

Community-Driven Change: Demonstrating Impact in Africa and India



How building the power and assets of communities
leads to lasting and equitable change

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“They know their problems better than you, even if you are a PhD holder, so it’s better to listen than to try and educate them. And even if you feel like your prescription would be better, then share it and find out whether it is acceptable to them or not. You should only be the catalyst. If you do not learn from the people, you are not a development worker at all.”

— Sukhen Sarkar, an early member of the team at BRAC in Bangladesh, as quoted in Ian Smillie’s *Freedom from Want: The Remarkable Success Story of BRAC, the Global Grassroots Organization That’s Winning the Fight Against Poverty* (2009)

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Executive Summary

An early team member of BRAC, the groundbreaking development organisation founded in Bangladesh, observed “If you do not learn from the people, you are not a development worker at all.”¹

An increasing number of organisations are now learning from the people. Community-driven change (CDC) is a way to hasten that learning, asking funders and nongovernmental organisations (NGOs) to rethink their relationships with communities. CDC elevates the local knowledge and lived experiences already in communities, granting them the power to make decisions about their futures. It’s a process whereby communities actively participate in, lead, and own the identification, design, and execution of solutions for the challenges they face. Fundamental to the process is to ensure community self-determination takes root, and historically marginalised populations take part, so that social change is lasting and equitable.

The CDC approach has built momentum over recent years as a growing number of funders and implementing organisations (NGOs and community-based organisations) champion its potential for communities to architect and lead their own change. Bridgespan has contributed to this movement with reports that seek to inspire funders and implementing organisations to adopt the CDC approach to development.²

Building on that work, in 2023, we joined with eight anchor partners to embark on a multi-year initiative, with the goal to fill gaps in knowledge and catalyse more CDC globally. Our primary objectives for this report were to gather evidence of CDC’s impact, identify factors that enable CDC to take hold, and suggest guidance for funders and implementing organisations eager to get started or get more deeply involved in CDC. This report spotlights emerging evidence of CDC’s potential, drawing on multiple examples in addition to survey data from some 800 households with first-hand experience of CDC initiatives in India, Kenya, and South Africa.

One key insight: the CDC process builds individual and collective power and assets – power in forms such as agency, shared vision, and inclusive leadership, and assets such as knowledge, skills, and financial resources. Power and assets lay the groundwork for lasting and equitable change. In case after case, we found that when a CDC approach was implemented, programmes saw a significant impact across issues areas, and communities built power and assets that helped them sustain those impacts and build on them, even after implementing organisations stepped into other roles.

We also found that CDC is a powerful way to work towards inclusive decision-making and equitable impact within communities. For example, the percentage of community members we surveyed who felt that development activities focused on historically marginalised individuals rose from 72 percent to 92 percent after an implementing organisation began to work with them using CDC approaches.

We found compelling evidence of these changes in a set of CDC outcomes achieved by communities in Africa and India. In over 60 interviews, a review of roughly 100 CDC organisations, and site visits to nine of them, we observed communities:

- Becoming architects of their own change
- Obtaining resources from non-philanthropic sources
- Accessing a broader range of government benefits
- Taking a holistic approach to addressing varied community needs
- Shifting social norms and mindsets to elevate the voices of marginalised populations
- Creating inclusive public systems and policies
- Ensuring the well-being of historically marginalised populations

Power and Assets Are at the Centre of Community-Driven Change



The examples we cite describe compelling evidence of how CDC has made progress on outcomes across different sectors and themes, such as gender, livelihoods, climate, education, health, and water, sanitation, and hygiene (WASH). Communities collectively determined priorities and set their own development agenda through CDC approaches that built their power and assets. That led to measurable improvements in clean water, sanitation, better schools, and health clinics, amongst other programmes. In many cases, we found such programmatic impacts to be both lasting and equitable.

Those whom we surveyed found CDC initiatives to be beneficial. Sixty-six percent said that their power to influence community decisions has increased since the implementing organisation began working in their community.

However, some communities may be more ready for CDC than others. During focus-group discussions, NGO leaders cautioned that CDC needs at least four “enabling conditions” in place before it can establish a strong foothold: a community-wide sense of security that comes from access to basic needs; strong social cohesion; community platforms, such as self-help groups and village development committees, that elevate all community voices; and a supportive ecosystem of funders, NGOs, markets, and government to back community-driven initiatives.

For many funders, the pressing question isn’t whether to pursue CDC, but how to proceed. Three suggestions emerged from our research:

- | | | |
|--|---|--|
| 1
Prioritise the CDC process of building power and assets | 2
Cultivate existing CDC organisations and identify new ones | 3
Adopt measurement and evaluation practices that account for CDC |
|--|---|--|

Some of the CDC outcomes we identified give funders and implementing organisations a starting point to assess whether community power and assets are being strengthened and are laying the groundwork for enduring and equitable change. Alongside quantitative evaluation, measurement should include qualitative assessments that look for changes in such things as self-confidence, leadership skills, sustainability, and equity.

In the next phase of our CDC initiative, we plan to dig more deeply into when and how to get started, and in particular, into measurement and evaluation. Our goal is to inspire more funders to invest in developing community power and assets that lead to self-determination. It’s an investment that shows promise of returning durable, equitable results – for communities to build better lives for themselves.

Messages From the Anchor Partners

This report is the first product of the multi-year [Community-Driven Change \(CDC\) Initiative](#) led by The Bridgespan Group's India and Africa offices. The CDC Initiative is committed to informing, influencing, and enabling funders and nonprofits to adopt and increase funding for CDC approaches.

Launched in 2023, the initiative is currently supported by eight anchor partners: Conrad N. Hilton Foundation, Global Alliance for Communities, H&M Foundation, Humanity United, Rohini Nilekani Philanthropies, Swades Foundation, Target Foundation, and Veddis Foundation. The initiative builds upon [previous work](#) by The Bridgespan Group, a global nonprofit advisor to philanthropic, nonprofit, and impact investing organisations.³ Each anchor partner approaches the initiative from a different perspective, but all strongly believe in how CDC can create lasting and equitable change.



“We are deeply committed to amplifying the power of community-driven initiatives. Our belief in local leadership and grassroots solutions forms the bedrock of our impact strategy. By supporting communities to drive change from within, we envision a world where every voice is valued and every individual has the opportunity to shape their own future. Through collaborative partnerships and targeted investments, we strive to ignite a ripple effect of positive transformation that resonates across borders and generations.”



“To achieve real and sustained change, local organisations must drive solutions for their own communities. These organisations understand the complex community dynamics, cultural needs, and power structures that inform how they tackle the most important challenges. Representing more than 150 local organisations across Africa, India, and South America, the Global Alliance for Communities is excited to partner on this research that elevates the importance and impact of community-driven solutions. Through this initiative, we hope to be part of the continued creation of an international development agenda with empowering community-driven change as the default approach.”



“Since 2020, H&M Foundation has been implementing the Collective Impact approach – with priority placed on equity in two programmes in India and Bangladesh. Through active contribution from members of these communities, we have co-designed ecosystems of local experts, international and grassroots nonprofits, governmental bodies, and knowledge partners to work collectively and transparently towards shared goals.”



“Humanity United works in relationship with our partners, supporting and accompanying them in a way that honours the expertise and lived experience of those closest to the issues. Following the lead of those most impacted by the issues we work on is a priority across all of our work. We believe that communities – from proximate peacebuilders, to survivors of trafficking, to those most harmed by conflict and exploitation – should be at the forefront of creating change. We believe that the Community-Driven Change Initiative will equip funders and partners with the tools they need to really put communities in the centre.”



“Social problems are entangled and keep morphing. This requires interventions and programmes that can also continuously adapt and change. But externally brought ideas often lack this flex and, in their deployment, risk creating unintended consequences that might require more external programmes to be brought in. Community efforts, on the other hand, tap into local knowledge and resources, and the leadership that arises from within communities tends to focus on the process of problem-solving rather than static outcomes. This, we feel, bodes well for the long-term resilience of communities and society at large.”



“At Swades Foundation we live by our 4E strategy: engage, empower, execute, and exit. All our efforts are focused on making the model truly self-sustained so that it facilitates a smooth exit. The nucleus of the model is the village development committee (VDC) – a group of motivated volunteers in each village, with equal representation of women, men, the elderly, and the youth from the community. The formation of a VDC is the first mandatory step which lays the foundation for Swades Foundation’s work in any new village/hamlet and establishes the involvement and initiative of the community from the very beginning.”



“We aim to create deep and lasting relationships in and with our communities to reflect and celebrate what is unique and vital to them. We do this by anchoring our approach in listening so that we can be nimble and locally relevant, and so that our philanthropic impact is genuinely meaningful to the people we serve.”



“What would it take for the development agenda to be owned by the community it strives to serve? Veddis Foundation has been championing the National Rural Livelihoods Mission. It is one of the largest community-driven, government-facilitated and -funded programmes globally working on effective governance of community-based organisations across multiple states in India. It’s clear from our work over the last several years that communities are best positioned to lead in designing and executing solutions for the challenges they face. The role of government, philanthropy, and development-sector organisations, as we have seen, is to then enable the communities by building their capacity and instituting effective local governance of such solutions.”

Community-Driven Change in Action

The women of Angrekond village in remote Maharashtra, India, once spent upwards of six hours each day enduring the physically demanding task of carrying water from a distant stream to their homes. Freedom to engage in other pursuits seemed beyond reach – until the [Swades Foundation](#) arrived. Over the past seven years, the foundation has worked with Angrekond to evolve a model of community-driven change (CDC) that enables villagers, especially women, to believe in and craft a brighter future.⁴

Angrekond’s transformation began when a village drinking-water committee established by Swades requested household water taps and agreed to maintain them once the project was completed. After the taps were installed, village women directed their free time to forming, with Swades’s assistance, a self-help group to enhance their subsistence family incomes. They planted kitchen gardens, and they now sell produce from these gardens to local markets. Swades provided training to manage crops and connect to markets. With earnings in hand, the women obtained a loan to purchase buffaloes and started a dairy business. “Now they’re talking of starting a milk-processing unit,” says Mangesh Wange, Swades’ CEO. “We helped to solve one problem [water taps], but community-driven change is transformational because the community goes beyond one programme.”

Such is the power of CDC when organisations like Swades provide financial support and expertise to help communities address self-defined priorities, including water, sanitation, healthcare, and livelihoods. Close working relationships between communities and foundations, nongovernmental organisations (NGOs), or grassroots community-based organisations (CBOs) are a defining characteristic of the CDC approaches that The Bridgespan Group explored in India and Africa.

[OneVillage Partners](#), an NGO that works in rural Sierra Leone, likens its relationship with communities to the sharpening stones farmers use to keep their crop- and weed-cutting cutlasses in top condition. Sharp cutting edges make the farmers’ labour more effective and efficient. Similarly, “OneVillage Partners is the sharpening stone for the communities where it works,” wrote Sheku Mohamed Gassimu Jr., the organisation’s partnerships and programme director. “[We] can be used by communities to sharpen their development skills and knowledge and use them for the collective benefit of everyone.”⁵

This is not the traditional approach to development funding. For decades, philanthropy and governments have devised top-down programmes for “beneficiaries” who were thought to need external “expert” knowledge or capabilities to help themselves.⁶

CDC challenges funders to reimagine how they work by shifting power and decision-making to the people they serve. The shift evolves as implementing organisations (primarily NGOs and CBOs) help communities strengthen their knowledge, skills, financial resources, and self-confidence to identify and pursue their own development priorities. **When programmes arise from community choices and are anchored by community action, our research shows, they are more likely to lead to lasting and equitable change.** In short, CDC is a *process* that lays the foundation for that work.

To learn more, we had conversations with more than 50 funders, NGO leaders, intermediaries, and experts. We also compiled a list of nearly 100 African and Indian organisations committed to pursuing CDC and profiled nine of those organisations to showcase the impact of widely varying CDC approaches. To test our emerging insights, we organised two focus group discussions – one with NGO and CBO leaders and the other with funders. Finally, we wanted to hear from those who have participated in CDC initiatives. In partnership with six CDC-implementing organisations in Kenya, South Africa, and India, we surveyed people in about 800 households. ([See Appendix A. Research Methodology](#) on page 33 for details on our research.)

Nine Case Studies of Community-Driven Change

Read the case studies on Bridgespan.org.



[LEGADO](#)

Kenya, Mozambique, and Peru



[LWALA COMMUNITY ALLIANCE](#)

Kenya



[UBUNYE FOUNDATION](#)

South Africa



[WOZA MOYA](#)

South Africa



[CHILD IN NEED INSTITUTE \(CINI\)](#)

India



[SAAMUHIKA SHAKTI](#)

India



[SELF-RELIANT INITIATIVES THROUGH JOINT ACTION \(SRIJAN\)](#)

India



[SOCIETY FOR PUBLIC EDUCATION, CULTURAL TRAINING, AND RURAL ACTION \(SPECTRA\)](#)

India



[SWADES FOUNDATION](#)

India

Our research generated evidence that CDC has led to enduring and equitable social change. It also revealed enabling conditions that are critical for CDC to be successful. We hope it is the kind of evidence that can inspire more funders to adopt or enhance existing CDC initiatives. To that end, we recommend several steps funders can take to make CDC part of their grantmaking portfolio. But first, we explore the CDC process and the community power and assets they develop.

A Way for Communities to Take More Ownership Over Social Change

CDC has many compelling advocates in the development field: [The Global Alliance for Communities](#) maintains that traditional development funding “leaves thousands of promising community-embedded leaders on the sidelines and lasting impact unrealised.” The [Firelight Foundation](#) views CDC as an antidote for “Band-Aid approaches that focus on single issues.”⁷ Real change requires “local people driving their own development as co-creators rather than beneficiaries,” wrote [Global Giving](#) and the [Global Fund for Community Foundations](#).⁸ In just a decade, the global [Movement for Community-Led Development](#) has grown to include more than 2,000 CBOs seeking to learn about and implement CDC.

Bridgespan has contributed to this movement with reports that seek to inspire funders and implementing organisations to adopt the CDC approach to development – for example, by describing [five pathways for community-driven change](#).⁹ In 2023, Bridgespan initiated the multi-year Community-Driven Change Initiative with a set of anchor partners to fill gaps in knowledge with the goal of influencing more funders and implementing organisations to support bottom-up change.

At its heart, CDC is a social process whereby communities actively participate in, lead, and own the identification, design, and execution of solutions for the challenges they face.¹⁰ The operative word here is “process”: CDC focuses on facilitating community self-determination, not implementing programmes per se. Programmes are upshots of the process at work. (See Figure 1 on the next page.) CDC builds on local knowledge, assets, traditions, and expertise, which help communities pursue their development priorities.

“You cannot come in as the experts. The needs of our communities are known by the communities themselves. They come forward with a need, and you look at how they usually address a problem. The methods they use are the methods that we bring up and strengthen.”

– KHADIJA RAMA, FOUNDER, [PEPO LA TUMAINI JANGWANI](#), KENYA

COMMUNITY-DRIVEN CHANGE

A social process whereby communities actively participate in, lead, and own the identification, design, and implementation of solutions for the issues they face. Community-driven change approaches encourage equity and inclusion by challenging power dynamics and elevating voices of historically marginalised groups of community members.

FIGURE 1

What Community-Driven Change Is and Isn't



Source: The Bridgespan Group

For many implementing organisations, embracing CDC means recognising that communities can be architects of their own development. “Community organisations, groups, and individual leaders must be treated as active partners rather than passive beneficiaries, because doing so is a more democratic way of doing development,” says Frank Kasonga, executive director of [Mudzi Connect](#) in Malawi. “The higher the participation and local investments of their own assets, the greater the ownership and sustained impacts.”

Implementing organisations often create platforms for community involvement, such as village development committees (VDCs) and self-help groups, or work with communities to take advantage of existing platforms, such as government-created health or school committees. These platforms give voice to community aspirations and provide the foundation for change.

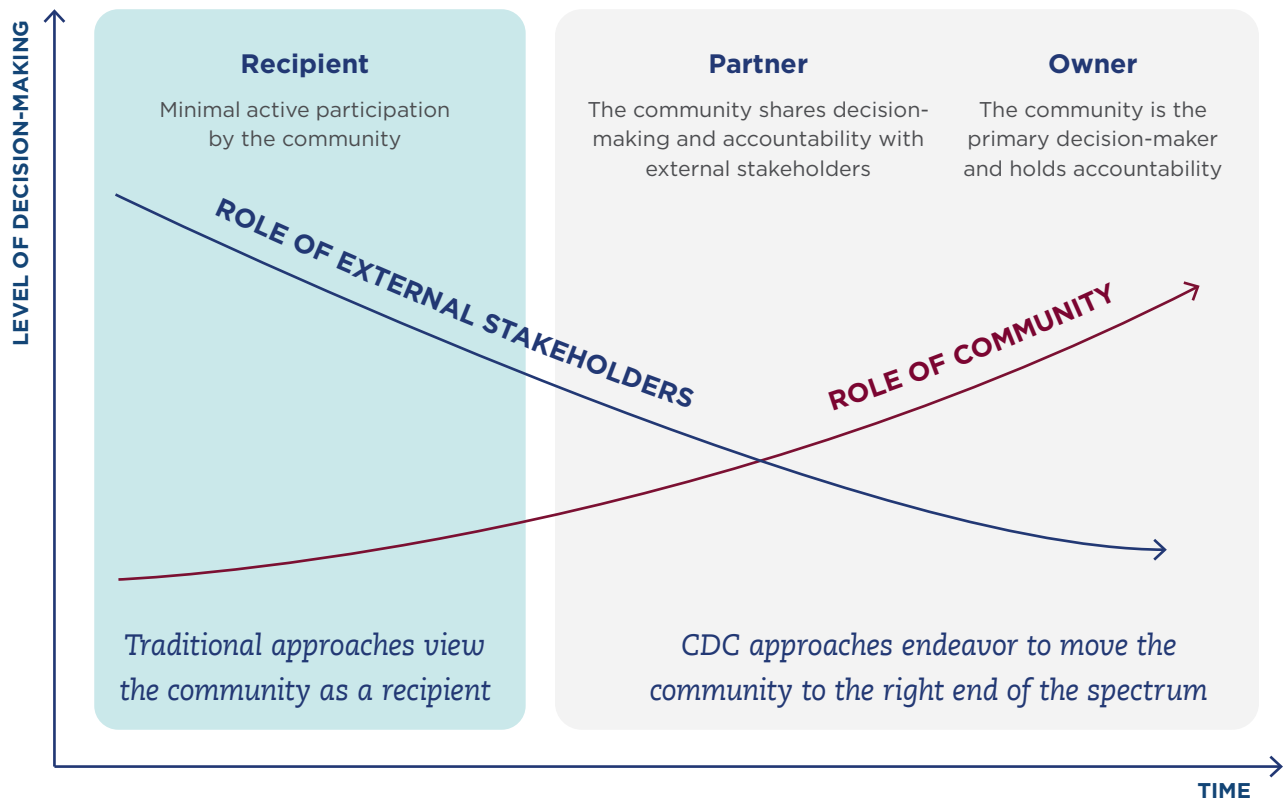
Over time, communities build the confidence and know-how to take charge of their future. Thus, they shift from receiving services from outside organisations or governments, to partnering and being jointly accountable with NGOs and funders, to owning, defining, and leading the initiatives that drive lasting change in their communities. (See Figure 2 on the next page.) The community's role in CDC thus ranges across a spectrum – from recipient to partner to owner; CDC approaches move communities towards the owner end of the spectrum, where self-determination over solutions takes root.

VILLAGE DEVELOPMENT COMMITTEE

Voluntary associations of village residents who come together to discuss local issues and devise solutions. Ideally, village development committees include representatives of marginalised groups to ensure equity.

FIGURE 2

Evolution of Community’s Role in Community-Driven Change



Note: External stakeholders comprise organisations that provide technical support and expertise on social development initiatives; they include nonprofit organisations, capacity-building organisations, and technical experts.

Source: The Bridgespan Group

“Many people talk about the participation of the community,” says Saroj Mahapatra, executive director of [Professional Assistance for Development Action](#) (PRADAN), an Indian NGO. “But participation has to be converted to ownership, which is a critical step in the CDC process.” In some instances, community ownership signals the exit of the implementing organisation. In others, it means that the organisation transitions to the role of facilitator or advisor, as needed.

The process requires patience and a willingness to learn and adjust as circumstances warrant. Each community will evolve across the spectrum at its own pace. Our interviewees recounted how frequently they had to rethink their roles to meet unanticipated needs or to navigate shocks, such as an economic downturn or a pandemic. However, as seen during the COVID-19 pandemic, communities where CDC had taken root were more likely to recover from the pandemic; the CDC process taught them how to organise and act around their own needs.¹¹

A Process That Builds Community Power and Assets

Such resilience as that exhibited during the COVID-19 pandemic stems in part from a community's power and assets (see Figure 3).

FIGURE 3

Community-Driven Change Approaches Focus on Building Power and Assets



Source: The Bridgespan Group

By power, we mean a community's improved awareness of government-guaranteed rights and entitlements and how to access them; enhanced community decision-making by, for example, the creation of VDCs or self-help groups; increased participation in existing government platforms, such as gram panchayats in India or school committees; and strengthened social unity from residents mobilising around a shared agenda that provides a sense of collective ownership. These self-governance platforms act as a mechanism for communities to hold the government and service providers accountable, which further increases community power.



“Individual voice leads to individual transformation. On the other hand, community-level change happens through collective agency as the bedrock.”

— ROSHNI NUGGEHALLI, EXECUTIVE DIRECTOR, [YOUTH FOR UNITY AND VOLUNTARY ACTION \(YUVA\)](#), INDIA

By assets, we mean both knowledge and material assets. CDC builds local leadership by enhancing individuals' soft skills, such as self-confidence and teamwork, assets that can become residual across generations. CDC also increases technical know-how, such as improvements in agricultural practices, which lead to rising income. Material assets accumulate as individuals develop livelihood skills to increase their income, learn to tap into government benefit programmes, secure bank loans, and gain access to markets for their products.

Enhancing power and assets can serve as a lever in the pursuit of equity across a community. “There is discrimination on the basis of caste, class, and gender,” says Mahapatra of PRADAN. “Unless this discrimination and alternate perspectives are understood, change will be difficult.” More on how CDC can lift up these perspectives below.

As power and assets grow, a community comes together to craft a development agenda based on a shared identity and similar life experiences. Often this starts with addressing service needs, such as water or sanitation; reducing power imbalances in a community; and giving women, young people, or other community members a stronger voice in community decision-making. It can also propel marginalised groups to organise to advocate for their rights. “Equity for us is about fairness and justice, ensuring that women and marginalised groups have a voice in community decisions,” says S’phesihle Radebe, [Woza Moya](#)’s director.

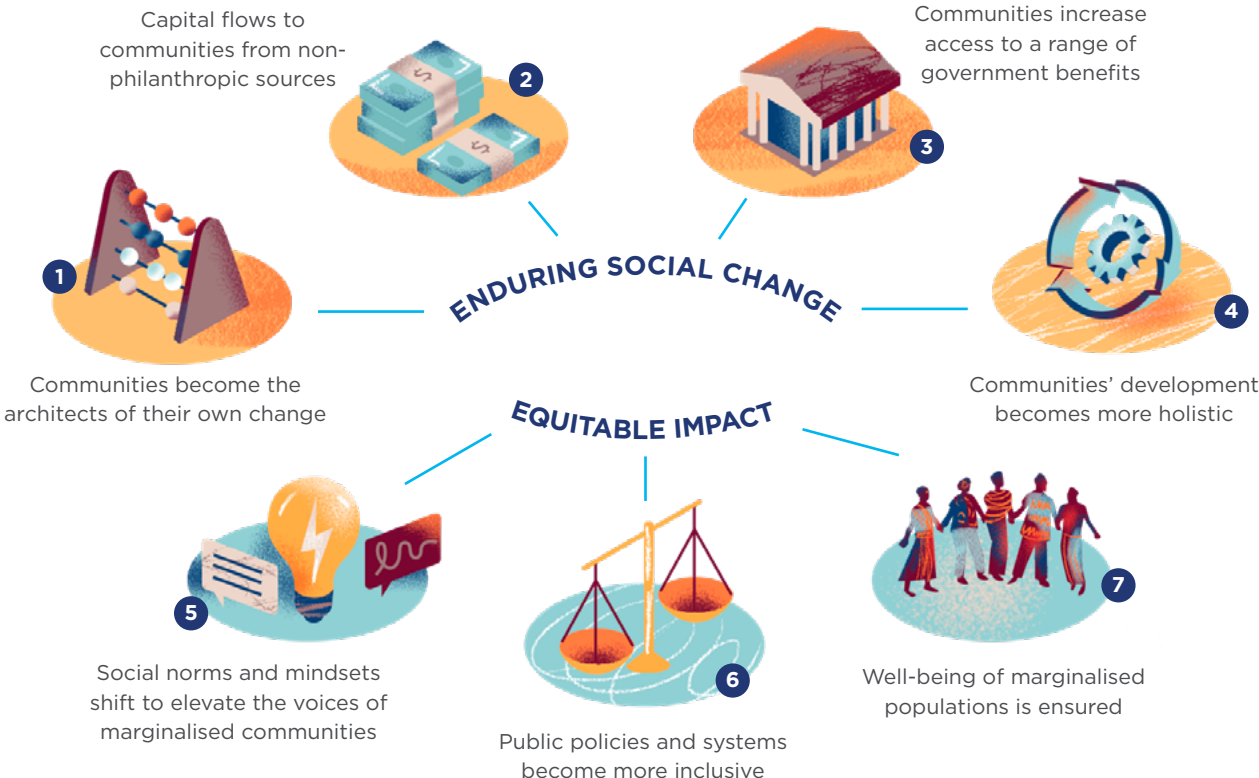
With enhanced power and assets, individuals step into leadership roles to identify, prioritise, and implement initiatives to improve the quality of community life on their own terms. Greater voice and, ultimately, ownership of community initiatives can lead to lasting and equitable change, as evidenced by the seven CDC outcomes described below.

Outcomes That Illustrate Lasting and Equitable Change

At first glance, programmes that pursue CDC look similar to, even indistinguishable from, those that don't. They both typically prioritise improvements in basic services, such as water, education, and healthcare; gender equality; skill development to increase family income; and upgrades to local infrastructure, such as roads and schools. CDC programmes and traditional top-down programmes both can produce measurable results. But the overlap stops there.

As a process, CDC aims to strengthen the power and assets of communities so they can truly transform how they think and act, and become the architect of their own solutions. When power and assets are built, they result in outcomes that lead to enduring social change and equitable impact beyond what traditional programmes can produce. We found compelling evidence of this in Africa and India, which we summarise in the set of seven CDC outcomes in Figure 4. We don't regard this list as exhaustive; there may be others. Moreover, the outcomes we identified don't stand alone. In fact, they sometimes overlap, providing mutually reinforcing benefits.

FIGURE 4
Seven Outcomes of Community-Driven Change



Source: The Bridgespan Group

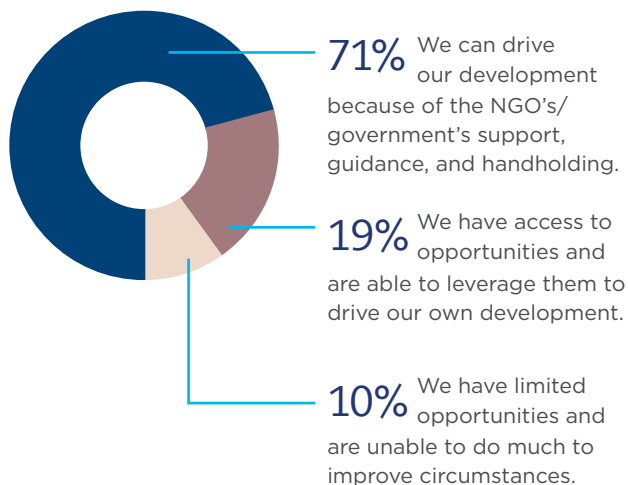
These seven CDC outcomes describe the foundations of lasting change that develop in parallel with programmatic impact. The first four outcomes speak to how communities are building power and assets through CDC approaches. Over 70 percent of survey respondents said that CDC has given them agency to take charge of their own development, and 66 percent said that their power to influence community decisions has increased since a CDC-implementing organisation began working in their communities (see Figure 5).

FIGURE 5

Community-Driven Change Outcomes That Build Power and Assets

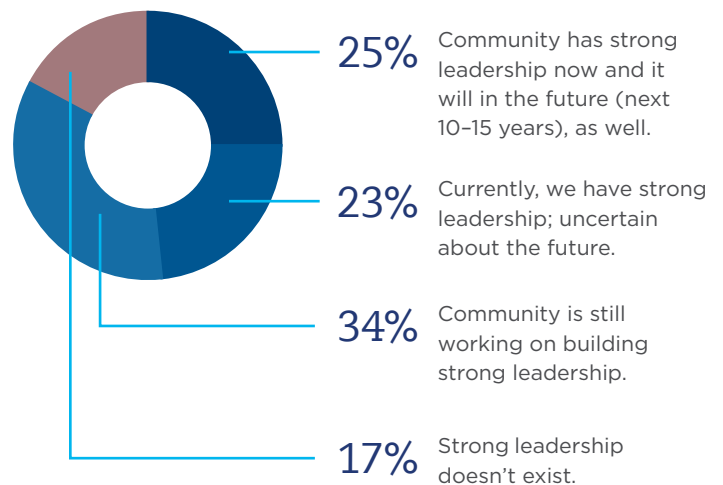
DRIVING THEIR OWN DEVELOPMENT

Which of these statements resonates best with you regarding community development?



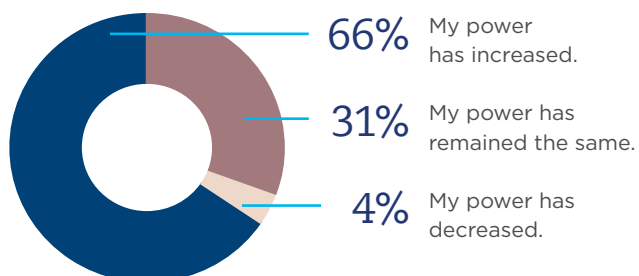
DEVELOPING COMMUNITY LEADERS

Please select which statement regarding your community's current and future leadership is true?



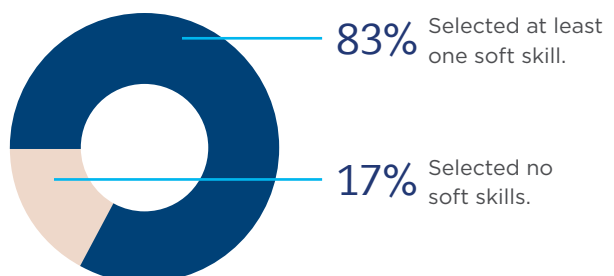
INFLUENCING DECISIONS

Since the implementing organisation has been in your community, how has your power to influence the community's decisions changed?



BUILDING SOFT SKILLS

Which of the following soft skills have you developed?



Note: N=818. Respondents were from communities in Kenya, India, and South Africa where a community-driven change approach has been implemented.

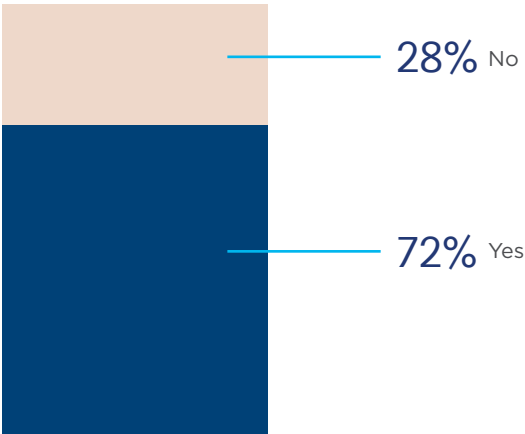
Source: The Bridgespan Group

The final three outcomes describe how CDC can make change more equitable by shifting power and assets to marginalised groups within communities. Our survey found that CDC implementing organisations significantly boost the focus on marginalised groups. (See Figure 6.)

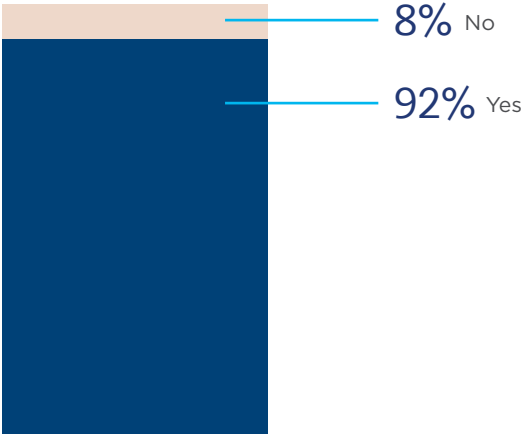
FIGURE 6

Community-Driven Change Has Increased the Focus on Marginalised Populations by ~20%

Prior to the implementing organization's work in the community, did development activities focus on marginalised communities?



After the implementing organization's work in the community, did development activities focus on marginalised communities?



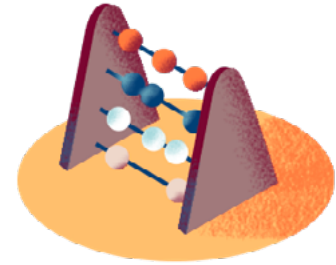
Note: N=818. Respondents were from communities in Kenya, India, and South Africa where a community-driven change approach has been implemented.

Source: The Bridgespan Group survey

Implementing organisations have found the CDC process adapts to the widely varying needs of marginalised communities that may be unaccustomed to participating in community development efforts. But equity is not a given; communities and implementing organisations must be intentional about inclusion, cautioned leaders in our focus groups. If absent, funders and NGOs risk exacerbating existing power imbalances and missing an opportunity to understand and lift up the power and assets of individuals and groups who have historically been excluded.

These seven CDC outcomes reflect investments in developing unrealised community power and untapped assets, laying the groundwork for self-determination. We describe below examples of how organisations have used CDC approaches to build the power and assets of communities, along with some of the programmatic impacts the communities have achieved. To be sure, the programmatic impacts are not a function solely of CDC. But we believe that strengthening power and assets leads to impact that is more lasting and equitable.

1 | Communities become the architects of their own change



BUILDING POWER AND ASSETS

[OneVillage Partners](#) (OVP) works with rural communities in Sierra Leone to develop sustainable solutions to their most pressing challenges. OVP trains community members to design and lead their own development projects by focusing on four key areas: inclusive leadership, gender equity, social cohesion, and resilience. By mobilising community members into action groups, it fosters the development of leadership and the skills needed to identify the community's development priorities. Action groups create specific plans to pursue, drawing upon local knowledge and assets as well as seeking outside support where needed. The result? Eighty-one percent of community members reported contributing to community development projects, and 91 percent of community members stated that their leaders have been held accountable. They have become architects of their own change.

PROGRAMMATIC IMPACT

There has been an increase in household income amongst 97 percent of the participants of OVP's NOW (Nurturing Opportunities for Women): AgriBusiness programme, and a 73 percent reduction in diarrhoeal disease in communities implementing water, sanitation, and hygiene projects, to take two examples of CDC's success in these communities.¹² Importantly, 92 percent of project activities are sustained three years after the project's completion, according to an OVP impact assessment, which highlights the staying power of OVP's approach.¹³

Other organisations demonstrating this outcome include the [Foundation for Ecological Security](#) (FES) and the [Ubunye Foundation](#). FES helps remote tribal communities organise to steward surrounding natural resources. It has worked with villages in 14 Indian states to secure forest dwellers' rights to manage and develop resources across 13.7 million acres. Ubunye creates community advisory boards and programme working groups to identify and prioritise which projects Ubunye will focus on, then guide implementation, monitoring, and evaluation.

2 | Resources flow to the community from non-philanthropic sources



BUILDING POWER AND ASSETS

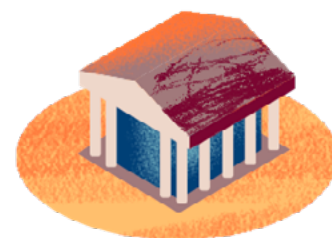
[Society for Public Education, Cultural Training, and Rural Action](#) (SPECTRA) works in rural Rajasthan, India, to help those living in poverty to obtain a life of justice and dignity. That includes a focus on children and women's rights and livelihood security. Amongst SPECTRA's programmes to build women's agency and help them access better livelihoods, SPECTRA facilitates groups of women who form and lead institutions to increase their access to bank credit. In addition, it works with women's groups to provide skills training to increase their livelihood options and income, as well as to improve market linkages to sell their products. Women thus gain access to resources that were previously beyond reach, including from financial institutions and market participants.

PROGRAMMATIC IMPACT

Average household incomes in communities supported by SPECTRA increased by 365 percent from 2013 to 2019. Moreover, 100 percent of agricultural households in Rata Khurd obtained a Kisan Credit Card, a credit card designed to benefit agricultural workers, and gained access to crop, livestock, and medical insurance. Over the past four years, women's self-help groups secured Rs9 in bank credit for every Rs1 invested by SPECTRA.

Other organisations demonstrating this outcome include [Legado](#) and [Self Reliant Initiatives through Joint Action](#) (SRIJAN). Legado guides Indigenous communities in Kenya to institutionalise a comprehensive community-led change model that helps them identify needs and priorities, build inclusive leadership, and identify resources to pursue these goals. SRIJAN builds and strengthens community institutions such as self-help groups and farmer-producer organisations to help communities, especially women, secure better livelihood opportunities. Many of these organisations are now financially independent, such as the Maitree Mahila Mandal, a farming collective led by women that now has a full-time staff of more than 20 women. Three years after SRIJAN stepped back, the collective continues to secure capital from private banks and grow its membership at a rate of almost 20 percent annually.

3 | Communities tap a broader range of government benefits



BUILDING POWER AND ASSETS

The [Saamuhika Shakti](#) initiative follows the Collective Impact methodology, developed by FSG, to “[bring] people together in a structured way to achieve social change in an equitable manner.”¹⁴ The initiative draws upon the expertise of eight partner organisations to bolster the incomes and social standing of Bangalore’s informal waste pickers, almost half of whom are women and girls.¹⁵ Saamuhika Shakti has helped waste pickers collectivise to identify their most pressing needs – from access to basic services, such as sanitation, to increased awareness of their rights and access to government social security schemes. More waste pickers are now actively pursuing a broader range of government benefits.

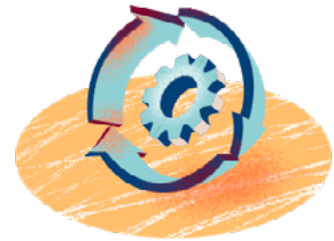
PROGRAMMATIC IMPACT

Saamuhika Shakti has assisted more than 7,000 waste pickers to receive social security, as leaders shared in interviews, making it possible for them to access a range of government services and, just as importantly, feel a sense of dignity. Further, over 9,000 children from waste-picker communities have gained access to education. The community has also identified 44 government social security schemes waste pickers are entitled to and are now trying to access, including tapping into pension and widow schemes, and obtaining birth certificates, Aadhaar cards, labour cards, and caste certificates, which would then allow access to other government resources and benefits.

Other organisations demonstrating this outcome include the [Lwala Community Alliance](#) and Woza Moya. Lwala has helped to activate Kenyan community health committees that engage

with the government to develop and fund annual community health work plans. This has resulted in improved health-seeking behaviour: children in Lwala communities are three times more likely to receive healthcare when sick, specifically with a fever,¹⁶ and 15 percent are more likely to be fully immunised.¹⁷ Woza Moya builds community networks to ensure that the most vulnerable in their communities can access government support structures, including pensions, social security, and disability grants.

4 | A holistic approach emerges to address communities' varied needs



BUILDING POWER AND ASSETS

The [Swades Foundation](#)'s mission is to transform rural lives in the Raigad and Nashik districts of Maharashtra, India. It stresses holistic development by “scaling in” – that is, supporting multiple solutions based on a community’s needs rather than scaling up one solution across many communities. Swades facilitates the creation of VDCs, whose members create a village development plan that envisions their “dream village” and decide how to achieve it. By scaling in through the village development plan, a community has the space and the resources to design and implement solutions across a range of needs. VDC and community members can then approach local governments to access funding and permissions, for example, to improve local school infrastructure or build access roads.

PROGRAMMATIC IMPACT

The holistic nature of Swades’ work is reflected in the range of its impact. Households that have been a part of Swades’ programme since 2013 have performed better across most dimensions of the Multidimensional Poverty Index (a comprehensive measure that captures poverty in multiple dimensions, including health, education, and standard of living) relative to their peers. For example, households from villages with VDCs reported not only a 20 percent increase in incomes, but also 27 percent lower rates of open defecation and 6 percent higher school enrolments for children under 15 years old when compared to villages without VDCs.¹⁸

Other organisations demonstrating this outcome include [Raising the Village](#) and [SEWA \(Self Employed Women’s Association\) Bharat](#). Raising the Village partners with last-mile communities in sub-Saharan Africa to address multidimensional ultra-poverty by increasing agricultural incomes, diversifying income streams, conducting comprehensive training, and removing barriers to participation for the most vulnerable. Its approach focuses on supporting communities to co-design and implement programmes that address their pressing needs, such as water, health and well-being, and access to credit. This is underpinned by strengthening community leadership and accountability. Raising the Village’s 2023 cohort increased household incomes on average from US\$0.84/day to US\$2.23/day in just 24 months.¹⁹ SEWA Bharat is a federation of women-led Indian institutions which promotes women workers’ rights, livelihoods, financial independence, education, health, and social security. It builds grassroots leadership and women’s agency through collectives and capacity strengthening.

5

Social norms and mindsets shift to elevate the voices of marginalised communities



BUILDING POWER AND ASSETS

[Tostan](#) works in West Africa to promote CDC through its human rights-based Community Empowerment Program (CEP), which lays the groundwork for communities to take charge of their development needs. Tostan engages communities to develop new social dynamics that elevate the voice of women and girls in household and community decision-making. The CEP has increased agency and confidence amongst women, resulting in a stronger role for them in advancing the community's well-being. It has also resulted in more than 30,000 women being selected for community leadership positions. In Gambia, 78 percent of women who had been influenced by Tostan class participants reported expressing their ideas at community meetings; in contrast, 43 percent reported this before the CEP was in place.

In addition, the CEP has contributed to the community's increased appreciation for access to education for all children. For example, since the CEP's implementation, the percentage of respondents who said that it is acceptable to remove a girl from school decreased from 19 percent to 3 percent in Gambia and from 12 percent to 3 percent in Mali. In Mali, 33 percent reported that the decision to send children to school was made jointly by the child's mother and father; in contrast, only 2 percent reported this before the CEP.²⁰ Social norms are shifting towards more equitable community voice and participation along gender lines.

PROGRAMMATIC IMPACT

At the beginning of the CEP, many children in these communities did not have birth certificates, which are recognised as a basic right of every child and linked to future civic engagement, access to education and other social services, and voting. Since the CEP's inception, birth registration has increased from 56 percent to 86 percent in Mali and from 24 percent to 45 percent in Gambia. In addition, the percentage of women engaged in income-generating activities increased from 36 percent to 69 percent in Guinea-Bissau and from 73 percent to 87 percent in Guinea.

Other organisations demonstrating this outcome include [Swayam Shikshan Prayog](#) (SSP) and the [Child in Need Institute](#) (CINI). Swayam Shikshan Prayog challenges patriarchal society norms by assisting Indian women to be change-makers by building their skills and knowledge and helping them enhance their livelihoods. "We have adopted a community-driven approach because we feel that the community can be engaged in their own development instead of being seen as beneficiaries," says Upmanyu Patil, Swayam SSP's director of programmes. The Child in Need Institute's human rights-based approach sets up community platforms, such as adolescent peer groups, VDCs, and women's groups, which generate significant shifts in attitudes in support of mothers, children, and adolescents in several states in Eastern India. A Harvard University study of the CINI's work documents its "success in preventing child marriages, engaging young people in social change, and generating buy-in for children's rights among diverse stakeholders that would otherwise give little focus to these issues."²¹

6 | Public systems and policies include historically marginalised communities in decision-making



BUILDING POWER AND ASSETS

The Lwala Community Alliance strives to improve health outcomes for low-income Kenyans living in rural communities. Its community health model is based on the belief that when communities lead, change is lasting. Lwala focuses on strengthening existing community decision-making platforms, including government-mandated community health committees, to enhance the community's participation in planning health initiatives. With Lwala's support, there has been a 44 percent increase in community health committees that develop annual work plans and a 79 percent increase in community health committees that hold monthly meetings with community health workers to review health data for decision-making. In addition, through legislative support, inclusive policies, advocacy, and direct payment, Lwala has helped Kenyan traditional birth attendants become part of the professional community health-care workforce, with compensation, training, and supervision. This focus on professional inclusion indicates a shift towards more equitable public systems.

PROGRAMMATIC IMPACT

The professionalisation of traditional birth attendants, a high-priority community issue, and their inclusion in the health worker cadre has resulted in improved maternal and child health. Children in Lwala communities are three times more likely to receive care when sick.²²

Other organisations demonstrating this outcome include [CORO](#) and PRADAN. CORO assists marginalised groups in India (including Dalit, Muslim, and tribal communities) to mobilise grassroots efforts that advocate for equality and justice. For example, with CORO's support, women in Mumbai successfully campaigned for the government to spend Rs10 crore on building toilets for women in informal settlements. PRADAN works with marginalised women in rural Madhya Pradesh, India, to set up self-help groups to increase their ability to take collective action. The groups have helped women build their confidence and leadership skills. Today, the communities where PRADAN works have seen an increase in women's representation in local government.

7 | Historically marginalised populations' well-being ensured



BUILDING POWER AND ASSETS

The [Society for Education, Action and Research in Community Health](#) (SEARCH) provides health care to rural and tribal people in the Gadchiroli district of Maharashtra, India. Gadchiroli is one of the most impoverished districts in India, and tribal communities constitute 40 percent of its population. Families in these regions either can't find or afford health care, or don't find the care acceptable to them. SEARCH creates opportunities for communities to participate in finding relevant solutions to their health problems. For example, SEARCH

conducts focus group discussions with women, which revealed a lack of information about newborn care in Gadchiroli. This community input led SEARCH to train one woman from each of 39 villages to be a village health worker who could provide essential newborn care in homes. By the village health worker programme's third year, 93 percent of newborns were receiving home-based care across these rural and tribal communities. To take a second example, SEARCH conducts community consultations, which surfaced how alcoholism was leading to domestic violence and financial hardship. The process led to concerted community efforts to drive policy change around this issue.

PROGRAMMATIC IMPACT

A peer-reviewed study showed that the village health worker programme resulted in a 70 percent reduction in the neonatal mortality rate in tribal communities, compared to control areas. Most of that decline was seen over the course of five years, and the gains were sustained for the last five years of the study period.²³ SEARCH's community consultations also led to state leadership banning the sale of alcohol in the Gadchiroli district.²⁴

Other organisations demonstrating this outcome include [Swasti](#) and [Shining Hope for Communities](#) (SHOFCO). The [Avahan initiative](#) – led by Swasti, Vrutti, and Catalyst Management Services – initially focused on HIV prevention. Over time, it broadened its scope to partner with community organisations to co-create and facilitate solutions to address HIV risk amongst sex workers, transgender people, and men who engage in homosexual sex. The programme includes financial security, social protection, safety, and justice components; it also enhances the resilience of its community organisation partners. SHOFCO operates community participation platforms and builds female leadership to advocate for lasting change in sanitation, livelihoods, and health care. It has worked with 2.4 million individuals in underserved communities in Kenya to enhance their overall well-being.

Steps Funders Can Take to Support Community-Driven Change

Funders who are new to CDC, as well as those seeking to enhance their ongoing efforts, have many questions about how to proceed. We don't purport to have all the answers. But our research thus far has led us to some observations that we think would be useful in helping funders move forward.

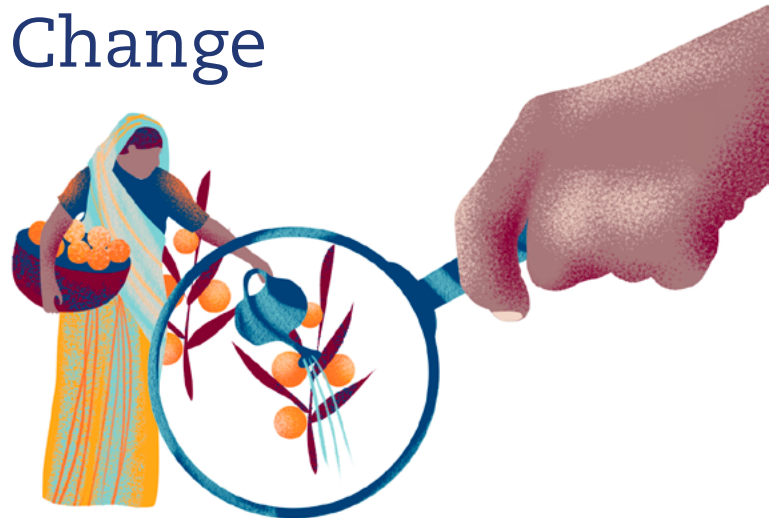
Prioritise the CDC process of building power and assets

Community leaders and grassroots implementing organisations have lived experience and local knowledge that funders can learn from. We heard from multiple practitioners that change has the best chance of taking hold when led by the people most affected by the issues at hand. Thus, funders can invest in NGOs and CBOs that exhibit a CDC mindset that orients their work around the priorities of community members and values their lived experience. A CDC mindset also means that implementing organisations see their role as facilitating a community's ability to recognise and enhance its unrealised power and untapped assets, rather than designing a programme from the outside.

Funders can also do their homework, including listening to leaders on the ground, to understand whether the enabling conditions for CDC are in place (see "[Four Enabling Conditions for Community-Driven Change to Get Established](#)" on page 27). They can play a role in helping to create those conditions, when necessary, and explore how their funding can best support next steps, such as transitioning from delivering programmes to developing partnerships. The most successful CDC examples we observed benefitted from multi-year, flexible funding that enabled implementing organisations to be agile in responding to the many challenges that arose on the path to CDC.

Cultivate existing CDC organisations and identify new ones

Many funders have organisations within their grantee portfolio that already practice or are ready to move forward on CDC. One test for readiness: has a grantee already developed working relationships and trust with key players in the community, namely community groups, traditional leaders, and government? Funders could support those grantees with additional funds to enhance their efforts towards CDC.



For distant funders or funders who don't have the internal capacity to identify and support grassroots NGOs or CBOs, intermediaries can help. Intermediaries, such as a regranteeing organisation or a local foundation, can channel resources to organisations well suited to pursue CDC initiatives. They're often found by engaging in conversations with, and learning from the work of, other funders who are already on this journey. (See a list of [organisations embracing a CDC approach](#) on Bridgespan.org.)

Adopt measurement and evaluation practices that account for CDC



Amongst the implementing organisations we spoke with, a consensus emerged that funders should adjust reporting practices to capture the wide-ranging impact of CDC on people's lives – in addition to programme metrics. The CDC outcomes we identified give funders and implementing organisations a starting point to assess whether community power and assets are being strengthened and are laying the groundwork for enduring and equitable change. Alongside quantitative evaluation, measurement should include qualitative assessments that look for changes in such things as self-confidence, leadership skills, sustainability, and equity.

For instance, when working in a village on a livelihoods programme, in addition to assessing changes in annual household income, funders could track indicators such as the village residents' awareness of rights and entitlements, activeness of community platforms in the village, involvement of village residents in decision-making on village development plans, amongst others. Such indicators are helpful in understanding how the power and assets of the community are changing. Similarly, for issue-specific programmes such as health programmes, it may be helpful to assess how active a community health committee is and how inclusive its membership is, or to track the engagement of households in developing annual plans for health-care delivery. Those indicators of power and assets begin to tell the story of how lasting and equitable change will be.

Today, there is no common language on measuring CDC. The power and assets framework can be a starting point for funders and nonprofits to evaluate the impact of CDC efforts on building communities' self-determination. The Firelight Foundation, the Global Fund for Community Foundations, and the Movement for Community-led Development have also published reports and tools that that are helpful.²⁵ In the next phase of our research, we will seek to provide more detailed guidance on this topic. Meanwhile, funders can advance this work by supporting research efforts to develop a consensus on what it takes to measure CDC success.

As funders and nonprofits look to strengthen and sustain their impact, it becomes important to incorporate indicators to measure CDC when measuring programmatic outcomes and impact.

Four Enabling Conditions to Foster Community-Driven Change

It should be clear from the findings in this report that community-driven change (CDC) is a powerful approach to achieve lasting and equitable change. Does that mean it is equally applicable everywhere at any time? Our research identified examples of CDC's applicability across sectors and issue areas. We saw CDC used most frequently to support communities in accessing basic services, such as water taps and health care; to promote livelihoods and skill development, such as in new agricultural techniques and financial training; and to construct and maintain local infrastructure, such as roads or sanitation systems.

Beyond basic services, we also saw instances of CDC in the pursuit of advocacy and localised systems change. Tostan's work in West Africa has helped to increase women's agency and confidence, resulting in women being selected for local leadership positions. The Society for Public Education, Cultural Training, and Rural Action, or SPECTRA, in Rajasthan, India, has worked with communities to reduce female infanticides and gender-based violence. The Lwala Community Alliance in southwest Kenya uses a peer-led health model to reduce maternal and infant mortality and the spread of HIV.

CDC may at first seem less applicable in response to a natural disaster or medical emergency, when external parties play critical roles and time is of the essence. In scenarios such as an earthquake or a pandemic, for example, relief usually comes from outside the community. Still, communities with experience in organising and acting to address their own needs can respond more quickly inside the community to distribute emergency aid to those in need. Similarly, in areas such as access to justice, education, and climate change, communities may identify high-priority needs and work with outside partners with specialised knowledge and skills to implement the plans. So, reliance on external resources for an issue does not preclude the effectiveness of CDC approaches.

However, we also found that some communities are more ready for CDC than others. During focus group discussions, non-governmental organisation (NGO) leaders suggested that CDC is well suited for a community when four enabling conditions are in place (see Figure 7), which our survey confirmed. For funders and implementing organisations, this means taking measure of a community's readiness before launching a CDC initiative. If conditions are not favourable, funders can first invest in building missing or strengthening underdeveloped community enablers, or choose to work elsewhere.

Building or strengthening these conditions takes time. For funders, it is important to identify and work closely with local organisations that have decades of experience, trust, and understanding of local context and populations. Trust between communities and implementing organisations is the common denominator of all successful CDC initiatives.

FIGURE 7

Enabling conditions for Community-Driven Change

SENSE OF SECURITY FOR COMMUNITY MEMBERS

Without a sense of security (e.g. basic needs met), communities may not be able to pursue their development goals.

COHESION AND SOLIDARITY

United communities (e.g. ones with a shared identity or mutual challenge) are more likely to successfully work together towards common goals.

COLLECTIVE REPRESENTATIVE BODY OR INDIVIDUAL(S)

This body represents the community's shared needs and collective lived experience. When absent, establishing a representative body is often the first step in the CDC process.

SUPPORTIVE ECOSYSTEM

An enabling ecosystem (with nonprofits, government, markets, etc.) can fill the gap that communities face in pursuing their goals.



Source: Focus group discussion facilitated by The Bridgespan Group.

A sense of security comes from having basic needs – such as sanitation, clean water, or adequate nutrition – met. Community members noted that unemployment and lack of basic resources, such as clean drinking water, kept them from participating in community development platforms. This suggests that it may be beneficial for funders and community organisations to first concentrate on providing basic needs for a community to lay the groundwork for CDC initiatives.

“To enable community action, the issue areas for interventions need to be relevant to people’s day-to-day lives. For example, we wanted to start with literacy, but the community was not interested. For them, the main issue was ration cards [for purchasing subsidised food], so we worked on that. Similarly, if a community needs toilets, NGOs need to work on that and gradually move to other issue areas.”

— SUPRIYA JAAN, CO-LEAD OF GRASSROOTS LEADERSHIP AND KNOWLEDGE BUILDING, [CORO](#), INDIA

Strong social cohesion and a sense of belonging within a community underpin successful CDC initiatives. Funders and NGOs told us that they use these as key indicators when deciding where to initiate CDC efforts. Social cohesion is an indicator of a community’s likelihood to pursue collective goals, even amongst diverse groups. Changing community dynamics and strained relationships make it difficult for the CDC process to unfold smoothly.

Stronger social cohesion makes it easier for individuals and groups who have been marginalised from institutions of power in the past to participate in CDC initiatives. “The discrimination that marginalised communities undergo holds them together, which leads to collective action,” explains Sujata Khandekar, CORO’s founding director. “The ‘I-to-we’ transition is very seamless – you become aware not only of individual rights, but collective rights.”

In our survey, 89 percent of respondents said there was a medium to high sense of unity and belonging in their communities. Cohesion, however, varies with location and context. Communities that reported lower levels of unity and solidarity cited a lack of trust in local leadership due to perceived abuses of power.

Community platforms give voice to individuals’ experiences and identify collective needs. NGOs and CBOs frequently assist communities to set up or strengthen village development committees (VDCs), health committees, self-help groups, and farmer-producer organisations. To develop equitable solutions, these platforms should include historically marginalised groups.

Developing the power and assets of marginalised communities helps them meaningfully participate in the community development agenda. It reconfigures power dynamics, offering a chance for marginalised groups, including women and young people, to step into positions of power and decision-making.



That's one reason why the Swades Foundation uses willingness to set up a VDC as a criterion for deciding where to work. "We tell the community that we cannot work with any village that is not ready to take the ownership of their own development and form a VDC," says Mangesh Wange, Swades' CEO. Many villages aren't ready. A few years ago, when Swades invited more than 2,000 villages to set up a VDC, about 1,200 ultimately agreed. "Of those, one in three eventually dropped out," says Wange.

Where CDC initiatives have succeeded in setting up community platforms, individuals report positive results. Some 38 percent of our survey respondents reported that their community has an active community-driven platform that considers everyone's needs and pursues initiatives to act on those needs.

“In our experience, such a collective body is a must have. It is impossible to drive sustainable community-level change without that.”

— DOEL JAIKISHEN, SENIOR MANAGER COMMUNICATIONS AND PARTNERSHIPS, [YOUTH FOR UNITY AND VOLUNTARY ACTION](#) (YUVA), INDIA



A supportive ecosystem of funders, NGOs, markets, and government agencies backs community-driven initiatives. Communities can't do this work alone. Once a community has settled on its development initiatives, it is important that it gets support from a range of players to help bring the initiatives to life. All the stakeholders have a role to play, whether it's funding, technical support, or education. In our survey, 71 percent of respondents stated that they have been able to move forward with their community development initiatives because of financial and nonfinancial support from implementing organisations, government, and other stakeholders.

“In our experience, CDC works best when it is government facilitated and market accelerated. Government programmes in India, like the National Rural Livelihoods Mission, run on the back of community-driven platforms like SHGs [self-help groups]. Government has capital to seed their efforts. The key is helping communities leverage this capital and get access to markets.”

— MURUGAN VASUDEVAN, CEO, [VEDDIS FOUNDATION](#), INDIA

Harnessing the Power of Community-Driven Change

For many funders, the pressing question isn't whether to pursue CDC; it is more important to determine how to proceed with an approach that works and how to measure and track progress. Throughout this report, we have attempted to answer those questions by presenting insights from those who practice or have experienced CDC initiatives. The outcomes we highlight can serve as building blocks for structuring a CDC approach and assessing whether an initiative has lived up to its defining promise of building power and assets.

Indeed, as we applied the seven CDC outcomes to the experiences of a number of communities in Africa and India, we found compelling evidence that CDC can work across different issue areas (such as livelihoods, climate, education, health, and sanitation) and different goals (whether service delivery, advocacy, or systems change). There's much more to learn, however, particularly when it comes to funders who seek practical advice about CDC. We hope to provide more advice and resource guides as we move to the next phase of our CDC research. In particular, the next phase of our research will aim to provide practical guidance to funders and implementing organisations seeking to deploy CDC approaches including measurement practices.

Our goal is to inspire more funders to invest in implementing organisations that help communities transform from grant recipients, to partners, and ultimately to owners of their own development agenda. It's an investment that shows promise of returning durable, equitable results – creating a better life for those involved.



Photos courtesy of (top left) Woza Moya, (bottom left) Legado, (top right) Ubunye Foundation, (bottom right) Self-Reliant Initiatives through Joint Action (SRIJAN).

Pritha Venkatachalam and **Riti Mohapatra** are partners at *The Bridgespan Group* based in Mumbai, and **Ntefeleng Nene** is a partner at *Bridgespan* based in Johannesburg. **Aditi Sharma** is a senior manager and **Umang Manchanda** is a manager at *Bridgespan* based in Mumbai. **Roger Thompson** is an editorial director at *Bridgespan* based in Boston.

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This body of research would not be possible without the support and guidance of the eight anchor partners in this multi-year initiative. We are grateful for their time and effort towards this important topic.

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Appendix A. Research Methodology

We adopted a three-pronged, mixed-methods research approach to inform this report.

First, we conducted a literature scan to understand how community-driven change (CDC) is defined and intersects with shifts in development funding towards localisation and proximate giving. Through the scan, we also identified nearly 100 organisations across India and Africa that are pursuing a range of CDC approaches within their work with communities.

Second, we conducted in-depth interviews with more than 60 individuals – NGO and CBO leaders, social sector influencers and service providers, and funders – to gain a deeper understanding of community-driven change approaches, their applications, and their impact. This also included conducting two focus group discussions with NGOs and CBOs in India and Kenya, to dive deeper into our findings, especially on equity, and the enabling conditions needed for CDC to thrive.

Third, to gain a deeper understanding of how these CDC approaches translate into lasting and equitable change for communities, we conducted research into nine organisations across India, Kenya, and South Africa, including multiple in-depth interviews with leadership and programme teams and site visits to communities. For each organisation, we wrote a case study that describes how it supported communities in its CDC journey. We also surveyed about 800 households, partnering with six of the nine CDC organisations in Kenya, South Africa, and India to gain insights into the lived experiences of community members. It is important to note that these organisations entered into CDC with different approaches and at different points in time, in addition to serving different communities in different geographies, and focusing on a range of issue areas.

Survey Methodology

For the survey, we partnered with Catalyst Management Services (CMS). We designed a questionnaire to collect data on indicators of community power and assets, equity and inclusion, and enabling conditions. Specifically, we sought data on awareness and access of rights and entitlements, collective agency, intergenerational leadership, access to resources, sense of ownership, and power to influence decision-making for community development. We also gathered demographic information, such as age, gender, education, income, and leadership status. After refining, digitising, and translating the survey with the support of local partners, CMS conducted field pilots to finalise the survey tool. The data collection was conducted after we obtained Institutional Review Board certification in December 2023 (India) to January 2024 (Kenya and South Africa).

Our survey was conducted to gain a directional understanding of CDC and explore variations across countries and population subgroups. We did not seek to compare the level of impact or calculate statistical significance. The overall strategy ensured representative sample selection from the designated communities across countries, with a 95 percent confidence level and a 5 percent margin of error (7 percent in South Africa), arriving at a sample of roughly

800 respondents. To understand specific barriers and enablers for inclusion, awareness, engagement, and capacity development across subgroups, we designed quota sampling to ensure representation of: 1) at least 50 percent women, 2) at least 35 percent from marginalised community groups (India), 3) at least 30 percent youth (Africa), and 4) at most 25 percent in a leadership position.

We took steps to ensure the desired representation was met, such as setting representation criteria based on partner organisation data or secondary data, ensuring that over half of our survey collectors in the field were women and that all were fluent in local dialects. However, we faced certain challenges in achieving the set sample representation:

- In Indian villages (Madhya Pradesh and Maharashtra), over 80 percent of the surveyed population belongs to marginalised community groups, significantly exceeding secondary estimates. Recent community leadership involvement in elections in some of these villages also led to some reluctance to discuss leadership matters during the survey.
- In all countries, the majority of male household members (ages 18 to 40) were often absent during survey hours.
- In Kenya, a significant proportion of youth have relocated for studies or job opportunities, reducing their representation.

Appendix B. Anchor Partners for Community-Driven Change Initiative



International hotelier Conrad N. Hilton established the grantmaking foundation that bears his name in 1944 to help people living in poverty and experiencing disadvantage worldwide. Today, the work continues, concentrating on efforts to ensure healthy early childhood development and sustainable livelihoods for youth and refugee populations, support young people transitioning out of foster care, improve access to housing and support services for people experiencing homelessness, identify solutions to safe water access, and lift the work of Catholic sisters. The foundation is one of the world's largest, with approximately \$7 billion in assets. It has awarded grants to date totaling more than \$3.2 billion worldwide, and \$290 million in 2023.



The Global Alliance for Communities (GAC) is a coalition of community-based grassroots organisations that drive impact in underserved populations across the Global South. Representing more than 150 organisations in Africa, India, and South America, GAC's goal is to empower and amplify grassroots leadership through research, advocacy, and resource mobilisation, driving systemic change with local solutions and equitable funding. GAC envisions a future where every local leader and community-based organisation has the voice, power, and resources to shape their community's destiny.



H&M Foundation is privately funded by the Stefan Persson family, founders and majority owners of the H&M Group. H&M Foundation uses philanthropic resources to find, fund, and facilitate disruptive innovations, initiatives, and research that enable a socially inclusive and planet-positive textile industry. To accelerate the transformation, the foundation takes on a holistic and open approach – bringing diverse partners together to co-create and to share learnings and solutions. The H&M Foundation can also provide emergency relief.



Humanity United is a philanthropic organisation dedicated to cultivating the conditions for enduring peace and freedom. It recognises that we live in a deeply interconnected world where we are all united by the challenges and opportunities we face. Humanity United supports and walks alongside partners who are working to advance human dignity and change the systems that enable violent conflict and human exploitation around the world. Together with its partners, the organisation strives to foster a more inclusive, free, and peaceful world where all people have an opportunity to flourish.



Rohini Nilekani Philanthropies is a grantmaking organisation supporting organisations working in the space of justice, gender equity, active citizenship, mental health, and the environment. It is committed to supporting the best ideas, individuals, and institutions working to resolve social issues from within society itself.



Swades Foundation is a nonprofit organisation focused on rural empowerment. Founded by Ronnie and Zarina Screwvala, the foundation works towards holistic development in education, health and nutrition, water and sanitation, and economic development. Swades Foundation is committed to nurturing a sense of community leadership and ownership that can sustain long-term empowerment and growth of a village. The foundation works with 1,200-plus community volunteers and 270 full-time staff – most of whom work at the grassroots – making Swades Foundation an organisation with powerful execution capability.



Guided by Target's commitment to community, the Target Foundation invests in organisations, coalitions, and networks that expand economic opportunity equitably, enabling communities to determine their own futures in Target's hometown, across the country, and around the world.



Veddis Foundation invests in organisations working at the intersection of technology, policy, and impact. The foundation supports organisations through unrestricted, multi-year grants designed to help grantees innovate, grow, and take proven solutions to scale. Veddis Foundation takes an evidence-based approach to support institutions doing radical work and brings analytical rigour and a collaborative spirit to its philanthropic investments. With a mission to create deep and irreversible social impact, the foundation also partners with the government on effective public service delivery and governance.

Appendix C. Entities and Experts that Supported Our Research

Interviews

We would like to thank the many leaders and representatives of the 64 organisations (38 in Africa, 26 in India) we interviewed for their contributions to this report. We are grateful to all the people we spoke to during this research, without whom, this research would not have been possible.

Funders and intermediaries

- 1 African Visionary Fund
- 2 Catalyst Management Services (CMS)
- 3 Dalberg
- 4 ELMA Philanthropies
- 5 Firelight Foundation
- 6 Frontier Markets
- 7 Global Fund for Community Foundations
- 8 Grassroots Nest for innovation and Change (GRiC)
- 9 Greenlight Movement
- 10 Greg Collins, University of Arizona (formerly USAID)
- 11 Ideo.org
- 12 IDInsight
- 13 Imaginable Futures
- 14 Janine Ward, ABCD Facilitator
- 15 J-PAL
- 16 Local Coalition Accelerator (LCA) Uganda
- 17 Movement for Community-led Development (MCLD)
- 18 Mudzi Connect
- 19 Sambodhi
- 20 Segal Family Foundation
- 21 The Conrad N. Hilton Foundation
- 22 The/Nudge Institute
- 23 The Saville Foundation
- 24 Warande Advisory Services
- 25 West Africa Civil Society Institute (WACSI)

Nonprofits

AFRICA

- 1 Adeso
- 2 Adopt a Generation Africa
- 3 Afrika Tikkun
- 4 Amazon Theatrix
- 5 CAMFED
- 6 Integrate Health
- 7 Inua Village to Global Foundation
- 8 Jerusalem Children and Community Development Organization (JeCCDO)
- 9 Kliptown Youth Program
- 10 Legado
- 11 Lwala Community Alliance
- 12 Maono Africa Centre for Transformation
- 13 Men for Positive Living
- 14 Mental 360
- 15 Namati
- 16 Nguzo Africa
- 17 OneVillage Partners
- 18 Pepo La Tumaini Jangwani
- 19 Raising the Village
- 20 Rebirth of a Queen
- 21 South African SDI Alliance
- 22 Shining Hope for Communities (SHOFCO) Ubuntu Pathways
- 23 Tostan
- 24 Ubunye Foundation
- 25 Village Enterprise
- 26 Village HopeCore International
- 27 Woza Moya
- 28 Youth Health Africa

INDIA

- 1 Catalyst Group
- 2 Child in Need Institute
- 3 CORO
- 4 Dakshin Foundation
- 5 Ekjut
- 6 Hasiru Dala
- 7 Professional Assistance for Development Action (PRADAN)
- 8 Saamuhika Shakti
- 9 Sahaja Samrudha
- 10 Save the Children
- 11 Self-Reliant Initiatives through Joint Action (SRIJAN)
- 12 Shohratgarh Environmental Society (SES)
- 13 Society for Education, Action and Research in Community Health (SEARCH)
- 14 Society for Public Education Cultural Training and Rural Action (SPECTRA)
- 15 Swades Foundation
- 16 Swayam Shikshan Prayog (SSP)
- 17 URMUL Trust
- 18 WaterAid India
- 19 Youth for Unity and Voluntary Action (YUVA)

Endnotes

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- 15 In phase 1 (January 2020–March 2024) of the initiative, Saamuhika Shakti started with eight NGO partners: Bal Raksha Bharat, BBC Media Action, Circular Apparel Innovation Factory, Enviu, Hasiru Dala, Sambhav Foundation, Social Alpha, and WaterAid India; The/Nudge Institute served as the backbone (coordinating) organisation and H&M Foundation as the anchor funder. In phase 2 (April 2024–December 2026), Sparsha Trust and Udhyam Learning Foundation have also been onboarded as NGO partners, and Sattva as the backbone organisation.
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