

STRATEGIC EVIDENCE AND INSIGHT REPORT: COMMUNITY-LED INITIATIVES IN HEALTH & NUTRITION IN CHILDREN UNDER FIVE



STUDENT CONSULTANCY REPORT, MAY 2026

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Disclaimer: All opinions and recommendations expressed in this report are solely based on the research findings and the team. It does not reflect the views of Action Against Hunger nor Liverpool School of Tropical Medicine.

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EXECUTIVE SUMMARY

Genuinely community-led health and nutrition initiatives for children under five are **extremely rare**. This review, commissioned by Action Against Hunger UK, examined 2,250 sources across academic and grey literature and found no initiatives that reached the level of empowerment demonstrated by AAH's own **Boolo Xeex Xibon pilot in Senegal** – the only example consistent with **IAP2 Level 5**. The scarcity of comparable examples should not be interpreted as evidence that empowerment is impossible, but as an indication of the **structural constraints** that continue to shape global health programming.

Child malnutrition and under-five mortality remain major public health challenges across LMICs. Despite evidence-based interventions capable of reducing wasting, stunting, and preventable mortality, millions of children continue to experience undernutrition. Global policy discussions have increasingly shifted toward **localisation and locally led development**, emphasising community ownership, power-sharing, and governance. However, while the language of participation is widespread, there remains limited clarity regarding how often communities genuinely **control and govern** health and nutrition initiatives – and terminology itself remains a barrier, with terms like "community-led" applied inconsistently across the sector.

A scoping review methodology was employed, with searches structured around three core domains: **children under five, health and nutrition interventions, and community leadership or empowerment**. Programmes were assessed using operationalised IAP2 criteria examining problem identification, programme design, financial control, and monitoring and evaluation. A consistent structural pattern emerged across the evidence base: programme architecture – including problem definition, intervention design, funding structures, and accountability mechanisms – was **almost always determined externally before community engagement began**. Communities participated within frameworks they had not created. Four structural barriers consistently prevented initiatives from reaching Level 5: NGO-originated programme architecture; financial governance structures restricting community budget control; donor accountability requirements demanding predefined indicators; and external control over decision-making boundaries.

The Hunger Project's Epicenter Strategy represented the initiative closest to Level 5, though its broader programme pathway and governance framework remained externally defined, placing a structural ceiling on empowerment at Level 4. **Boolo Xeex Xibon** stands apart: communities conducted their own analysis of undernutrition determinants, designed interventions independently, controlled financial resources directly, and developed their own monitoring indicators. **External actors acted as facilitators rather than implementers**.

The findings position Action Against Hunger at the **forefront of genuinely community-led nutrition** programming. Strategic opportunities include strengthening advocacy around donor flexibility, developing facilitative partnership models, contributing evidence to localisation agendas, and collaborating with Level 4 organisations to explore pathways toward full empowerment.

RELEVANCE TO ACTION AGAINST HUNGER

- Action Against Hunger is an **international humanitarian organisation** with an established focus on the prevention and treatment of malnutrition in children under five across LMICs.
- In recent years, AAH has moved **beyond conventional programme delivery** to explore whether genuine community empowerment – rather than structured participation – can produce more **sustainable nutrition outcomes**.
- This shift is embodied in **Boolo Xeex Xibon**, a three-year pilot implemented in four communities in the Louga region of Senegal between 2022 and 2025.
- The present review directly supports this strategic direction by **mapping the evidence landscape for community-led health and nutrition initiatives** affecting children under five in LMICs
 - This is done by identifying what enables or prevents genuine community empowerment, and situating **Boolo Xeex Xibon** within the broader global evidence base.

A MESSAGE FROM US:

While we have searched both academic and grey literature systematically, we are conscious of limitations of the study that may have **prevented the identification** for relevant initiatives

Language Barrier

- Our literature searches were conducted in English. As a result, any relevant publications in other languages will have been missed

Terminology

- There are many phrases and words used in association with community engagement/ empowerment/ involvement
- We **could not include every synonym** as the literature to review would be too large.
- We chose wording based on the IAP2 Spectrum, relevance to projects we were already aware of and phrases that aligned with our understanding
- Due to time constraints, we chose **international grey literature sources**. As a result, national publications/ literature may have been missed.

We have made **every effort to identify relevant initiatives**. We can conclude that there is a lack of literature surrounding relevant initiatives, but we **cannot** conclude that they do not exist at all, due to the aforementioned barriers.

BACKGROUND & CONTEXT

CHILD MALNUTRITION & MORTALITY

- Child malnutrition and under-five mortality remain **major global health challenges**, particularly in low- and middle-income countries.
- Millions of children continue to experience undernutrition, including **stunting, wasting, and micronutrient deficiencies**, which contribute to increased vulnerability to disease and **long-term developmental impacts**

PUBLIC HEALTH STRATEGIES & COMMUNITY ENGAGEMENT

- Public health strategies have increasingly emphasised the importance of **community engagement in improving health outcomes**.
- Community-based approaches are recognised for their potential to enhance **accessibility, cultural relevance, and sustainability of interventions**, particularly in resource-limited settings.

HISTORY OF COMMUNITY PARTICIPATION

Recognition of the importance of community involvement in health has a long history and with a **complex and evolving nomenclature**.

- Brazilian educator and philosopher Paulo Freire in the 1960s and 70s championed **community agency and empowerment**
- Entering the international development sector discourse in late 20th century under Robert Chambers as “participatory rural appraisal” and especially post the Alma Ata Declaration in 1978
- “Participatory development” prominent in development in the 1990s and early 2000s when adopted by the World Bank then term fell out of use by 2010s
- Current focus on **localization or locally led initiatives since 2016 Humanitarian Summit** and **co-creation/co-design/co-production** in the past decade

Over this long history, a number of theories and models have been developed

- Arnstein’s Ladder of Participation (1969)
- **IAP2 Spectrum of Public Participation** (1990)
- Pimbert & Pretty’s Types of Participation (1995)
- Farrington & Bebington’s (1993) Axis of Participation



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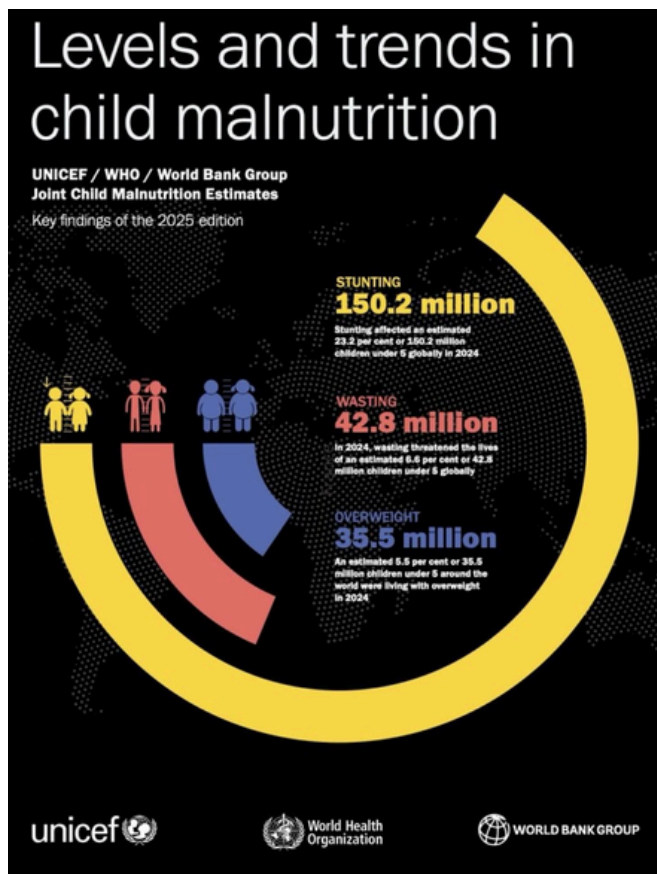
IMPORTANCE OF EARLY CHILDHOOD INTERVENTIONS

Childhood Malnutrition

- Recent estimates indicate that **150.2 million children under five** (23.2% of this age group globally) are affected by stunting, **42.8 million** (6.6%) by wasting, and **85 million** (12.6%) are underweight
- **90%** of affected children live in Asia or Africa, with Southern Asia alone accounting for more than half of all wasting cases globally
- Intervening early matters because the biological **consequences of undernutrition are not evenly distributed** across childhood
- Data from multi-country analyses confirm that the incidence of both wasting and stunting peaks within **the first six months of life**
 - **Interventions delivered after this period can mitigate some effects but cannot fully reverse them.**

Consequences of lack of interventions

- The consequences of insufficient early intervention extend **well beyond childhood**. In the short term, wasting and underweight are associated with weakened immune function and heightened susceptibility to lower respiratory infections, diarrhoeal diseases, and malaria.
- In the longer term, **stunting causes cognitive and physical deficits** that impair school performance and, ultimately, adult productivity.



Evidence for preventative nutrition interventions in early childhood

- Maternal education and counselling on complementary feeding, particularly when paired with cash transfers or food vouchers, produce **meaningful gains in weight and height indices**.
- Small-quantity lipid-based nutrient supplements (SQ-LNS) and multiple micronutrient supplementation have demonstrated **significant reductions in wasting, stunting, and child mortality** when delivered during the first two years of life
- The challenge is not the absence of effective tools but their **consistent delivery to those who need them most**, a problem that **community-led approaches** are increasingly positioned to address.

SPECTRUM OF PUBLIC PARTICIPATION

Over the long history of community participation in health and development, a number of models have been developed. A commonly used model is the **International Association of Public Participation's (IAP2) Spectrum of Public Participation** from 1990. This model provides a spectrum of public participation in processes from no input (inform) to publicly controlled (empower), with the target of reaching empowered participation.


As with other conceptual models, there is room for **interpretation and nuance**. Therefore, for this review of community initiatives, we used the follow criteria:

- *What is the origin of the community programme?* Invited participation (outside actor comes to community to initiate programme)
- *Who is the "community"?* Community based organisations and community members
- *Who makes decisions?* Total community convergence with all decisions made solely by community instead of in collaboration with outside actor(s)
- *What part of the programme is community led?* All programme steps from conception to monitoring and evaluation are under community
- *Who is control of finances?* Communities are in directly and complete control of finances


We acknowledge that there may be other ways to interpret and apply the IAP2's Spectrum of Public Participation, but used these criteria in the following review.

IAP2'S PUBLIC PARTICIPATION SPECTRUM

The IAP2 Federation has developed the Spectrum to help groups define the public's role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.



INCREASING IMPACT ON THE DECISION



	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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“Participation...cannot merely be proclaimed or wished upon rural people in the Third World; it must begin by recognising the powerful, multi-dimensional and, in many instances, anti-participatory forces which dominate the lives of rural people. Centuries of domination and subservience will not disappear overnight just because we have ‘discovered’ the concept of participation”.

- Peter Oakley, 1995

PURPOSE OF THE REVIEW

- The purpose of this review was to identify and analyse **level 5 community-led health and nutrition initiatives affecting children under five years of age**
- While community participation is widely recognised as an important component of effective public health programming, there is **limited clarity on the extent to which communities are genuinely empowered to lead and govern such initiatives.**
- This review seeks to **move beyond general descriptions** of participation to focus specifically on the **presence and characteristics of community-led approaches**, particularly those aligned with higher levels of decision-making authority.

FOCUS ON CHILDREN UNDER FIVE

- This reflects the critical importance of **early childhood as a window for intervention**, with long-term implications for health, development, and survival.
- Interventions targeting this age group often involve **heightened levels of technical oversight and external control**, which may influence the extent to which communities are able to exercise autonomy.

By examining how community leadership is enacted within this context, the review aims to **generate a clearer understanding of both the opportunities and constraints associated with empowerment** in early childhood health and nutrition programmes.

COMMUNITY OWNERSHIP WITHIN GLOBAL HEALTH & DEVELOPMENT

- Organisations such as Action Against Hunger have **increasingly prioritised community-led approaches** as a means of improving sustainability and responsiveness.
- There are structural barriers to **Community ownership within global health and development** such as power dynamics, colonialism, financial control and invisible labour. Despite these challenges, LMIC researchers are launching context-sensitive, power-aware methods that move community engagement and involvement from a transaction to coproduction which is embedded in the social and ethical fabric of local health systems.
- However, the extent to which such approaches are reflected in the evidence base remains unclear.
- This review therefore seeks to provide both an **evidence map and a critical analysis** of existing initiatives, with a **particular focus on identifying gaps between participatory rhetoric and practice.**

RESEARCH OBJECTIVES & GUIDING QUESTIONS

RESEARCH OBJECTIVES

The review is guided by five key objectives:

1. **Map** existing community-led health and nutrition initiatives globally, identifying their geographic distribution and key characteristics.
2. Assess the **levels of community decision-making within these initiatives**, drawing on frameworks such as the IAP2 Spectrum of Public Participation
3. Identify **enabling conditions that support genuine community empowerment**, including governance arrangements, funding structures, and organisational roles.
4. Analyse **structural barriers that limit community control**, particularly in relation to accountability, risk, and external influence
5. The review aims to provide **recommendations** for further study into this area, which can aid in the development of future programmes.

GUIDING QUESTIONS

The review is structured around four guiding questions:

1. **Where** do genuinely community-led initiatives occur?
 - Due to the rarity of genuine level 5 initiatives, we moved to exploring the causes behind the lack of level 5 initiatives
2. **What levels of participation** dominate the existing literature?
3. **What factors enable community governance and empowerment?**
4. Why does **empowerment** remain **relatively rare in practice?**
 - Due to a lack of relevant initiatives, this became our **most important guiding question.**

Together, these questions and objectives provide a framework for both mapping the evidence and interpreting the broader systemic conditions shaping community-led programming in early childhood health and nutrition.

METHODOLOGY



SEARCH STRATEGY

- This study employed a **scoping review methodology** to systematically map and analyse existing evidence on community-led health and nutrition initiatives affecting children under five years of age.
- Scoping reviews are particularly appropriate for identifying the extent, range, and nature of research activity in emerging or under-conceptualised fields, and for highlighting gaps in the literature.
- In this case, the approach enabled the identification not only of existing initiatives but also of the scarcity of genuinely community-led (IAP2 Level 5) programmes, which constitutes a key finding of the study.
- The methodology also incorporated grey literature alongside academic sources to capture programme-based evidence that is often not represented in peer-reviewed publications

STRATEGY DEVELOPMENT

- The search strategy was developed using a **concept-based approach** structured around key domains: population (children under five), health and nutrition interventions, and community leadership/ involvement in community-based projects.
- The final database used was **Scopus**, following a deviation from MEDLINE and PubMed as there was a wider coverage of articles. Scopus was chosen for their coverage of global health, public health, and social science literature.
- Search strings were **iteratively refined** to balance sensitivity (capturing a broad range of relevant studies) and specificity (excluding irrelevant material).
- In contrast, grey literature searches were adapted to the functionality of organisational websites, which do not support complex Boolean logic or controlled vocabulary. Instead, simplified keyword phrases derived from the database search strategy were used.
- This ensured conceptual consistency across academic and grey literature searches while maintaining practical usability

Scopus search string example:

TITLE-ABS-KEY ((child* OR infant* OR toddler* OR preschool* OR "early childhood" OR "child health" OR "maternal and child health" OR "under five") AND (nutrition* OR malnutrition OR undernutrition OR feeding OR "nutritional status" OR "child health" OR vaccination OR immuni*) AND ("community-led" OR "community-run" OR "community-directed" OR "community-managed" OR community-direct* OR community-manag* [See Appendix 1]

Grey Literature:

community-led health programme, community-managed health programme, community-owned health programme, locally-led health programme, community-led nutrition programme, community-led child health programme, community-managed community health services ... [See Appendix 2]

METHODOLOGY

INCLUSION / EXCLUSION CRITERIA

<i>Inclusion</i>	<i>Exclusion</i>
<ul style="list-style-type: none">• LMIC (as classified by world bank 2025) based• Community-led/ empowerment• Focused on children aged 0-5• Health & Nutrition related (malnutrition, vaccination)• Level 5/ High level 4• Community based project	<ul style="list-style-type: none">• Not LMIC based (World bank)• Not community-led/ empowerment• Not focused on children aged 0-5 (Eg: Adolescents, teenagers)• Not health and nutrition related• Not Level 5• A study that is not a community-based project

Both academic and grey literature sources were eligible, including programme evaluations, case studies, and implementation reports. Studies were excluded if they were purely theoretical, lacked a health or nutrition focus, did not include a community role, or were conducted exclusively in high-income settings (unless used for contextual comparison).

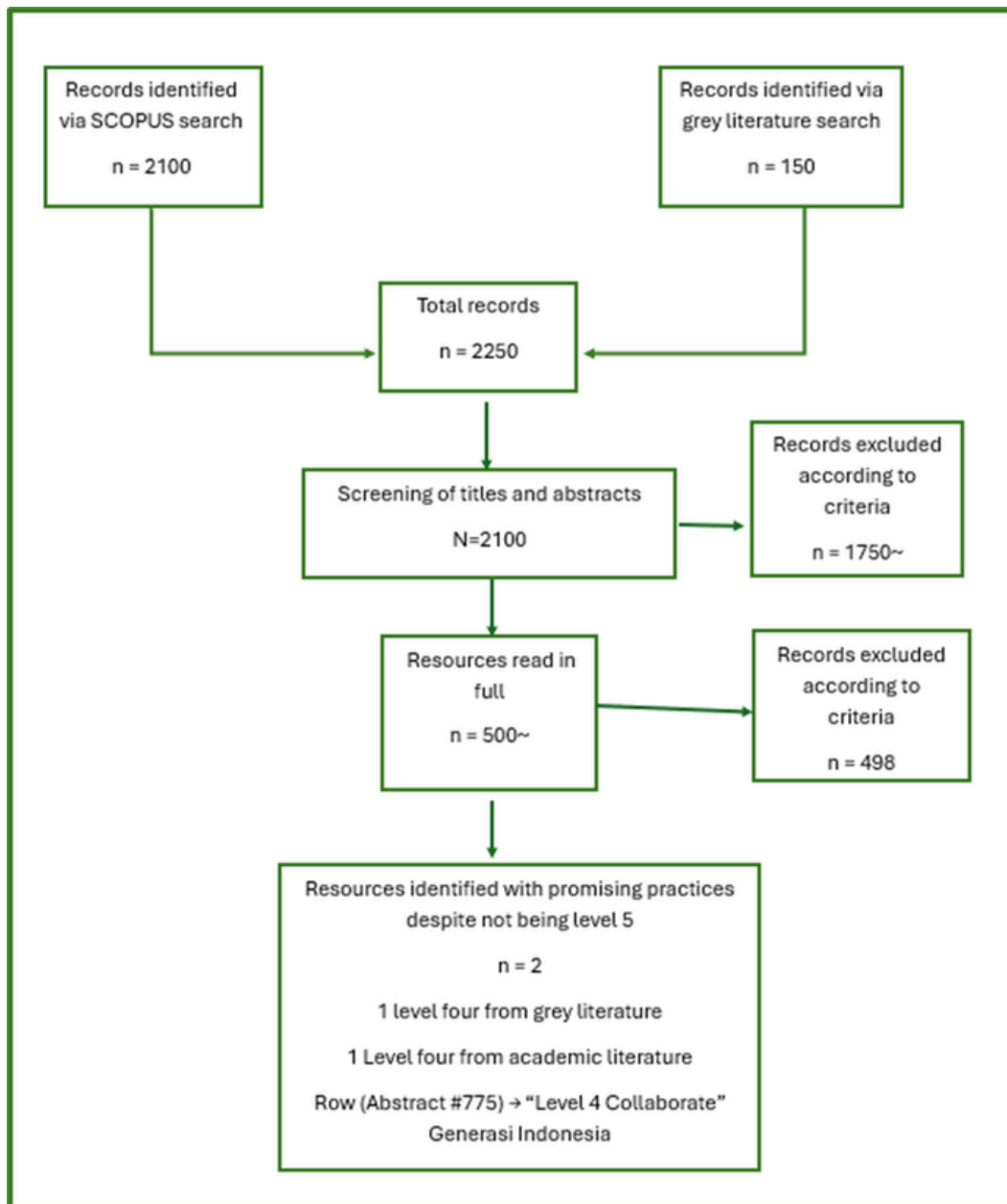
DEFINING COMMUNITY EMPOWERMENT

- Community empowerment was defined using the **International Association for Public Participation (IAP2) Spectrum of Public Participation**, with a specific focus on Level 5 (Empower), where decision-making authority is placed in the hands of the community
- Operational criteria for Level 5 included evidence that the communities-initiated programmes, controlled key decisions, influenced resource allocation, or held governance roles. Studies were assessed against these criteria and categorised across IAP2 Levels 3 (Involve), 4 (Collaborate), and 5 (Empower), enabling analysis of where programmes typically fall along the participation spectrum.

SCREENING

- Screening was conducted in two stages.
 - First, titles and abstracts (or executive summaries for grey literature) were screened against the inclusion criteria
 - Second, full-text screening was undertaken for all potentially relevant documents.
- Screening was conducted independently by multiple researchers, with discrepancies resolved through discussion to ensure consistency and reduce bias.
- The screening process is documented using a PRISMA flow diagram, detailing the number of records identified, screened, excluded, and included.

PRISMA FLOW DIAGRAM



OVERVIEW OF THE EVIDENCE BASE

- The evidence base identified through this review reflects both the breadth of literature on community participation in health and nutrition and the relative scarcity of initiatives demonstrating genuine community leadership
- The study selection process is summarised using a PRISMA flow diagram [see above], outlining the number of records identified, screened, and included across both academic and grey literature sources.
- The interventions identified span a range of health and nutrition areas, including community-based nutrition programmes, child health services, and integrated health initiatives. [Full Summary Table in Appendix 3]



INSIGHT & ANALYSIS

- The literature reviewed demonstrates that **community involvement in health and nutrition programmes** targeting children under five in LMICs is neither absent nor superficial.
- Across academic and grey literature sources, **communities are engaged in programme activities**, consulted on local priorities, and mobilised to implement externally designed interventions.
- In several cases, this involvement is substantive: **working groups exercise genuine collective decision-making** over resource allocation, community health workers deliver nutrition services with meaningful autonomy, and participatory planning meetings give communities real input into how programmes operate at the local level.
- What the evidence does reveal, however, is a **consistent pattern** in how participation is designed.
- In virtually every initiative examined, the boundaries within which communities participate – *the problem definition, the programme framework, the indicators of success, and the accountability mechanisms* – were **established externally** before community engagement began.
- Communities were consulted, involved, and in some cases genuinely collaborated with implementing organisations, but **they did not govern**.
- The distinction is **structural rather than a matter of degree**: participation that operates within an externally defined framework, however meaningful in its day-to-day expression, cannot constitute empowerment in the IAP2 sense.

Understanding where and why initiatives stop short of that threshold requires examining the specific mechanisms through which external control is maintained.

WHERE INITIATIVES FALL SHORT OF EMPOWERMENT

To assess the degree to which initiatives identified in this review achieved genuine community empowerment, each programme was evaluated across four dimensions of control:



- These dimensions reflect the core governance functions through which power is either retained by external actors or transferred to communities and draw on established frameworks for assessing participatory practice in development programming.
- Where programme documentation did not explicitly describe decision-making authority, control was inferred from the governance structures described, a methodological approach that is acknowledged as a limitation of grey literature analysis.



COMPARATIVE ASSESSMENT OF COMMUNITY CONTROL ACROSS INITIATIVES PER IAP2 SPECTRUM OF PUBLIC PARTICIPATION DIMENSIONS

Dimension	Boolo Xeex Xibon - Action Against Hunger	The Hunger Project	ZOE Empowers	Generasi Indonesia
Problem identification & priority setting	Communities conducted own analysis of undernutrition determinants through focus groups. No predefined problem statement.	THP identifies hunger and poverty as the problem externally. Communities mobilised into existing framework.	Orphan crisis identified externally by faith institution. Programme targets predetermined.	Eight health indicators predefined in Jakarta by government and World Bank.
Programme design & implementation decisions	Communities designed their own interventions and action plans with no predefined logframe. AAH facilitated only.	Epicenter model designed by THP. Communities implement within a pre-existing five to eight year pathway.	Three-year structure, working group size, and curriculum designed externally. Communities decide micro-enterprise only.	Villages allocate grants only toward activities serving predetermined indicators. Facilitators guide planning meetings.
Financial & resource control	Funds transferred directly to community bank accounts. All allocation decisions made collectively by communities.	THP controls funding flows. Communities receive resources within approved programme activities.	Cash transfers conditional on group-approved expenses within permitted categories.	Block grants disbursed by government. Villages compete for bonuses based on externally defined performance.
Monitoring & evaluation	Communities defined their own success indicators and monitored monthly. No externally imposed metrics.	Self-reliance indicators defined by THP. External evaluation commissioned and controlled by THP.	Programme outcomes measured against THP-defined wellbeing domains. Communities not involved in evaluation design.	Eight annual indicators tracked in national MIS in Jakarta. Community data feeds upward to technocrats.
IAP2 Level	Level 5 – Empower	Level 4 – Collaborate	Level 4 – Collaborate	Level 3 – Involve

COMPARATIVE ASSESSMENT OF COMMUNITY CONTROL ACROSS INITIATIVES PER IAP2 SPECTRUM OF PUBLIC PARTICIPATION - ANALYSIS

- Community involvement was present across all four dimensions in every programme reviewed, but the **nature of that involvement differed fundamentally** depending on the dimension in question.
- Participation in implementation decisions - how activities are carried out, how resources are allocated at the operational level, how community members organise themselves day to day - **was relatively common** and in several cases substantive.
- Participation in governance decisions: who defines the problem, who designs the framework, who determines what success looks like, and who controls the evaluation, **was rare to absent in all initiatives except Boolo Xeex Xibon.**
- A programme in which communities implement externally designed activities with genuine enthusiasm and collective energy may produce **meaningful short-term outcomes**, but it cannot produce the institutional confidence, collective knowledge, and self-determined priorities **that sustain change after external support ends.**



Moringa Farmers at Mesqan Epicenter, Ethiopia, 2017
Photo Credit: Johannes Odé, The Hunger Project

The Hunger Project's Epicenter Strategy



Animator at Iganga Epicenter, Uganda, 2017
Photo Credit: Rebke Klokke, The Hunger Project

- The Hunger Project's Epicenter Strategy is the initiative that came closest to IAP2 Level 5 in this review and aides in understanding the barriers between high level 4 and level 5.
- Communities in the Epicenter model exercise real agency over income-generating activities, local resource allocation, and community mobilisation.
- Yet the pathway they follow, the timeline they operate within, the indicators against which their self-reliance is measured, and the evaluation that assesses their progress were all designed by The Hunger Project before community engagement began.
- This governance architecture, however well-intentioned, places a structural ceiling on the level of empowerment communities can achieve within the model, and that ceiling sits at IAP2 Level 4.

STRUCTURAL BARRIERS

Across the initiatives examined, four structural barriers consistently prevented community participation from reaching genuine empowerment, regardless of the stated intentions of implementing organisations.

1. NGO originated programme architecture

- Even in programmes that aspire to community leadership, the foundational decisions are typically made by the implementing organisation before communities are engaged
- Communities are empowered to operate within the framework but had no role in designing it.
- This distinction between empowerment within an externally designed structure and empowerment to design the structure itself is what separates IAP2 Level 4 from Level 5, and it represents the most common stopping point across the evidence base

Example: The Hunger Project's Epicenter Strategy illustrates this clearly: communities are mobilised into a pre-designed pathway toward 'self-reliance,' with the indicators of that self-reliance defined externally

2. Donor accountability and reporting requirements

- Funders typically require predefined indicators, measurable outcomes, and standardised reporting formats as conditions of financing.
- These requirements reflect legitimate accountability obligations, but their effect is to lock programme design before community engagement begins.
- When performance against externally defined metrics determines future funding, communities are structurally incentivised to implement rather than lead

Example: The Generasi programme in Indonesia - eight annual health indicators were defined in Jakarta by government technocrats and international donors, and village-level participatory planning meetings could only allocate resources toward activities that served those predetermined indicators

3. External control over decision-making

- External control over decision-making persists even in programmes that devolve certain decisions to communities.
- Communities make decisions within a menu of options they did not design.
- Communities make decisions within a menu of options they did not design. This pattern appeared consistently across the evidence base: participation in implementation decisions is relatively common, while participation in governance decisions

Example: In the ZOE/Giving Hope programme, working groups exercise collective authority over resource allocation and micro-enterprise selection. However, the programme framework, beneficiary selection criteria, three-year duration, and curriculum content were all determined externally.

4. Financial governance

- Financial governance structures limit community agency even when other forms of participation are present.
- In most initiatives reviewed, funding flows from donors to implementing organisations to communities, with each transfer subject to conditions and reporting requirements that communities must satisfy.
- Communities rarely control budgets directly, rarely determine how funds are allocated across activities, and rarely have the financial autonomy to redirect resources in response to emerging local priorities



Example of breaking barrier: The contrast with Boolo Xeex Xibon is instructive: AAH transferred funds directly to community bank accounts upon submission of community-designed action plans, with all subsequent allocation decisions made collectively by community members themselves.

Women prepare lunch In Wande in the Louga region of north Senegal (Picture: ©Guy Peterson / Action Against Hunger)

“Community participation ... has rarely met the expectations of health planners/professionals ... [because] community participation has been conceived in a paradigm which views community participation as a magic bullet to solve problems rooted both in health and political power.”

- Susan Rifkin

DISCUSSION

As evident in the history of public participation over the decades, the role of community in health and development activities is highly complex. It is essential to understand the evolving history and perspectives on community participation to learn from the past and minimize risk of unintended consequences.

The dangers of buzzwords, fuzzwords and ambiguous terminology

- The need for clear and specific definitions of terminology has been recognised since the start of participatory dialogue in 1970s and yet still continues as a problem today
- The development sector often reconceptualises existing strategies under new labels which are adopted as the newest “buzzword” without consideration of successes and failures from previous strategies
- Lack of specificity in terminology means users can apply terms to mean whatever they want it to mean (“fuzzwords”) and lack of common definitions as well as diverse yet overlapping terminology complicates ability to review and synthesise existing literature

Risks from inadequate consideration of complexities and social dynamics

- Participatory methods are not a magic bullet and require careful consideration of complex dynamics such as poverty, power, and culture to achieve genuine empowerment
 - Creating more seats at the table is not enough as participation without consideration of who is participating may perpetuate marginalisation
 - Power dynamics are high complex not only between internal and external actors but within communities themselves
- Consideration should be given to the fact that participatory methods of community engagement largely originating from the Global North are being applied in the Global South



RECOMMENDATIONS

LOOK OUTSIDE THE LMIC HEALTH AND NUTRITION SECTOR FOR LESSONS ON COMMUNITY PARTICIPATION AND EMPOWERMENT

In line with Action Against Hunger's mandate, we focused on low-and-middle income countries. During exclusion, we noted a number of projects in **High Income Countries**. We would recommend investigating these further to help **identify aspects that both aide and hinder the initiatives**.

This also applies to initiatives **outside** the health and nutrition sector. While the programmes themselves may not apply, they **may teach lessons that can be carried over** into community initiatives in the health and nutrition sector.

PARTNERSHIP WITH OTHER ORGANISATIONS TO ADVANCE COMMUNITY EMPOWERMENT

The **near absence of Level 5 initiatives** in this review points to an opportunity for Action Against Hunger to play an active role in advancing sector practice.

Organisations such as **The Hunger Project** in the evidence base, offer a natural starting point for structured partnership.

A collaboration focused on the **governance and design features that enable communities to move from Level 4 collaboration into genuine empowerment** could generate practical learning with relevance beyond either organisation



The **Partnership Self-Assessment Tool**, developed by the Center for the Advancement of Collaborative Strategies in Health at McMaster University (National Collaborating Centre for Methods and Tools, 2008), provides a framework for establishing clear roles and surfacing potential power imbalances from the outset – ensuring that any partnership advances community empowerment rather than reproducing the asymmetries this review has documented.

CONSIDER ISSUES RELATED TO AMBIGUOUS TERMINOLOGY

Due to the **large amount of vocabulary associated with community initiatives** and empowerment, it can be difficult to cover all the terms without producing an incredibly large amount of literature. We chose terminology closely associated with the IAP2 spectrum but in recent years, there has been an expansion in associated terms. This includes terms such as localisation/ localization, locally-led initiatives, power sharing, locally-owned initiatives, locally-produced, and many more.

We would recommend **further study into this wide range of vocabulary**. Due to many phrases being used interchangeably, developing a framework of closely associated vocabulary would be extremely helpful. Such a framework would **complement rather than replace the IAP2 spectrum**, by capturing the expanding vocabulary through which community empowerment is described across different sectors and geographies.

A helpful starting point for this may be the **“Defining, conceptualising and operationalising community empowerment: a scoping review protocol”** by Gbotemi Bukola Babatunde et al (2022), which addresses this problem directly.

STRATEGIC VALUES FOR ACTION AGAINST HUNGER

- The findings of this review have significant strategic implications for Action Against Hunger UK, particularly in relation to its positioning within the global nutrition sector and its approach to community-led programming.
- The lack of identification of initiatives meeting IAP2 Level 5 (Empower) criteria highlights the rarity of genuinely community-led health and nutrition interventions for children under five.
- The Bulo Xeex Xibon project in Senegal emerging as an example of how the IAP2 Level 5 criteria can be met. This positions Action Against Hunger not as following established practice, but as operating at the forefront of community empowerment within the sector.

Women prepare lunch in Wande in the Louga region of north Senegal (Picture: ©Guy Peterson / Action Against Hunger)

POSITIONING WITHIN GLOBAL NUTRITION SECTOR

- The findings indicate that achieving community leadership requires deliberate design choices, including transferring decision-making authority, enabling community control over resources, and adopting flexible programme structures.
- This may require moving beyond traditional project frameworks toward more adaptive, locally driven approaches.

IMPLICATIONS FOR PROGRAMME DESIGN

- The scarcity of Level 5 initiatives suggests a gap between global commitments to community participation and the reality of programme governance.
- Action Against Hunger is therefore uniquely positioned to demonstrate what genuine empowerment looks like in practice and to contribute to shaping sector-wide standards.

OPPORTUNITIES FOR ADVOCACY

- The limited evidence base provides a strong foundation for advocacy.
- Action Against Hunger can use these findings to engage donors and partners in discussions about the structural barriers to empowerment, including funding constraints and accountability mechanisms.

PARTNERSHIP MODELS AND POWER SHARING

- The evidence highlights the importance of redefining the role of external actors.
- Rather than acting as implementers, organisations may need to adopt facilitative roles that support communities to lead. This shift has implications for how partnerships are structured and how success is measured.

SUPPORTING LOCALISATION AGENDAS

- The findings reinforce the importance of localisation agendas that prioritise community ownership and governance.
- By demonstrating the feasibility and impact of genuinely community-led approaches, Action Against Hunger can contribute to advancing more equitable and sustainable models of global health programming.

LIMITATIONS

This study is subject to several limitations relating to the availability and nature of the evidence base.

EVIDENCE AVAILABILITY

- A key limitation is the **limited number of studies and documents** meeting the criteria for genuinely community-led (IAP2 Level 5) initiatives.
- While extensive literature exists on community participation, **far fewer sources provide sufficient detail on governance and decision-making** to assess empowerment.
- This may reflect both a genuine scarcity of such initiatives and limitations in how programmes are documented.

TERMINOLOGY AND REPORTING CONSTRAINTS

- Inconsistent use of terminology across the literature posed challenges for identification and comparison.
- Terms such as “community-led,” “community-based,” and “participatory” are often used interchangeably, despite representing different levels of community control.
- Additionally, many reports **lack detailed descriptions of governance** structures, making it difficult to assess the extent of community leadership.

INTERPRETING SCARCITY

- Finally, the limited number of Level 5 initiatives should be interpreted **cautiously**.
- While it may indicate that genuine community empowerment is rare, it may also reflect **underreporting**, particularly in grey literature and local contexts not captured in formal documentation.

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APPENDIX

APPENDIX 1: Scopus search string

TITLE-ABS-KEY ((child* OR infant* OR toddler* OR preschool* OR "early childhood" OR "child health" OR "maternal and child health" OR MCH OR "under five") AND (nutrition* OR malnutrition OR undernutrition OR feeding OR "nutritional status" OR "child health" OR vaccination OR immuni*) AND (("community-led" OR "community-run" OR "community-directed" OR "community-managed" OR community-direct* OR community-manag* OR "community-based" OR participatory OR "community-driven") W/5 (program* OR intervention* OR initiative* OR service*))) AND PUBYEAR > 2004 AND PUBYEAR < 2026 AND (LIMIT-TO (DOCTYPE,"ar") OR LIMIT-TO (DOCTYPE,"re")) AND (LIMIT-TO (SUBJAREA,"MEDI") OR LIMIT-TO (SUBJAREA,"NURS") OR LIMIT-TO (SUBJAREA,"SOCI") OR LIMIT-TO (SUBJAREA,"HEAL")) AND (LIMIT-TO (LANGUAGE,"English"))

APPENDIX 2: Grey Literature Searches Phrasing

- community-led health programme
- community-managed health programme
- community-owned health programme
- locally-led health programme
- community-led nutrition programme
- community-led child health programme
- community-managed community health services
- locally-led health systems
- community health programme evaluation
- community governance health

APPENDIX 3: PRISMA summary table

Collated phrasing	Count
Level 1/2 Observational/Consult	858
HIC based	429
Not 0-5 focused	275
Not an Initiative	206
Level 3 Involve	144
Not community based	117
Systematic review/ Review	48
Out of scope	9
Scoping review	8
Meta-analysis/scoping/systematic review	4
Level 4 Collaborate	1
out of time frame	1

For full PRISMA table, please email
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APPENDIX 4: Terms of Reference

Initial Terms of Reference:

Purpose

- To identify and map Level 5 (community-led) health and nutrition initiatives globally, with a focus on low- and middle-income countries.

Objectives

- Catalogue existing community-led initiatives over the past 20 years.
- Analyse their outcomes, challenges, and success factors.
- Identify gaps in the evidence base to inform future programming and advocacy for Action Against Hunger.

Scope of Work

- Conduct a scoping review of published and grey literature.
- Focus on health and nutrition interventions (scope to be refined with client).
- Initiatives in LMICs, using World Bank classifications.

Methodology

- Systematic searches across major health and interdisciplinary databases.
- Grey literature searches (WHO, UNICEF, World Bank, FAO, NGOs).
- Backwards/forwards citation tracking and screening.

Deliverables

- Search strategy and documentation (including PRISMA, MeSH terms).
- Evidence map of community-led initiatives.
- Analytical report summarising findings and recommendations.

Responsibilities

Student team: Conduct research, analyse findings, deliver final outputs.

Client: Provide project guidance and relevant contacts where needed.

Coach: Ensure academic and ethical oversight.

Updated Terms of Reference:

Purpose

- To identify and map Level 5 (community-led) health and nutrition initiatives globally, with a focus on low- and middle-income countries and children ages 0-5 to reflect Action Against Hungers focus.

Objectives

- Catalogue existing high level four + level five community-led initiatives over the past 20 years.
- Analyse their outcomes, challenges, and success factors.

- Identify gaps in the evidence base to inform future programming and advocacy for Action Against Hunger.

Scope of Work

- Conduct a scoping review of published and grey literature.
- Focus on health and nutrition interventions (including worming, vaccination ect)
- Initiatives in LMICs, using World Bank classifications.

Methodology

- Systematic searches across major health and interdisciplinary databases.
- Grey literature searches (WHO, UNICEF, World Bank, FAO, NGOs).

Deliverables

- Search strategy and documentation (including PRISMA, Scopus search string terms).
- Evidence map of community-led initiatives.
- Search ad Insight I report summarising findings, barriers, critical gap analysis and recommendations.

Responsibilities

Student team: Conduct research, analyse findings, deliver final outputs.

Client: Provide project guidance and relevant contacts where needed.

Coach: Ensure academic and ethical oversight.