22.
- 55 KII 10.
- 56 KII 15.
- 57 Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine*, 87: 52–59.
- 58 Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine*, 87: 52–59.
- 59 Gau, Y.-M. et al. 2013. "Burden experienced by community health volunteers in Taiwan: A survey." *BMC Public Health* 13 (1): 491.
- 60 KII 8, 9, 13.

- 61 The Coordinating Comprehensive Care for Children (4Children). The five-year (2015-2019), USAID-funded global program designed to improve health and wellbeing outcomes for orphans and vulnerable children (OVC) affected by HIV and AIDS and other adversities. 4Children was a consortium of organizations led by Catholic Relief Services (CRS) with partners IntraHealth, Maestral International, Pact, Plan and Westat. Another example are the evaluations (mostly quasi-experimental) commissioned to evaluate the impact of the PEPFAR programs for vulnerable children that began in 2003 and still continue, e.g., Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID. PEPFAR.
- 62 Government of Malawi. 2019. *Community Child Protection Workforce Task Analysis*. UNICEF and Government of Malawi.
- 63 For example: 4Children. 2018. *Eswatini Systems Strengthening Project identifying, responding and scaling up mechanisms and services to protect children.*; 4Children. 2018. *Case Study on Strengthening Referral Systems for Children Orphaned or Made Vulnerable by HIV (OVC). Using a systems approach at the community-level in a human resource constrained context.* Mozambique Catholic Relief Services.; 4Children. 2017. *Building a user-friendly and government-owned case management system for highly vulnerable children.*; Ethiopia. 2017. Catholic Relief Services; Government of Namibia, Ministry of Gender Equality and Child Welfare. 2017. *Child Protection Case Management Operations Manual*. <http://www.socialserviceworkforce.org/resources/child-protection-case-management-operations-manual>.; Ugandan Ministry of Gender, Labor and Social Development, IASC and UNICEF. 2018. *The Guiding Principles and Minimum Standards for Supporting and Establishing Community-Based Child Protection Structures*.
- 64 KII 7; Save the Children. (2020). *Community Social Worker Training Plan Myanmar*.
- 65 Save the Children. 2020. *Community Social Worker Training Plan Myanmar*; KII 7, 24.
- 66 Thumbadoo, Z. 2008. "Exploring the role of community child and youth care workers in South Africa: Where to in developing competencies?" *CYC online* 116: 1-20.; 4Children. 2017. *Summary of Key Findings from the 4Children Case Management Case Studies*. Catholic Relief Services.; 4 Children. 2018. *4Children Eswatini Systems Strengthening Project identifying, responding and scaling up mechanisms and services to protect children*. Catholic Relief Services.; Government of Namibia, Ministry of Gender Equality and Child Welfare. 2017. *Child Protection Case Management Operations Manual*. Windhoek: Government of Namibia, Ministry of Gender Equality and Child Welfare.; KII 7, 8.
- 67 KII 6, 10, 14.
- 68 Thumbadoo, Z. 2008. "Exploring the role of community child and youth care workers in South Africa: Where to in developing competencies?" *CYC online* 116: 1-20.; 4Children. 2017. *Summary of Key Findings from the 4Children Case Management Case Studies*. Catholic Relief Services.; 4 Children. 2018. *4Children Eswatini Systems Strengthening Project identifying, responding and scaling up mechanisms and services to protect children*. Catholic Relief Services.; Government of Namibia, Ministry of Gender Equality and Child Welfare. 2017. *Child Protection Case Management Operations Manual*. Windhoek: Government of Namibia, Ministry of Gender Equality and Child Welfare.; KII 7, 8.
- 69 Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.; KII 5 7.; 4Catholic Relief Services. 2017. *From the Ground Up: Developing a National Case Management System for Highly Vulnerable Children* (June 13, 2017).; Catholic Relief Services. 2018. *4Children Eswatini Systems Strengthening Project identifying, responding and scaling up mechanisms and services to protect children* (September 21).
- 70 KII 1, 4, 6, 11, 12, 14, 16, 22, 28.
- 71 Alliance for Child Protection in Humanitarian Action. 2014. *Interagency Guidelines for Case Management & Child Protection*.
- 72 The Alliance for Child Protection in Humanitarian Action. 2019. *Minimum Standards for Child Protection in Humanitarian Action*, 2019 Edition. https://alliancecpha.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=node&id=35094.
- 73 The Alliance for Child Protection in Humanitarian Action, USAID, and European Union. 2014. *Inter Agency Guidelines for Case Management and Child Protection* (January). <https://casemanagement.alliancecpha.org/en/child-protection-online-library/inter-agency-guidelines-case-management-and-child-protection>.
- 74 The Alliance for Child Protection in Humanitarian Action, USAID, and European Union. 2014. *Child Protection Case Management Training Manual for Caseworkers, Supervisors and Managers*. https://www.globalprotectioncluster.org/assets/files/field_protection_clusters/Somalia/files/Child_Protection/CM%20training_manual_ENG_.pdf.
- 75 The Alliance for Child Protection in Humanitarian Action. 2018. *Child Protection Case Management Supervision and Coaching Training*. New York, USA. <https://rescue.app.box.com/s/0enmhv35sbm8voo9r0vrbes76w0nh4b>.
- 76 The Alliance for Child Protection in Humanitarian Action. 2014. *Standard Child Protection Case Management Forms in Humanitarian Setting*. <https://alliancecpha.org/en/child-protection-online-library/inter-agency-child-protection-case-mangement-standard-operating>.

- 77 KII 15, 16, 20, 23.
- 78 Child Protection Cluster. 2014. Inter Agency Guidelines for Case Management & Child Protection.
- 79 Alliance for Child Protection for Humanitarian Action et al. 2020. *Still unprotected. Humanitarian Funding for Child Protection*. Author. p. 6.
- 80 Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 81 Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Naidu, T., Y. Slipe, and W. Dageid. 2012. "The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa" 9 (2): 15.
- 82 Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 83 Mlotshwa, L. et al. 2015. "Exploring the perceptions and experiences of community health workers using role identity theory." *Global Health Action* 8 (1): 28045.
- 84 Mlotshwa, L. et al. 2015. "Exploring the perceptions and experiences of community health workers using role identity theory." *Global Health Action* 8 (1): 28045 (p. 4).
- 85 Slipe, Y., and W. Dageid. 2012. "The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa" 9 (2): 15.; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Maes, K., S. Closser, and I. Kalofonos. 2014. "Listening to Community Health Workers: How Ethnographic Research Can Inform Positive Relationships Among Community Health Workers, Health Institutions, and Communities." *American Journal of Public Health* 104 (5): e5–e9.; Naidu, T., A. Swartz, and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.; Madziva, C., and M. Chinouya. 2017. "This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140.
- 86 Naidu, T., A. Swartz, and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152 (p. 148).
- 87 Madziva, C., and M. Chinouya. 2017. "This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140.; KII 14.
- 88 Akintola, O. 2011. "What motivates people to volunteer? The case of volunteer AIDS caregivers in faith-based organizations in KwaZulu-Natal, South Africa." *Health Policy and Planning* 26 (1): 53–62.; Daniels, K. et al. 2014. "Incentives for lay health workers to improve recruitment, retention in service and performance." *Cochrane Database of Systematic Reviews*. Edited by Cochrane Effective Practice and Organization of Care Group.; Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 89 Madziva, C., and M. Chinouya. 2017. "This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140.; KII 1, 11, 12, 14.
- 90 Madziva, C., and M. Chinouya. 2017. "This word volunteer is killing us': Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe." *International Social Work* 60 (5): 1126–1140 (p. 10).
- 91 Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1): 13.
- 92 Naidu, T., Y. Slipe, and W. Dageid. 2012. "The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa" 9 (2): 122.
- 93 Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1): 13.
- 94 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.

- 95 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia* (p. 37). Population Council.
- 96 Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 97 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.
- 98 Akintola, O. 2006. "Gendered home-based care in South Africa: More trouble for the troubled." *African Journal of AIDS Research*, 5 (3): 237–247.; Daniels, K., M. Clarke, and K. C. Ringsberg. 2012. "Developing lay health worker policy in South Africa: A qualitative study." *Health Research Policy and Systems* 10 (1).; Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 99 Naidu, T., Y. Slipe, and W. Dageid. 2012. "The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa" 9 (2).
- 100 Naidu, T., Y. Slipe, and W. Dageid. 2012. "The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa" 9(2): 117.
- 101 Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.
- 102 For example: Child Protection Cluster. 2014. *Inter Agency Guidelines for Case Management & Child Protection*.
- 103 Janneck, L. et al. 2009. "Human Resources in Humanitarian Health Working Group Report." *Prehospital and Disaster Medicine* 24 (S2): s184–s193.; Gilmore, B. et al. 2016. "Improving the performance of community health workers in humanitarian emergencies: A realist evaluation protocol for the PIECES program." *BMJ Open* 6 (8): e011753.
- 104 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.
- 105 Clacherty, G. 2016. *CARE Mozambique ECD Program Impact Evaluation Report*. Maputo: Care International.
- 106 Clacherty, G. 2016. *CARE Mozambique ECD Program Impact Evaluation Report*. Maputo: Care International (p. 60).
- 107 Martin, S. L. et al. 2015. "What motivates maternal and child nutrition peer educators? Experiences of fathers and grandmothers in Western Kenya." *Social Science & Medicine* 143: 45–53.
- 108 Martin, S. L. et al. 2015. "What motivates maternal and child nutrition peer educators? Experiences of fathers and grandmothers in Western Kenya." *Social Science & Medicine* 143: 45–53 (p. 49).
- 109 Martin, S. L. et al. 2015. "What motivates maternal and child nutrition peer educators? Experiences of fathers and grandmothers in Western Kenya." *Social Science & Medicine* 143: 45–53.
- 110 Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID. PEPFAR (p. 50).
- 111 Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID. PEPFAR (p. 50).
- 112 Kane, S. S. et al. 2010. "A realist synthesis of randomized control trials involving use of community health workers for delivering child health interventions in low and middle income countries." *BMC Health Services Research* 10: 286 (p. 7).
- 113 Wayland, C. 2002. "Acceptable and appropriate: Program priorities vs. felt needs in a CHW program." *Critical Public Health* 12 (4): 335–350.
- 114 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.

- 115 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; Maes, K., S. Closser, and I. Kalofonos. 2014. "Listening to Community Health Workers: How E ethnographic Research Can Inform Positive Relationships Among Community Health Workers, Health Institutions, and Communities." *American Journal of Public Health* 104 (5): e5–e9.; Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1): 72.
- 116 KII 5, 22.
- 117 Maes, K. 2012. "Volunteerism or Labor Exploitation? Harnessing the Volunteer Spirit to Sustain AIDS Treatment Programs in Urban Ethiopia." *Human Organization* 71 (1): 54–64.
- 118 Topp, S. M. et al. 2015. "Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia." *Human Resources for Health* 13 (1): 72.
- 119 KII 6.
- 120 Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.
- 121 Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID PEPFAR (p. 60).
- 122 Janneck, L. et al. 2009. "Human Resources in Humanitarian Health Working Group Report." *Prehospital and Disaster Medicine* 24 (S2): s184–s193.; Kane, S. S. et al. 2010. "A realist synthesis of randomized control trials involving use of community health workers for delivering child health interventions in low and middle income countries." *BMC Health Services Research* 10: 286 (p. 7).; Nxumalo, N., J. Goudge and L. Thomas. 2013. "Outreach services to improve access to health care in South Africa: Lessons from three community health worker programs." *Global Health Action* 6 (1): 19283.; Hill, Z. et al. 2014. "Supervising community health workers in low-income countries – a review of impact and implementation issues." *Global Health Action* 7 (1): 24085.; Weissbecker, I. et al. 2019. "Integrative Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Crisis Settings." In T. Wenzel and B. Droždek, B., eds. *An Uncertain Safety*. Cham: Springer International Publishing 117–153.
- 123 Ho, A., and C. Pavlish. 2011. "Indivisibility of Accountability and Empowerment in Tackling Gender-Based Violence: Lessons from a Refugee Camp in Rwanda." *Journal of Refugee Studies* 24 (1): 88–109.
- 124 Ho, A., and C. Pavlish. 2011. "Indivisibility of Accountability and Empowerment in Tackling Gender-Based Violence: Lessons from a Refugee Camp in Rwanda." *Journal of Refugee Studies* 24 (1): 88–109 (p. 101).
- 125 KII 6, 10.
- 126 Mlotshwa, L. et al. 2015. "Exploring the perceptions and experiences of community health workers using role identity theory." *Global Health Action* 8 (1): 28045.
- 127 KII 6.
- 128 KII 6 and 22; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87.; Eynon, A., and S. Lilley. 2010. Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper. Save the Children and Child Protection Working Group of the UN Protection Cluster. (pp. 52–59).
- 129 Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; Swartz, A., and C. J. Colvin. 2015. "It's in our veins': Caring natures and material motivations of community health workers in contexts of economic marginalization." *Critical Public Health* 25 (2): 139–152.

- 130 Wayland, C. 2002. "Acceptable and appropriate: Program priorities vs. felt needs in a CHW program." *Critical Public Health* 12 (4): 335–350.; Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID PEPFAR.; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Pallas, S. W. et al. 2013. "Community Health Workers in Low- and Middle-Income Countries: What Do We Know About Scaling Up and Sustainability?" *American Journal of Public Health* 103 (7): e74–e82.; Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; Mlotshwa, L. et al. 2015. "Exploring the perceptions and experiences of community health workers using role identity theory." *Global Health Action* 8 (1): 28045.
- 131 Clacherty, G., A. Clacherty, and B. Barnes. 2012. *Child Welfare South Africa Asibavikele Program Evaluation Report*. Pretoria: USAID PEPFAR.
- 132 Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia* (p. 25). Population Council.
- 133 Rasmussen, L. M. 2013. "'To donors, it's a program, but to us it's a ministry': The effects of donor funding on a community-based Catholic HIV/AIDS initiative in Kampala." *Canadian Journal of African Studies / Revue Canadienne des Études Africaines* 47 (2): 227–247 (p. 227).
- 134 Alliance for Child Protection for Humanitarian Action, UNHCR, Child Protection Area of Responsibility (CP AoR). 2020. Still unprotected. Humanitarian Funding for Child Protection. Author.
- 135 For example: Kalofonos, I. A. 2010. "'All I Eat Is ARVs': The Paradox of AIDS Treatment Interventions in Central Mozambique." *Medical Anthropology Quarterly* 24 (3): 363–380.; Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59.; Population Council. 2013. *Motivations for entering volunteer service and factors affecting productivity: A mixed method survey of STEPS-OVC volunteer HIV caregivers in Zambia*. Population Council.; Maes, K. 2015. "'Volunteers Are Not Paid Because They Are Priceless': Community Health Worker Capacities and Values in an AIDS Treatment Intervention in Urban Ethiopia: Community Health Worker Capacities." *Medical Anthropology Quarterly* 29 (1): 97–115.
- 136 KII 7, 11.
- 137 Maes, K., and I. Kalofonos. 2013. "Becoming and remaining community health workers: Perspectives from Ethiopia and Mozambique." *Social Science & Medicine* 87: 52–59 (p. 9).
- 138 KII 6; Mlotshwa, L. et al. 2015. "Exploring the perceptions and experiences of community health workers using role identity theory." *Global Health Action* 8 (1).
- 139 II 26 and 27.
- 140 For example: The Alliance for Child Protection in Humanitarian Action. 2019. *A Five-Step Guide to Developing Inter-Agency Standard Operating Procedures for Child Protection Case Management in Humanitarian Settings* (March), p. 173. <https://alliancecpha.org/en/child-protection-online-library/inter-agency-child-protection-case-mangement-standard-operating>. The Alliance for Child Protection in Humanitarian Action. 2018. *Child Protection Case Management Supervision and Coaching Training*. New York, USA. Module 4 https://www.dropbox.com/sh/309pp7nv63n9s3e/AAAFgzU_ck5bXumb1RAt0BUua?dl=0.
- 141 KII 30.
- 142 Research aim.
- 143 TOR.
- 144 War Child UK. 2010. *Study of community-based child protection mechanisms in Uganda and the Democratic Republic of Congo*. Final Report. War Child.; Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329.; Weissbecker, I. et al. 2019. "Integrative Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Crisis Settings." In T. Wenzel, and B. Droždek, eds. *An Uncertain Safety*. Cham: Springer International Publishing, pp. 117–153.; Economic Policy Research Institute. 2018. *Comprehensive evaluation of the UNICEF-supported specialized child protection case management response in Jordan 2013-2017*. Evaluation Final Report LRPS-2017-9134157. Cape Town: UNICEF.
- 145 KII14, 12, 6; Sim, T., and L. Dominelli. 2017. When the mountains move: A Chinese post-disaster psychosocial social work model. *Qualitative Social Work: Research and Practice* 16 (5): 594–611.

- 146 For example: Bragin, M. 2005. Community Participatory Evaluation Tool (CPET) process.; Bragin, M. 2005. "The Community Participatory Evaluation Tool for psychosocial programs: A guide to implementation." 3 (1): 22. Sim, T., and L. Dominelli. 2017. When the mountains move: A Chinese post-disaster psychosocial social work model. *Qualitative Social Work: Research and Practice* 16 (5): 594–611.
- 147 Sim, T., and L. Dominelli. 2017. When the mountains move: A Chinese post-disaster psychosocial social work model. *Qualitative Social Work: Research and Practice* 16 (5): 594–611.
- 148 Sim, T., A. Yuen-Tsang Woon Ki, C. H. Quen, and Q. H. Dong. 2013. Rising to the occasion: Disaster social work in China. *International Social Work* 56 (4): 544–562.
- 149 Sim, T., and L. Dominelli. 2017. When the mountains move: A Chinese post-disaster psychosocial social work model. *Qualitative Social Work: Research and Practice* 16 (5): 594–611 (p. 601).
- 150 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 151 Baulieu, A-L. 2017. *Evaluation Report of SIDA Funded Plan International Community Based Child Protection Programme for Burundian Refugees in Tanzania*. Plan International Tanzania. Baulieu, A-L. 2017.
- 152 Baulieu, A-L. 2017. *Evaluation Report of SIDA Funded Plan International Community Based Child Protection Programme for Burundian Refugees in Tanzania*. Plan International Tanzania (p. 8).
- 153 <https://emergency.unhcr.org/entry/50478/communitybased-protection> (p. 1).
- 154 War Child UK. 2010. *Study of community-based child protection mechanisms in Uganda and the Democratic Republic of Congo*. Final Report. War Child.
- 155 War Child UK. 2010. *Study of community-based child protection mechanisms in Uganda and the Democratic Republic of Congo*. Final Report. War Child (p. 6).
- 156 The Alliance for Child Protection in Humanitarian Action. 2020. *A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action*. New York: Author.
- 157 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329.
- 158 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329 (p. 23).
- 159 Child Protection in Crisis Network Child Protection in Crisis: Network for Research Learning and Action. 2012. *Mapping Community-based Child Protection Mechanisms - Uganda*. Child Protection in Crisis Network www.cpcnetwork.org.; Horn, R. et al. 2013. *Community based child protection mechanisms amongst urban refugees in Kampala, Uganda: An ethnographic study*. Child Protection in Crisis: Network for Research Learning and Action.; Prickett, I. et al. 2013. *Community-Based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study*. Child Protection in Crisis: Network for Research Learning and Action, p. 138.
- 160 For example: Kostelny, K., M. Wessells, J. Chabeda-Barthe, and K. Ondoro. 2013. Learning about children in urban slums: A rapid ethnographic study in two urban slums in Mombasa of community-based child protection mechanisms and their linkage with the Kenyan national child protection system. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.; Kostelny, K., M. Wessells, and K. Ondoro. 2014. Community-based child protection mechanisms in Kilifi, Kenya: A rapid ethnographic study in two rural sites. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.
- 161 The Alliance for Child Protection in Humanitarian Action. 2020. *A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action*. New York: Author.
- 162 Kostelny, K., K. Ondoro, and M. G. Wessells. 2020. *Community action to end 'early sex' in Kenya: Endline report on community-led child protection*. Child Resilience Alliance.
- 163 Horn, R. et al. 2013. *Community based child protection mechanisms amongst urban refugees in Kampala, Uganda: An ethnographic study*. Child Protection in Crisis: Network for Research Learning and Action.
- 164 Prickett, I. et al. 2013. *Community-Based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study*. Child Protection in Crisis: Network for Research Learning and Action, p. 138.

- 165 Harrison, S. et al. 2013. "Against all odds": UNHCR's mental health and psychosocial support program for Iraqi refugees and internally displaced Syrians." 11 (2).; Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329.; Quosh, C. 2013. "Mental health, forced displacement and recovery: Integrated mental health and psychosocial support for urban refugees in Syria." *Mental health* 11 (3).; Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.
- 166 Dotteridge, M. 2014. "Locally-developed child protection practices concerning mobile children in West Africa." Geneva: Terre Des Hommes.
- 167 For example: Boothby, N. 2006. "What happens when child soldiers grow up? The Mozambique case study." *Intervention* 4 (3): 244–259.; Boothby, N., J. Crawford, and J. Halperin. 2006. "Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts." *Global Public Health* 1 (1): 87–107.; Stark, L. 2006. "Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone." *Intervention* 4 (3): 206–218.; Ager, A. et al. 2010. "Sealing the Past, Facing the Future: An Evaluation of a Program to Support the Reintegration of Girls and Young Women Formerly Associated with Armed Groups and Forces in Sierra Leone." *Girlhood Studies* 3 (1).; Akello, G., R. Reis, and A. Richters. 2010. "Silencing distressed children in the context of war in northern Uganda: An analysis of its dynamics and its health consequences." *Social Science & Medicine* 71 (2): 213–220.; Landis, D., and L. Stark. 2014. "Examining promising practice: An integrated review of services for young survivors of sexual violence in Liberia." *Intervention* 12 (3): 430–441.; Child Soldiers International. 2017. *Practical Guide: To foster community acceptance of girls associated with armed groups in DR Congo*. London: Child Soldiers International.; Betancourt, T. S., D. L. Thomson, R. T. Brennan, C. M. Antonaccio, S. E. Gilman, and T. J. VanderWeele. 2020. Stigma and acceptance of Sierra Leone's child soldiers: A prospective longitudinal study of adult mental health and social functioning. *Journal of the American Academy of Child & Adolescent Psychiatry* 59 (6): 715–726.
- 168 Bragin, M. 2019. "Pour a Libation for Us: Restoring the Sense of a Moral Universe to Children Affected by Violence." *Journal of Infant, Child, and Adolescent Psychotherapy* 18 (3): 201–211.
- 169 Honwana, A. 1998. *Okusiakala ondalo yokalye: Let us light a new fire Local Knowledge in the Post-War Healing and Reintegration of War-Affected Children in Angola*. Christian Children's Fund.; Boothby, N., J. Crawford, and J. Halperin. 2006. "Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts." *Global Public Health* 1 (1): 87–107.; Stark, L. 2006. "Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone." *Intervention* 4 (3): 206–218.; Ager, A. et al. 2010. "Sealing the Past, Facing the Future: An Evaluation of a Program to Support the Reintegration of Girls and Young Women Formerly Associated with Armed Groups and Forces in Sierra Leone." *Girlhood Studies* 3 (1).; Akello, G., R. Reis, and A. Richters. 2010. "Silencing distressed children in the context of war in northern Uganda: An analysis of its dynamics and its health consequences." *Social Science & Medicine* 71 (2): 213–220.; Betancourt, T. S. et al. 2010. "Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone." *Social Science & Medicine* 70 (1): 17–26.; Efraime, B., and A. Errante. 2012. "Rebuilding Hope on Josina Machel Island: Towards a Culturally Mediated Model of Psychotherapeutic Intervention." *International Journal of Applied Psychoanalytic Studies* 9 (3): 187–211.; Nader, K., N. Dubrow, and B. H. Stamm. 2013. *Honoring Differences: Cultural Issues in the Treatment of Trauma and Loss*. Routledge.; Child Soldiers International. 2017. *Practical Guide: To foster community acceptance of girls associated with armed groups in DR Congo*. London: Child Soldiers International.
- 170 Stark, L. et al. 2016. "Navigating support, resilience, and care: Exploring the impact of informal social networks on the rehabilitation and care of young female survivors of sexual violence in northern Uganda." *Peace and Conflict: Journal of Peace Psychology* 22 (3): 217–225.
- 171 Wessells, M. G. 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 (3): 211–227.
- 172 Wessells, M. G. 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 (3): 211–227 (p. 225).
- 173 Wessells, M. G. 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 (3): 211–227 (p. 225).
- 174 Wessells, M. G. 2015. "Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center." *Child Abuse & Neglect* 43: 8–21.
- 175 For example, the work of the Alliance Community level Child Protection Task Force. <https://alliancecpa.org/en/community-level-child-protection-task-force>.

- 176 For example: Bragin, M. 2005. "The Community Participatory Evaluation Tool for psychosocial programs: A guide to implementation" 3 (1.); Wessells, M., D. Lamin, and M. Manyeh. (no date). The rapid ethnography approach. "An Overview of the Community Driven Intervention to Reduce Teenage Pregnancy in Sierra Leone," p. 14.; and the deep context analysis described in The Alliance for Child Protection in Humanitarian Action. 2020. *A Reflective Field Guide: Community-level Approaches to Child Protection in Humanitarian Action*. New York: Author.
- 177 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329.
- 178 Pallas, S. W., D. Minhas, R. Pérez-Escamilla, L. Taylor, L. Curry, and E. H. Bradley. 2013. Community Health Workers in Low- and Middle-Income Countries: What Do We Know About Scaling Up and Sustainability? *American Journal of Public Health* 103 (7): e74–e82.
- 179 KII 23, 25.; Plan International. 2017. *Community-based child protection: A Strategy for Protecting Conflict-Affected girls and boys: A Case Study from Central African Republic (CAR)*. United Kingdom: Plan International. https://resourcecentre.savethechildren.net/node/11574/pdf/case_study_cbcpm_car.pdf.; Clacherty, G. 2018. *The Tatu Tano Child-led Organization: Building child capacity and protective relationships through a child-led organization, north-Western Tanzania*. Interagency learning Initiative and Community Child Protection Exchange. <https://resourcecentre.savethechildren.net/library/tatu-tano-child-led-organisation-building-child-capacity-and-protective-relationships>.
- 180 KII 25.
- 181 Kane, S. S. et al. 2010. "A realist synthesis of randomized control trials involving use of community health workers for delivering child health interventions in low and middle income countries." *BMC Health Services Research* 10 (286): 7.; Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.; Visser, M., N. Zungu, and N. Ndala-Magoro. 2015. "SIBINDI, creating circles of care for orphans and vulnerable children in South Africa: post-program outcomes." *AIDS Care* 27 (8): 1014–1019.; Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.
- 182 Schneider, H., H. Hlophe, and D. van Rensburg. 2008. "Community health workers and the response to HIV/AIDS in South Africa: Tensions and prospects." *Health Policy and Planning* 23 (3): 179–187.
- 183 Visser, M., N. Zungu, and N. Ndala-Magoro. 2015. "SIBINDI, creating circles of care for orphans and vulnerable children in South Africa: Post-program outcomes." *AIDS Care* 27 (8): 1014–1019.
- 184 Haines, A. et al. 2007. "Achieving child survival goals: Potential contribution of community health workers." *The Lancet* 369 (9579): 2121–2131.
- 185 KII 5, 6, 7.; Save the Children. 2016. *ICPS: Competency-Based Training & Accreditation Programme: Activity Handbook*.; Save the Children. 2020. *End Term Evaluation Report of Protecting Children through Community Cadre Project*.
- 186 For example: Save the Children. 2016. *ICPS: Competency-Based Training & Accreditation Programme: Activity Handbook*.; Save the Children. 2012. *Training of Trainers (ToT) Training Manual on Social Support in Ethiopia (January)*.; The Republic of Uganda. 2019. *National Para-Social Workers (PSWs) Competence Framework (January)*.
- 187 Global Social Service Workforce Alliance. 2017. *Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies* (February, p. 3). <http://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-0>.
- 188 Global Social Service Workforce Alliance. 2017. *Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies* (February, p. 3). <http://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-0>.
- 189 Global Social Service Workforce Alliance. 2017. *Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies* (February, p. 3). <http://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-0>.
- 190 Save the Children. 2016. *ICPS: Competency-Based Training & Accreditation Programme: Activity Handbook*.; Save the Children. 2020. *End Term Evaluation Report of Protecting Children through Community Cadre Project*.; The Alliance for Child Protection in Humanitarian Action. 2019. *Child Protection in Humanitarian Action Competency Framework: Testing Version*. https://alliancecpha.org/en/system/tdf/library/attachments/2019_cpha_competency_framework_testing_version_lowres_2.pdf?file=1&type=node&id=33387. Terre des Hommes. 2018. *Training of child protection actors on key competencies in caring for children in adversity and their families: A guide for trainers and child protection actors*. https://resourcecentre.savethechildren.net/node/11910/pdf/training_of_child_protection_actors.pdf.

- 191 Gervais, J. 2016. "The operational definition of competency-based education." *The Journal of Competency-Based Education* 1 (2): 98–106 (p. 99).
- 192 KII 14.
- 193 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention*, 11 (3): 321–329.
- 194 Eynon, A., and Lilley, S. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 195 For example, for para-professionals: The Alliance for Child Protection in Humanitarian Action. 2019. Child Protection in Humanitarian Action Competency Framework: Testing Version. https://alliancecpha.org/en/system/tdf/library/attachments/2019_cpha_competency_framework_testing_version_lowres_2.pdf?file=1&type=node&id=33387; Save the Children. 2016. ICPS: *Competency-Based Training & Accreditation Programme: Activity Handbook*. <https://www.dropbox.com/scl/fi/w9qkiwgm2rbq9syz2dnep/Activity-HandBook-for-Study-Mentor-Assessors-EQAs-5.11.16.odt?dl=0&rkey=3tu2p2rq52hh34f9cj2q8c7hm>; For example, for Type 1 or 2 volunteers: UN High Commissioner for Refugees. 2016. *Community Support Volunteers for UASC*. <https://www.dropbox.com/sh/l7s3v0d1esm7fml/AAD148DNbO6iTBiBtH8Vzffa?dl=0>.
- 196 KII 7, 16, 23, 22, 29.
- 197 KII 7, 15, 16, 22, 23, 24, 29.
- 198 KII 15, 16, 22, 23, 24, 29.
- 199 For example: Child Soldiers International. 2017. *To foster community acceptance of girls associated with armed groups in DR Congo: A Practical Guide*. London: Child Soldiers International.; 4Children. 2019. Pictorial Tools for HIV-Sensitive Community Case Management. Catholic Relief Services.
- 200 KII 7, 16, 22, 23.
- 201 KII 8, 22.
- 202 https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=B1FE0265B69A5725C5275F5233FA583C?sequence=1.
- 203 KII 16
- 204 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 205 Baulieu, A-L. 2017. *Evaluation Report of SIDA Funded Plan International Community Based Child Protection Programme for Burundian Refugees in Tanzania*. Plan International Tanzania.
- 206 Hoban, A. et al. 2019. *Shifting power to young people: How young people can lead and drive solutions in humanitarian action*. Action Aid and Restless Development.
- 207 KII 23, KII 25.
- 208 Clacherty, G. 2019. *The Tatu Tano child-led organization -Building child capacity and protective relationships through a child-led organization, North-Western Tanzania- Case study*. Interagency Learning Initiative (ILI) and the Community Child Protection Exchange. <https://resourcecentre.savethechildren.net/library/tatu-tano-child-led-organisation-building-child-capacity-and-protective-relationships>; Clacherty, G. 2019. The story of the Vutamdogo Clubs, Mwanza, Tanzania: Youth clubs run livelihood projects and a literacy program that provides protection for young children- Case study. Interagency Learning Initiative (ILI) and the Community Child Protection Exchange. <https://childprotectionforum.org/wp-content/uploads/2018/11/TAHFA-Vutamdogo-Case-Study-FINAL.pdf>.
- 209 <http://www.english.maejt.org>.
- 210 Hill, Z. et al. 2014. "Supervising community health workers in low-income countries – a review of impact and implementation issues." *Global Health Action* 7 (1).
- 211 Hill, Z. et al. 2014. "Supervising community health workers in low-income countries – a review of impact and implementation issues." *Global Health Action* 7 (1): 24085.

- 212 Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.
- 213 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 214 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329.
- 215 Mirghani, Z. 2013. "Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria." *Intervention* 11 (3): 321–329 (p. 329).
- 216 Hill, Z. et al. 2014. "Supervising community health workers in low-income countries – a review of impact and implementation issues." *Global Health Action* 7 (1): 24085.; Kane, S. S. et al. 2010. "A realist synthesis of randomized control trials involving use of community health workers for delivering child health interventions in low and middle income countries." *BMC Health Services Research* 10: 286.; Nxumalo, N., J. Goudge, and L. Thomas. 2013. "Outreach services to improve access to health care in South Africa: Lessons from three community health worker programs." *Global Health Action* 6 (1): 19283; Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 217 KII 1, 7, 23 and 15.
- 218 KII 23 and 15.
- 219 Akintola, O. 2008. Defying all odds: Coping with the challenges of volunteer caregiving for patients with AIDS in South Africa. *Journal of Advanced Nursing* 63 (4): 357–365.
- 220 KII 7 and 16.
- 221 KII 19, 22 and 23.
- 222 The Alliance for Child Protection in Humanitarian Action. 2018. *Child Protection Case Management Supervision and Coaching Training*. New York: USA.; Global Social Service Workforce Alliance. 2020. *Guidance Manual on Strengthening Supervision for the Social Service Workforce*. Washington, DC: Global Social Service Workforce Alliance. http://www.socialserviceworkforce.org/system/files/resource/files/Guidance_Manual_Strengthening_Supervision_Social_Service_Workforce.pdf.
- 223 KII 7, 28.
- 224 Quosh, C. 2016. "Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings." *Intervention* 14 (3): 281–292.
- 225 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster.
- 226 Kane, S. S. et al. 2010. "A realist synthesis of randomized control trials involving use of community health workers for delivering child health interventions in low and middle income countries." *BMC Health Services Research* 10: 286.
- 227 Eynon, A., and S. Lilley. 2010. *Strengthening national child protection systems in emergencies through community-based mechanisms: a discussion paper*. Save the Children and Child Protection Working Group of the UN Protection Cluster. (p. 25).
- 228 Nxumalo, N., J. Goudge, and L. Thomas. 2013. "Outreach services to improve access to health care in South Africa: Lessons from three community health worker programs." *Global Health Action* 6 (1): 19283.
- 229 KII 7 and 8.
- 230 Both of the Guidelines referenced here were developed as part of the 4Children program run by Catholic Relief Services. Kingdom of Eswatini. 2017. *National Case Management Standard Operating Procedure* (October 20, 2017). <https://www.dropbox.com/sc/fi/kjo1y43vgvssj4y89lbf0/20-Oct-2017-National-Case-Management-SOP-Docx?dl=0&rlkey=dus8vureqbnmuxh8n677011r2>; Government of Namibia. 2017. *Child Protection Case Management Operations Manual*. Ministry of Gender Equality and Child Welfare.
- 231 The Republic of Uganda. 2019. *(Minimum Standards and Competency Framework for Social Work Education and Training in Uganda* (June 29, 2019).
- 232 KII 7; Thumbadoo, Z. 2008. "Exploring the role of community child and youth care workers in South Africa: Where to in developing competencies?" CYC online 116.; Kingdom of Eswatini. 2017. *Training Manual for Community Workers* (September 1, 2017).; Government of

- 233 Summary of Key Findings from the 4CHILDREN Case Management Case Studies SCORE Project in Uganda. Yekokeb Berhan Project in Ethiopia.
- 234 KII 16, 22, 24.
- 235 KII 5.

