World Vision

Gender Equality and Social Inclusion (GESI)
IN Child Protection

A REFERENCE GUIDE

ACKNOWLEDGEMENTS

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.

Welcome

This reference guide is one of a series that aims to support the application of World Vision's GESI Approach and Theory of Change (World Vision U.S. 2020) and the accompanying World Vision GESI Design, Monitoring and Evaluation (DME) toolkit (World Vision U.S. 2020) in World Vision's different sectors/technical areas. The guide has been written as a supplemental document and is specifically intended for the Child Protection Sector.

The goal is to facilitate use of these documents and their application to integrate GESI considerations into project design during the project or proposal development process by sectoral and non-sectoral staff alike. Please consult these documents in tandem with the GESI and Child Protection Theory of Change documents to best understand the broader frameworks within which this sectoral perspective fits.

World Vision

Key GESI Concepts
AND HOW THEY APPLY TO CHILD PROTECTION

WHAT IS GESI?

GESI stands for Gender Equality and Social Inclusion and is part of Strategic Priority 6 within "Our Promise 2."

Gender equality is the state or condition that affords women and girls, men and boys, equal enjoyment of human rights, socially valued goods, opportunities, and resources. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles, and enhancing overall quality of life so that males and females achieve their full potential.

Social inclusion seeks to address inequality and/or exclusion of vulnerable populations by improving terms of participation in society and enhancing opportunities, access to resources, voice, and respect for human rights. It seeks to promote empowerment and advance peaceful and inclusive societies and institutions.

GESI is a *multifaceted process of transformation* that:

- Promotes equal and inclusive access, decision-making, participation, and well-being of the most vulnerable.

- Transforms systems, social norms, and relations to enable the most vulnerable to participate in and benefit equally from development interventions.

- Builds individual and collective agency, resilience, and action.

- Promotes the empowerment and well-being of vulnerable children, adolescent girls and boys, their families, and communities.

Young persons with disabilities under the age of 18 are almost **four times** more likely than are their peers without disabilities to be victims of abuse, with young persons with intellectual disabilities, especially girls, at greatest risk.

Jones, L., et al. (2012). Prevalence and Risk of Violence against Children with Disabilities: A Systematic Review and Meta-Analysis of Observational Studies, Lancet 380, 899-907.

WHY IS GESI IMPORTANT FOR CHILD PROTECTION?

Over 1 billion children suffer violence every year, costing the world US$7 trillion—far more than the cost of preventing violence. Violence against children is any form of physical, psychological, and sexual harm to girls and boys. According to the World Health Organization, violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation".

Child Protection (CP) is one of five global sectors for World Vision and is defined as all measures taken to prevent and respond to abuse, neglect, exploitation, and all other forms of violence against girls and boys, especially the most vulnerable. **Most vulnerable children** are those whose quality of life and ability to fulfill their potential are most affected by extreme deprivation and violations of their rights. **World Vision's most vulnerable children mapping process identifies four vulnerability factors, with the most vulnerable children having two or more vulnerabilities.**

Entrenched sociocultural, gender norms place girls and boys at increased risk of different types of vulnerabilities. Harmful traditional practices such as child marriage, female genital mutilation, or sexual abuse disproportionately affect girls, while boys living in fragile or conflict-affected contexts face recruitment by armed groups or hazardous forms of child labor. Social exclusion exacerbates gender-related vulnerabilities, making refugee or displaced children, those with disabilities or those from minority religious or ethnic groups, more vulnerable. Depending on the type of violence, deeply rooted social, cultural, and gender norms and a lack of gender-responsive institutions can contribute to the normalization of violence. Mainstreaming GESI in child protection is critical to addressing pervasive exploitation, abuse, and violence against children.

FOUR DOMAINS OF **MOST VULNERABLE CHILDREN**

In abusive or exploitative relationships.

In extreme deprivation.

With serious discrimination that prevents them from accessing services/opportunities.

With vulnerability to negative impact from a catastrophe or disaster.

GESI Approach and Theory of Change?

The GESI approach and Theory of Change (see Figure 1) helps to unpack the causes of discrimination in more detail by identifying five domains of change—access, decision-making, participation, systems, and well-being. Ultimately, we cannot protect vulnerable children unless we address GESI issues. To do so we also need to address issues at individual, household, community, and societal level.
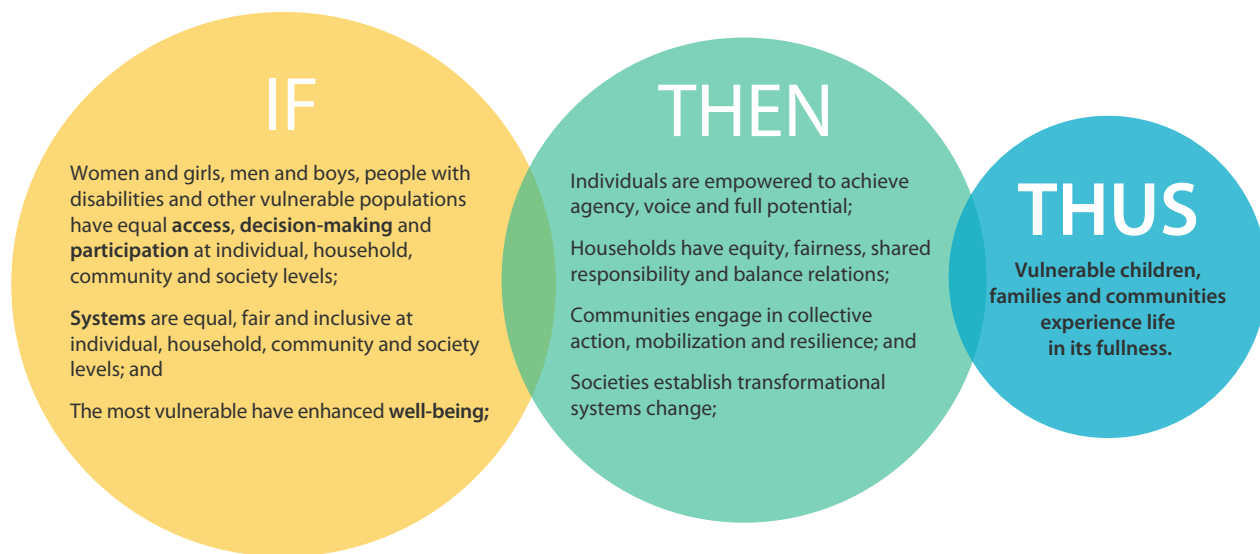
IF

Women and girls, men and boys, people with disabilities and other vulnerable populations have equal **access**, **decision-making** and **participation** at individual, household, community and society levels;

Systems are equal, fair and inclusive at individual, household, community and society levels; and

The most vulnerable have enhanced **well-being**;

THEN

Individuals are empowered to achieve agency, voice and full potential;

Households have equity, fairness, shared responsibility and balance relations;

Communities engage in collective action, mobilization and resilience; and

Societies establish transformational systems change;

THUS

Vulnerable children, families and communities experience life in its fullness.

FIGURE 1: GESI THEORY OF CHANGE

WHAT ARE THE FIVE GESI DOMAINS?[1]

World Vision's GESI approach features five domains of change that are required for gender equality and social inclusion. These include access, decision-making, participation, systems, and well-being. The table below explains what these domains mean.

Access	The ability to access, use, control, and/or own assets, resources, opportunities, services, benefits, and infrastructures.
Decision-making	The ability to make decisions free of coercion at individual, household, community, and societal levels. This can include control over assets and ability to make decisions in leadership.
Participation	The ability to participate in or engage in societal affairs and systems of power that influence and determine development, life activities, and outcomes.
Systems	The availability of equal and inclusive systems that promote equity, account for the different needs of vulnerable populations, and create enabling environments for their engagement.
Well-being	The sense of worth, capability, status, confidence, dignity, safety, health, and overall physical, emotional, psychological, and spiritual well-being. This includes living free from gender-based violence and all forms of stigma and discrimination.

1   For more information on these GESI domains please see: Gender Equality and Social Inclusion: The World Vision approach and theory of change.

GESI DOMAINS APPLIED TO THE CHILD PROTECTION SECTOR

When considering the GESI domains from a child protection sectoral perspective, the table below aims to illustrate various dimensions of each domain and how they might apply to direct and indirect participants at each level of the ecological model—individual, household, community, and societal. Depending on the theme, focus, and target of a particular project or program, the mapping of each of these domains will take on its own unique design.

Domain	Child protection
ACCESS	Key protective or responsive child protection services may not be accessible to all children, especially the most vulnerable girls and boys, including children with disabilities (and their families), due to physical distance, cost, or factors related to discriminatory attitudes and practices from providers.
DECISION-MAKING and PARTICIPATION	In the GESI Theory of Change there are two separate domains: decision-making and participation. World Vision International's definition of child participation is: "When children under 18 years of age contribute to decisions and take action on issues that affect their lives." This means that there is an overlap in child protection between the GESI decision-making and participation domains. Participation means that the most vulnerable girls and boys, including children with disabilities, have opportunities to participate in strategy, advocacy, and programming spaces and platforms. We also ensure that all vulnerable populations participate and contribute to decision-making in child protection activities.
SYSTEMS	A child protection system is a set of coordinated formal and informal elements working together to prevent and respond to abuse, neglect, exploitation, and other forms of violence against children. World Vision's understanding of a child protection system consists of seven elements and five main types of actors. The actors are: child, family, community, state, and international. The elements are: children's resilience, circle of care, services, capacities, coordination, accountabilities, and laws and policies. Often, systems can work for one group but not others. It is important that all aspects of the system support all children and that social or gender norms that increase the vulnerability of certain children within the system are addressed.
WELL-BEING	Reduction in violence against children is a priority for both child protection and GESI programming. Well-being is impacted by intersectional vulnerabilities, making girls, children with disabilities, and other vulnerable children more likely to experience violence. Children who experience violence are often left with long-lasting negative social, emotional, mental, physical, and spiritual consequences.
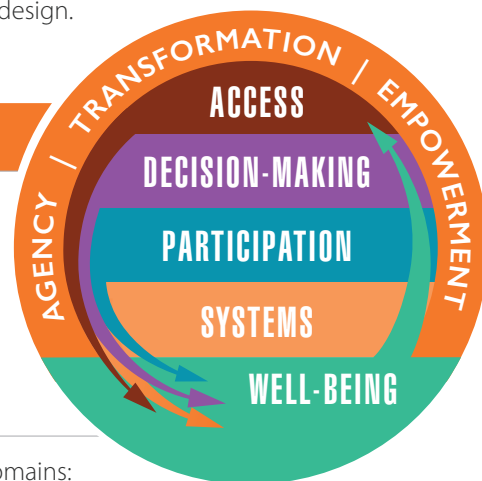
HOW DOES THE GESI APPROACH AND THEORY OF CHANGE LINK TO

World Vision's transformational development wheel?

GESI is an integral part of World Vision's transformational development approach, which is illustrated by the transformational development wheel.

FIGURE 2: TRANSFORMATIONAL DEVELOPMENT WHEEL

LISTEN to God & to the people we serve including the most vulnerable children and their families

INCLUDE the most vulnerable children & their families as participants, decision-makers and agents of change

ADAPT to each local context and to changing circumstances to meet the needs of the most vulnerable children and their families.

CHALLENGE the unequal relationships and systems, the social norms and beliefs that cause vulnerability

EMPOWER children & communities, including the most vulnerable children and their families

CONNECT with partners that support sustained child wellbeing, including of the most vulnerable children and their families

The sustained agency and well-being of the most vulnerable children

....

In the transformational development wheel, there are six principles focusing on the central goal of the sustained agency and well-being of the most vulnerable children.

The five GESI domains of access, decision-making, participation, well-being, and systems are reflected in the six principles on the wheel.

The GESI domain '**ACCESS**' is reflected under the principle **CONNECT**. Partners help us to secure access to health, education, birth certificates, protection, and other services that are necessary for the well-being of the most vulnerable children. In addition, under **LISTEN, INCLUDE, EMPOWER, AND ADAPT,** we are creating the conditions where the most vulnerable children and their families will be able to shape and influence services that are accessible and meet their needs.

The GESI domain '**DECISION-MAKING**' is reflected under the principle of **INCLUDE** as the most vulnerable children and their families provide feedback on project processes and make decisions. It is also reflected in **EMPOWER** as we empower them to participate in household, community, and societal decision-making.

The GESI domain '**PARTICIPATION**' means that the most vulnerable children and their families participate throughout the process. In **LISTEN**, their views are heard. In **INCLUDE** they participate within project activities. In **EMPOWER**, they participate in household, community, societal, and project processes. In **ADAPT**, they inform the adaptation process.

The GESI domain '**SYSTEMS**' is reflected in **CHALLENGE**, as we challenge the informal and formal systems that cause vulnerability for the most vulnerable children and their families.

The transformational development wheel also supports the non-domain elements in the GESI approach and Theory of Change. **EMPOWERMENT** has its own principle, **AGENCY** is a result of empowerment, and **TRANSFORMATION** is reflected in the overall transformational development approach.

Introducing a GESI Lens
TO A CHILD PROTECTION PROGRAM

World Vision aims to apply gender and social inclusion considerations into all our programming and adopt a transformative approach to GESI in all programs as either a targeted or integral component. As will become clear below, this is essential to honoring our organizational policy of a transformational development approach in all that we do and particularly in challenging the entrenched and discriminatory systems, social norms, and beliefs that cause and perpetuate vulnerabilities and inequalities. When a GESI-transformative approach is applied, whole communities are more cohesive, resilient, and able to thrive, and no individual or group is excluded. The GESI continuum provides World Vision staff involved in designing projects and developing programs with an important tool to assess their approach and work with intentionality and clarity toward the desired impact. The continuum offers benchmarks to identify the degree of GESI responsiveness or the transformative value in any given project or program. The goal is to apply an increasingly GESI transformative approach in all programs. Figure 3 below depicts World Vision's understanding of the continuum.

FIGURE 3

WORLD VISION'S GESI CONTINUUM		SCORE
NOT GESI-RESPONSIVE — **GESI Absent**	**Ignores gender equality and social inclusion.** • There is no consideration of gender differences, gender inequalities, or social exclusion. • There are discriminatory or harmful social norms and unequal power relations, or potential patterns of gender inequality or social exclusion in the design or delivery of program activities. • There is no discussion of the gendered or inclusive dimensions of the operational environment and how this may affect intervention.	**0**
GESI Exploitative	**Reinforces gender inequality and social exclusion.** • Acknowledges gender inequalities and social exclusions, works around them, adjusts and adapts to them, but does not take any action to address them. • Reinforces harmful and discriminatory gender and social norms, behaviors, attitudes, roles, and relations. • Uses and/or takes advantage of gender inequalities, discriminating social norms, stereotypes, structures, groupings in society to advance goals.	**1**
GESI-RESPONSIVE — **GESI Sensitive**	**Acknowledges gender inequality and social exclusion, takes actions to reduce them but not transform them.** • Interventions include specific measures to reduce the impact of inequality and exclusion. • Integrates practical needs and experiences of vulnerable groups but does not address the underlying root causes of inequality or exclusion. • There is a "missed opportunity" to shift norms that reinforce gender inequality and social exclusion.	**2 (+1)**
GESI Transformative	**Promotes gender equality and social inclusion.** • Challenges and shifts discriminating gender and social norms, stereotypes and discriminatory practices. • Transforms unequal power relations, gender roles, and relationships. • Actively seeks to engage with and transform gender inequality and social exclusion. • Promotes equal and inclusive access, decision-making, participation, systems, and well-being, with the goal to achieve sustainable change towards gender equality and social inclusion.	**3 (+2)**
TOTAL SCORE FOR GESI-TRANSFORMATIVE PROGRAMS		**5**

Child protection is, of all the sectors where World Vision has programs, potentially the most effective in addressing GESI issues. Our child protection programs should identify and address the five GESI domains of change as they relate to the most vulnerable children and their families. However, this only works if we can use the Analyses, Design, and Planning Tool for Child Protection (CP ADAPT) process to identify intersectional vulnerability factors and the needs of children and their families with specific vulnerabilities. World Vision and its representatives must also be able to identify vulnerabilities without being blinded by their own conscious or unconscious biases.

Projects and programs can only transform GESI if the people and organizations designing, delivering, and monitoring them understand and identify discriminatory systems, practices, contexts, and biases within themselves. The GESI DME toolkit has two tools to help you do this:

The **GESI Minimum Standards tool** (*1.2 in the DME toolkit*) provides an organizational assessment tool based on GESI Minimum Standards and an individualized survey for staff. It covers nine areas: policies, organizational culture and capacity, participation and partnerships, resource allocation, use of GESI assessments, data collection and analysis, indicators, Do No Harm practices, and accountability.

The **Reflection Checklist tool** (*1.3 in the DME toolkit*) helps staff consider their own biases and attitudes toward GESI. This ensures that hidden individual biases don't result in children with specific vulnerabilities being excluded from programming.

The level of awareness, integration, commitment, and actions already in place will help in determining the level of investment required in training, sensitization, and advocacy and the approach to use within the project or program to most effectively invest in sustainable change for GESI.

Assessment–Child Protection and GESI

The Child Protection sector uses the **Analyses, Design, and Planning Tool for Child Protection which, if used effectively and with intentional focus on the vulnerable and excluded populations, provides the information needed for a thorough GESI analysis. CP ADAPT** is a child protection context analysis tool used to identify priority child protection issues and their root causes, as well as map the strengths and gaps of the formal and informal systems that are in place to protect children. The CP ADAPT then guides the process of developing a responsive program that intentionally addresses the identified root causes and gaps in the child protection system, including other sectoral root causes. For a comprehensive context analysis, it is important to assess and compare the data analysis from both the national and local levels. GESI has been integrated into each phase and activity of the CP ADAPT. It is strongly recommended that a GESI technical advisor participate as a member of the assessment team.

The CP ADAPT at the national level conducts a desk review to identify the most critical/prevalent issues affecting children (GESI domain: well-being). At the community level, through a participatory assessment, girls and boys (especially the most vulnerable children), women, men, and other child protection stakeholders prioritize violence against children issues in their community. During the national review, prevailing norms, beliefs, and attitudes about girls, boys, and different groups in society must be identified.

Locally defined vulnerabilities: move beyond gender

Because vulnerability is intersectional, a good analysis, including GESI, needs to understand the factors of vulnerability and how they relate to each other. Vulnerabilities can include disability, caste, ethnicity, religion, internally displaced persons or refugee status, location, education, or socioeconomic status. They vary according to country and locations within a country. It is therefore critical that the CP ADAPT collects information on intersectional vulnerabilities and uses the data to understand the needs of different groups.

GESI domain access and systems: During the national level desk review of prevention and response services:

- Review access to services, based on data on who accesses services, and what services are provided to whom (disaggregated by sex, age range, and locally defined vulnerabilities).
- Analyze issues and gaps in service implementation, including accessibility for vulnerable populations (i.e. access for children with disabilities).

Through sampling at community level, focus group discussions with girls and boys—especially the most vulnerable and children with disabilities—are conducted as the first step. Each subsequent step builds upon the perspectives of children. Issues about access to resources, opportunities, and services are identified by girls, boys, women, and men with intersectional, locally-defined vulnerabilities as root causes during participatory activities.

Key informant interviews are also conducted with formal and informal stakeholders involved in the protection of children to assess the strengths and gaps of the services provided (GESI domain: systems) as well as any social norms that may exclude certain groups from accessing services.

GESI domains decision-making and participation: Girls and boys, especially the most vulnerable children, reflecting the various intersectional, locally-defined vulnerabilities, are intentionally included in the CP ADAPT community level participatory activities. Inclusion of and accommodations for children with different types of disabilities (visual, hearing, physical, psychosocial, intellectual), children living in remote areas, working children, and those with limited mobility are ensured.

Participation and decision-making are assessed at the national level through a desk review of national laws and policies.

- Girls and boys, including the most vulnerable children, have access to reporting/complaints mechanisms.
- Girls and boys, including the most vulnerable children, meaningfully participate in government decision-making about child protection procedures.

Through sampling at the community level, focus groups with the most vulnerable girls and boys should intentionally be prioritized to ensure their views are considered. The CP ADAPT is unique in that this participatory assessment prioritizes the voices of children—their opinions about violence against children priorities in their communities and the root causes of those violence against children issues. Girls' and boys' data are analyzed separately, as well as women and men, so that differences can be identified. Data also needs to be analyzed to understand additional locally-defined vulnerability factors, their intersectionality, and the additional impact on well-being.

The importance of listening to all vulnerable groups

CP services may generally be available for most of the population, but stigma among service providers means that some groups are effectively excluded because they feel ignored or mistreated by the system.

Design

In order to develop a quality child protection program with a GESI transformative lens, several steps must be taken. The CP ADAPT described above with the GESI analysis and interpretation are crucial. **The next step is developing a responsive Pathway of Change for CP Program**. A tool for this purpose is available for World Vision or for work with partners (*Developing a Pathway of Change for CP*).

In addition, World Vision's global sector approach, theory of change, interventions, and linkages to INSPIRE can all be used as resources when building a quality project or proposal.

World Vision's Child Protection sector uses a systems approach to address root causes of violence against girls and boys, by empowering key actors to work together to strengthen the protective environment that cares for and supports all children, especially the most vulnerable girls and boys. Working across contexts, including fragile contexts, World Vision's Child Protection programming:

- Prevents child protection issues from happening.
- Responds to child protection issues when they occur.
- Restores affected girls and boys to a state of well-being.

World Vision's global Child Protection sector approach is designed across four domains of change, addressing root causes, including underlying sociocultural gender norms as well as other sectoral causes. The four domains of change are:

Empower girls and boys with life skills, resilience, and psychosocial well-being, and support them to be influential protection actors in their environment.

Transform attitudes, norms, and behaviors of children, parents, faith communities, and community members while promoting positive norms and practices.

Strengthen services and support mechanisms and the capacity, coordination, and collaboration of formal and informal actors to prevent, protect, and respond.

Improve laws and accountability through advocacy at all levels and enhancing citizen voice and action in the quality and provision of services by service providers and local duty bearers.

World Vision's global core child protection project model, *Child Protection & Advocacy (CP&A),* recommends interventions under each of the domains of change as illustrated in the diagram below. Evidence-based interventions in the CP&A project model have each been reviewed with a GESI lens. For more information on each interventions, see the *CP&A Field Guide*.

The life skills curricula in **Domain 1** (Peace Road and IMPACT+) have been designed to break harmful intergenerational gender patterns, equip young people with healthy intimate relational skills, and intentionally target, include, and accommodate the most vulnerable children, including children with disabilities.

In **Domain 2**, parenting interventions target at-risk, most vulnerable households to prevent violence. *Community Change* is a sustained dialogue to address underlying sociocultural and gender norms; and *Channels of Hope CP and Gender* uses sacred text and factual information to promote behavior change, including eliminating harmful practices such as female genital mutilation or child marriage.

In **Domain 3**, *CP&A Groups*, as well as formal and informal partners coordinate to provide prevention and child protection response services, including reporting and referral. *Home Visiting* is a critical intervention used to engage with at-risk, most vulnerable households to prevent violence and connect caregivers with key resources.

In **Domain 4**, *Citizen Voice and Action for Child Protection (CVA for CP)* mobilizes citizens to dialogue with service providers and government actors to ensure access to child protection services for all girls and boys, especially the most vulnerable children, including children with disabilities. *CVA for CP* also assesses and advocates for the quality of services, including child-friendly and survivor and gender-centric services.

FIGURE 4: CHILD PROTECTION AND ADVOCACY PROJECT MODEL

DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4
Empower children with resilience, life skills, and voice	Transform attitudes, norms, and behaviors	Strengthen services and support mechanisms	Improve laws and accountability
Peace Road	**Strengthening parenting** • Celebrating Families • Families Make a Difference (IRC) • Nurturing Care Groups for CP • Parent Support Groups	Mobilizing and Strengthening CP&A Groups	Citizen Voice and Action for Child Protection
IMPACT+		Strengthening a Community Reporting & Referral Mechanism	
ITAW Child Participation Child-led Mobilization Child-led Research Child-led Social Accountability	Community Change	Home Visiting	
	Channels of Hope (CoH) for Child Protection for Gender		

Other interventions including regional, national, or government-defined interventions can be used to contribute to each domain of change. IF the intervention reflects off of the essential elements and is measured with indicators from the CP&A M&E framework.

These approaches as well as the five GESI domains generally align with the World Health Organization's INSPIRE framework (endorsed by USAID, UNICEF, the US CDC, and others):

INSPIRE	GESI Domain	CP Domain
Implementation and enforcement of laws	Systems, Participation, Decision-making	1,3,4
Norms and values	Systems, Participation	1,2
Safe environments	Well-being, Systems	2
Parent/caregiver support	Access, Decision-making	2,3
Income and economic strengthening	Well-being, Systems	n/a
Response/support services	Access, Well-being	3,4
Education and life skills	Access, Well-being, Decision-making, Participation	1,4

World Vision prioritizes social behavior change, including norms change, in all child protection and GESI programming, beginning with formative research. The child protection systems approach as described here reflects GESI throughout, while GESI transformative programs should address all the five GESI domains. To assess whether your project or proposal is addressing each of the five domains, please see Annex 1. For each of the five GESI domains, there is a guiding question with some additional key questions that will inform the guiding question.

In addition, the design process needs to ensure that:

- The budget contains an inclusion fund or other resources to remove barriers to access and participation.
- Training for staff is available to address any gender or social norms that may limit their ability to implement the program for all children.
- Further analysis of GESI issues is planned and budgeted for if the initial analysis was insufficient to answer all the programming questions or where required by the donor.

Upholding the principle of "Do No Harm"

It is essential in all project and program design to think critically about the intended and unintended impacts of the project or program. GESI-responsive institutional practices, policies, operations, and accountability mechanisms should be guided by "Do No Harm" and child protection principles. "Do No Harm" refers to a conscious effort to ensure that no negative consequences (intended or unintended) or harm occur to anyone because of actions taken. The risk of harm is heightened when programming seeks to influence discriminatory social norms and practices that may be deeply entrenched. These actions can result in resistance, backlash, and violence directed at the very people the program intends to support. Periodic qualitative reflection on intended and unintended effects of interventions during implementation can assist in identifying and responding to any unintentional harm created.

Monitoring and Evaluation

After designing a GESI-transformative child protection program, it is critical to have a system of monitoring, evaluation, and learning established for all stakeholders, including girls and boys, and especially the most vulnerable.

Child protection programs are designed to address issues affecting violence against girls and boys and generally measure reductions in that form of violence against children. **Forms of violence against children need to be disaggregated by sex and should also be disaggregated by age, location, disability, and other identified vulnerabilities.** Here is a sample from World Vision's global child protection toolbox, aligned with the INSPIRE and the Global Partnership to End Violence Against Children indicators:

- Proportion of adolescents who have experienced sexual violence in the past 12 months by any perpetrator.
- Proportion of adolescents who report having experienced physical and/or sexual violence by intimate or romantic partner (current or former) in the past 12 months.
- Proportion of adolescents who experienced physical attacks in the past 12 months.
- Proportion of adolescents engaged in hazardous child labor in the past 12 months.
- Proportion of adolescents who report no knowledge of the use of harmful traditional or customary practices in the community in the past 12 months.
- Proportion of adolescents who are married.

See the Global *CP&A M&E Toolbox* for more prevalence indicators, or the *INSPIRE Indicator Guidance and Results Framework*. In addition, the World Vision's CP&A M&E Toolbox provides indicators organized by each child protection domain and intervention for World Vision's global sector approach across the four child protection domains.

Promising practices

This reference guide is not exhaustive and we encourage each field office to innovate around GESI within child protection and to provide feedback so we can continue to enhance our work. Below are some examples of the work we have already done that may inspire you.

Case study from Bangladesh—the power of child decision-making and participation

GESI Domains: child decision-making and participation;
CP Domain 1: Empower children and adolescents with resilience, life skills, and voice.

" My name in Dola, I am 15 years old. I believe deeply that children can do many things in society if they get space and opportunities. We have the potential, but need support. The Child Forum is a platform to build children's leadership and a space where we get together and share our feelings with our friends. The Child Forum has become a good place to protect children from bad association, and works to ensure children's rights and protection. Together, we raise our voices against child abuse, sexual harassment, school dropout, child labor and child marriage. The Child Forum is working hard to stop child marriage and we have been successful, but there are too many additional things needed to protect girls. The Child Forum carries out different activities such as street drama, cultural shows, campaigns at schools, colleges, and universities, and orientation for caregivers to stop child marriage. We, as children, engage in actions to end child marriage because we know other children's pain and how much they suffer."

DOLA
YOUNG LEADER

Child marriage is illegal in Bangladesh for girls under the age of 18 and boys under the age of 21, although courts can allow for exceptions in a girl's 'best interests.' The 36 child activists interviewed within the Children's Participation in Ending Child Marriage: Exploring Child Activism in Bangladesh research, reported stopping 72 child marriages over two years, as a result of their collective actions. The initiatives taken by the children were not sudden and spontaneous occurrences. The research found that long-term engagement in the Child Forums led the children to take such actions—and to do so successfully. The Child Forum members were not at the vanguard of children's participation, unrepresentative of their communities, but rather addressing the needs of their peers, and sometimes themselves, who were at risk of child marriage. The power of information was central to the children's actions in two ways. First, the Child Forum members described their ever-increasing knowledge about the relevant law and the negative effects of child marriage, which was pivotal to child activists' persuasive discussions with parents. Second, Child Forum members became experts on learning a potential bride's age, especially in cases where parents asserted that the girl was old enough to marry but the activists were confident the bride was underage. Rather than an individualist or isolated approach, the child activism was highly relational; it relied on collective action amongst the Child Forum members and their peer and community networks. Child Forum members cited local law enforcement within the Bangladeshi administrative system as key partners, and they reported high levels of confidence in the adults who provided them with assistance. The child activists were willing to act urgently, to travel, and to mobilize officials to accompany them so as to stop child marriages, which local officials found difficult to do.

Child activism was not always easy for the Child Forum members. For instance, they sometimes had problematic encounters with parents of potential child brides. Some of their own family members did not want the children to be active on these issues. Within their communities, children reported some initial criticism for acting inappropriately for their age. Regardless of these challenges, overall, the Child Forum members perceived very positive effects for themselves individually and their communities more generally. They expressed considerable pride in their achievements in improving recognition of children's rights in their communities.

Key recommendations

- Systematically invest in programs that recognize children as rights holders and social actors with the capacity to engage in actions to end violence against children.

- Support children in identifying and building on key relational networks over time, especially powerful local adults with whom children can engage and mobilize.

- Embed child activism as an integral component within long-term child participation programs to support children in taking actions on issues that matter to them.

- Use evidence-based positive youth development approaches, such as IMPACT+ and Peace Road, to strengthen adolescent skills and developmental assets.

- Utilize an evidence-based curriculum that addresses harmful gender norms, such as IMPACT+ and Peace Road.

Case study from Senegal: Working with faith leaders to change social norms—Channels of Hope for child protection

GESI domain: Systems and well-being; Child Protection domain 2: Transforming attitudes, norms, and behaviors

Since 2015, World Vision has been using the Channels of Hope for Child Protection (CoH CP) methodology to address issues like child marriage and female genital mutilation across Senegal. While many religious texts (including the Bible and the Qur'an) teach that God cares about the well-being of children and condemns practices of violence toward children, religious teachings are sometimes intermixed with longstanding cultural practices. Theological misinterpretations of religious texts can also fuel damaging attitudes and practices toward children. In Senegal, more than 95% of the population identifies as Muslim and the country hosts a large variety of tribal and cultural groups. These groups uniquely influence the population's beliefs and attitudes about the roles of men, women, and children. Through interfaith partnerships across the country, World Vision has been able to leverage the strong influence that Muslim and Christian religious leaders have on the wider community, initially working with and through them to highlight doctrinal similarities concerning the care of children, and to equip faith leaders with the knowledge needed to teach on all aspects of child protection and well-being.

After one year of participation in the Channels of Hope for Child Protection program, 26% of faith leaders vowed to stop performing child marriages in Senegal. Additionally, the percentage of faith leaders who viewed child marriage as a protective alternative to early pregnancy was almost cut in half (48% reduction). One Senegalese imam who participated in the training told World Vision staff: "The training session allowed me to understand that girls must be kept in school and avoid early marriage. It is also necessary to accept to come closer to children to establish a sincere dialogue so that they should not be afraid of you."

When combined with Citizen Voice and Action, the CoH CP program empowered an advocacy partnership between faith leaders and the children in their communities. In 2017, a group of faith leaders and 100 children visited the Presidential Palace to present the president with a memorandum expressing their concerns about the prevalence of child marriage across the country and advocate for a stronger national response. President Sall was so moved by their advocacy and the cause that he publicly endorsed World Vision's campaign to end child marriages in the country and elevated the issue within the Ministry of Children and Women.

Key recommendations

- Work with and through faith leaders to address deep-seated gender and social norms.

- It is important to bring stakeholders together to have even greater impact. In this case, children and faith leaders came together, creating synergy between the Citizen Voice and Action and CoH projects.

Case study—using most vulnerable children mapping to inform programming

GESI domains: access, well-being, and systems; Child Protection domain 3: strengthening services and support mechanisms

World Vision Vietnam has historically selected area programs in remote, rural communities with a high proportion of ethnic minorities that contain the highest proportion of vulnerable children. Within its 2018–22 strategy, World Vision Vietnam identified the inclusion of the most vulnerable children as a priority. Disability inclusion was identified as a cross-cutting theme. During the most vulnerable children mapping process, the team developed an Excel spreadsheet of the most vulnerable children in the community, classifying them by 30 different vulnerability markers belonging to four vulnerability factors. Their goal was to include as many of the most vulnerable children in technical programs so that 100% of the most vulnerable children would be selected as registered children. Once mapped, the Vietnam team used the Excel spreadsheet to track interventions received by the most vulnerable children across different technical programs and the Community Engagement and Sponsorship Plan (CESP). Data on most vulnerable children inclusion was then tracked and shared every three months against technical programs and CESP targets. Reflection meetings with all area program staff and the technical team were held on a quarterly basis to update the most vulnerable children inclusion results, verify the most vulnerable children inclusion data, and identify how they can serve those children more effectively. Key performance indicators related to the most vulnerable children coverage are part of all program staff evaluations. Staff are able to prioritize the needs of the most vulnerable children based on the mapping and the most vulnerable children criteria. Some of the most vulnerable children and their families receive support through home visits and/or other protection support from the community or referral and/or are prioritized to participate in project activities. Support to the most vulnerable children can include direct support as well as referral to health care, protection, and government welfare. The team has found that by supporting community-based support services and referral to government or nongovernment specialized services, the needs of the most vulnerable children can be met within existing area program budgets.

The focus on children with disabilities stemmed from the significant numbers identified in the most vulnerable children mapping process. In special projects in some area programs, staff have made some key adaptations to their processes:

- Adapting communication content to include disability prevention, early detection, and rehabilitation.
- Engaging children with disabilities in children's clubs.
- Targeting home visits to ensure the safety of children with disabilities.
- Holding meetings and events in accessible venues.
- Prioritizing the families of children with disabilities in project activities that target adults such as parent groups, nutrition clubs, and livelihood interventions.
- Constructing accessible water, sanitation, and hygiene (WASH) facilities.
- Providing counseling services to support families of children with disabilities.

Key recommendations

- Use the most vulnerable children mapping process to really understand the needs of the most vulnerable.
- Use a home visiting model and database plus direct services plus referral to ensure that the needs of the most vulnerable children are met.
- Integrate the most vulnerable children, including children with disabilities, in all project activities where applicable.
- Embed the most vulnerable children targets into key performance metrics for responsible staff from the operations director down to staff in area programs.

In one area program, staff members took the idea of home visits further—in the Yen Binh Area Program, 330 children with disabilities have been identified. The community identified the need to provide counseling and training for parents and the children using home visitors. Home visitors are retired teachers and other local people who visit 63 children and their families twice a month to support families with the implementation of child development and life skills support plans. Plans are reviewed monthly to identify activities for the following month.

Armenia case study—community social workers increase CP and address GESI

GESI domains: access, well-being, systems; Child Protection domain 3: strengthening services and support mechanisms

As part of an earlier USAID-funded project, World Vision Armenia co-funded community social workers. In the current USAID-funded Community Level Access to Social Services (CLASS) program, World Vision has made the community social worker position permanent, with 91 hired in 86 communities, serving more than 29,000 people. All communities with a population of more than 5,000 people need to have a social worker. Within the eight modules of training provided to the social workers, one covers the issue of vulnerability. This gives social workers the skills to use World Vision's most vulnerable children mapping process to understand vulnerability factors for children and adults and how they intersect. Social workers then work with the families on a family development plan to address their vulnerabilities. In doing so, they are able to be GESI transformative, by meeting needs across the five domains:

Social workers identified vulnerable groups as: persons with disabilities, socioeconomic exclusion, national minorities, displaced families, abused children, and families with members who were engaged in war.

Access

Community Social Workers receive online training and support from senior social workers to identify vulnerable families, develop individual development plans to meet their needs, and provide appropriate guidance and referrals to services.

Decision-making

Family members prioritize their issues and work with the community social workers to identify activities within the individual development plans. The whole case management process relies on self-determination and family members who have participated in public hearings and other community decision-making processes.

Participation

Children have been engaged in summer schools and excursions and their parents in parenting skills development and budget planning in ways that provide useful skills and boost their social, economic, cultural, and political integration.

Systems

Community social workers have transformed the formal system by linking the vulnerable population to the service, increasing both supply and demand to enhance the system. Community social workers have also become agents of change in the informal system, challenging the stigmas and social norms that underpin social exclusion and injustice.

For more details you can view these videos:

An overview of the program and its approach:
bit.ly/armeniasocialwork

An example of a social worker's role in the community:
bit.ly/socialworkerrole

Well-being

The individual development plans include a social and psychological needs assessment; actions include referral to specialized consultations (psychologist, speech therapist, lawyer, financial support, etc.).

Recommendations

- Seek to institutionalize social workers or equivalent who can proactively identify and support vulnerable children and their families.
- Support community social workers as they play a vital role in understanding needs, referring to services, and ensuring an individualized support that cuts across the five GESI domains.

Uganda: Use of Citizen Voice and Action to inform national policy

GESI domains: well-being, systems, access, decision-making; Child Protection domain 4: improve laws and accountability

The government of Uganda has developed a national strategic plan on violence against children in schools. In this rich policy environment, the challenge is to move from planning and data to action. World Vision Uganda developed a policy brief with four key recommendations drawn from consultations across 125 schools and 41 child protection units using Citizen Voice and Action including:

1. **'Train teachers in positive discipline, and position School Management Committees to lead the struggle to end violence.'** Twenty-eight percent of schools lacked functional school management committees. And only 5% of schools had copies of relevant policies and documents, including policies related to violence against children.

2. **'Link School Management Committees to senior female and male teachers, police, and child protection unit.'** Senior female teachers in particular can serve as trusted adults to whom girls feel comfortable reporting incidents, but only 28% of schools held meetings between female students and a senior female teacher.

3. **'Ensure that schools create child support groups, with a mandate to prevent and report violence.'** The national strategic plan recognizes that children have important roles to play in the prevention and reporting of violence against children in schools. Research suggests that when schools create active groups for children, rates of violence tend to drop.

4. **'Invest in school infrastructure that can help prevent violence against girls.'** More than half of the schools lacked separate changing rooms or toilets for girls.

Key recommendations

- Identify gender inequities when mapping services for Citizen Voice and Action for Child Protection, education, health, etc.
- Use the CP ADAPT and local context analysis, especially with the most vulnerable children, to identify gaps and barriers to services.

For more information contact World Vision GESI Team

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Guiding questions in designing a child protection and GESI integrated proposal or reviewing an ongoing project

Key considerations in designing a child protection and GESI transformative proposal by addressing each of the domains are listed below. This could also be used to assess an ongoing project. Each has a guiding question with some key questions that will inform the overarching guiding question.

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Access

Are the most vulnerable children able to access relevant preventive and responsive child protection services?

- Have we developed clear criteria and mechanisms for identifying the most vulnerable children? Does this address intersectionality such as the additional vulnerability of girls with disabilities compared to boys?

- Have we focused on strengthening child protection services in the geographic areas that are currently underserved?

- Have we provided, strengthened, or promoted child protection services that are needed by the most vulnerable children? Are they both preventive (identifying and addressing vulnerabilities before they turn into a child protection case) and responsive (responding to child protection cases)? It is particularly important to include vulnerable children in preventive services before this vulnerability has a significant impact on their lives.

- For activities focusing on specialized services, have we identified relevant services and partners that vulnerable groups can be referred to? This is particularly important for children with disabilities who may need specialized educational and medical services. The table below outlines some of those key services.

Impairment	Specific service
Identifiable at birth	Early detection and referral, feeding support, support to parents
Visual	Testing and provision of glasses; teaching Braille; information in Braille; mobile phone with text to speech and text enlarging
Hearing	Testing and provision of hearing aids as possible; sign language teaching and provision; speech therapy
Mobility	Provision of assistive technology (wheelchairs, crutches, prosthetics, orthotics); physical and occupational therapy
Intellectual	Special educational needs support; provision of information that is easy to understand
Mental	Psychologist and psychiatrist support

- Has our communication plan been designed to ensure that all members of the community receive appropriate information regarding child protection (in appropriate language, supporting those with minimal literacy, those with visual or hearing impairments, and those who can't attend community events)? How will this information reach different sectors of the community (e.g., children, parents, teachers, employers)?
- Have we considered and responded to all physical, financial, attitudinal, language, and other barriers to accessing services for the most vulnerable children and their families? Some ideas for removing these barriers are outlined below:

Barrier	Possible actions
Language	Provide interpreters for meetings; provide information in all languages
Cultural	Hire people from minority groups; train providers to be sensitive to cultural needs
Physical distance	Provide mobile services to supplement existing services
Religious beliefs	Engage religious leaders in behavior change communication
Financial	Budget for an inclusion fund to support access; support complementary savings groups or income generation work; when access should be free but isn't, use Citizen Voice and Action as well as advocacy
Lack of physical mobility	Provide assistive devices (e.g., wheelchairs/crutches), accessible transport
Restrictions on individual travel and agency	Make household visits to negotiate permission to access and provide services; provide behavior change communication to increase individual agency
Attitudinal	Provide behavior change communication on importance of the service
Childcare	Provide childcare services at the point of delivery
Security	Provide services in safe locations and at times when it is considered safe
Stigma/ discrimination	Accompany vulnerable groups; work with service providers to address any stigma or discrimination; promote positive images of excluded groups

Decision-making

Have we included the most vulnerable children, their parents/caregivers, and members of excluded groups in decision-making around child protection?

- How are the most vulnerable children and groups intentionally consulted by child protection stakeholders and partners?
- Do child protection and advocacy groups or those representing the rights and protection of the most vulnerable children actively engage in any local government meetings that shape decisions on activities and budgets?

Participation

Have we engaged the most vulnerable children, their parents/caregivers, and members of excluded groups in the child protection system and related activities?

- Are the most vulnerable children and/or their parents/caregivers and excluded groups involved in key child protection and prevention activities?
- Have barriers to the participation of vulnerable children, their parents/caregivers, and members of excluded groups been identified and addressed?
- Are there complaint mechanisms through which the most vulnerable children and their parents/caregivers can register complaints on violations of their rights and protections? How will they be made aware that these complaint mechanisms exist and how to access them? Will all children have equal access to these complaint mechanisms? Does the program address the complaints of all children equitably?

Systems

Have we contributed to formal and informal child protection systems that are more equitable for the most vulnerable children and their parents/caregivers?

- Does the project/program address any inequalities in the law around child protection or the implementation of that law, through advocacy, Citizen Voice and Action, or another means?
- Does the project/program address gender and social norms that create inequalities in the informal child protection system using social behavior change?

In addition, the proposal/project needs to ensure that:

- The budget contains an inclusion fund or other costs to remove barriers to access and participation.
- Training for staff is planned to address any gender or social norms that may harm their ability to implement the program for all children.
- Further analysis is provided if the initial CP ADAPT, including vulnerability and GESI analysis, was insufficient to answer all the programming questions.
- In addition to a child participation risk analysis, a risk analysis is conducted to mitigate unintended consequences for the most vulnerable children as program activities will have a different impact depending on their vulnerability.
- A technical specialist provides support on the monitoring and evaluation plan in order to capture child protection, vulnerability, and GESI-related outcomes. The technical specialist should also disaggregate data by sex, age, disability, and other vulnerability status (depending on the context—potentially ethnicity, religion, HIV status, refugee, internally displaced person, indigenous person, etc.).

Well-being

Have we addressed the issues needed to enhance the well-being of the most vulnerable children?

- Have we addressed the major child protection issues for the most vulnerable children as identified in the CP ADAPT (e.g., child marriage, female genital mutilation, child labor, etc.)?
- Are approaches flexible and adequately contextualized to meet the needs of different groups of children?
- Have we assessed and minimized the risk of women, girls, men, and boys experiencing backlash due to their involvement in the project?
- Are there clear procedures for reporting risks or incidents of violence against children, including gender-based violence? Do communities and World Vision staff know about these procedures?