

Scaling up Child Protection: A Framework for the Future

Vol. 1: Laying a Foundation for Going to Scale





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Acronyms

AIDS	Acquired immune deficiency syndrome
ALS	Amyotrophic Lateral Sclerosis
ECARO	Europe and Central Asia Regional Office
ESARO	East and Southern Africa Regional Office
FGM/C	Female genital mutilation and cutting
GDP	Gross domestic product
HIV	Human immunodeficiency virus
HQ	Headquarters
LMICs	Lower middle-income countries
MSI	Management Systems International
PSS	Psychosocial support
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAC	Violence against children
WASH	Water, sanitation and hygiene

Key definitions¹

Alternative Care	A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents
Case Management	The process of ensuring that an identified child has their needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress
Child and Youth Participation	Children and young people influencing issues affecting their lives, by speaking out or taking action in partnership with adults
Child Protection	Ensuring that every girl and boy is protected from violence and exploitation, in both humanitarian and development contexts [UNICEF]
Child Protection System	Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children [UNICEF]
Gender-Based Violence	An umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Examples include: sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking and forced/early marriage
Neglect	Deliberately, or through carelessness or negligence, failing to provide for, or secure for the child, their rights to physical safety and development (e.g., abandonment, the failure to properly supervise and protect children from harm as much as is feasible, the deliberate failure to carry out important aspects of care which results or is likely to result in harm to the child, the deliberate failure to provide medical care or carelessly exposing a child to harm)
Physical Abuse	Physical abuse involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g., hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation, torture)
Safeguarding	The values and procedures to be upheld by those working with children and young people in order to protect them from all forms of abuse, exploitation and violence

¹ Unless otherwise noted, these terms are drawn from the Better Care Network's 'Glossary of Key Terms'. See <https://bettercarenetwork.org/toolkit/glossary-of-key-terms>.

Scaling Up	The process whereby governments, agencies and organizations expand, adapt and sustain successful policies, programmes and services in geographic space and over time to strengthen the effectiveness and impact of the child protection system [Source: this paper]
Social Protection	A wide range of activities undertaken by societies to alleviate hardship and respond to the risks that poor and vulnerable people face and to provide minimum standards of well-being. This includes services and financial transfers
Social Services	Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age. These can include day and residential care, income support, home visiting, and specialist services such as drug and alcohol rehabilitation, etc.
Social Welfare	Public provision for the economic security and welfare of all individuals and their families, especially in the case of income losses due to unemployment, work injury, maternity sickness, old age and death
Violence	The intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity

I. Introduction

This Discussion Paper is in two volumes. This volume (Volume 1) provides extensive background, context and information to inform a conceptual framework for scaling up child protection that can be used by UNICEF offices. Volume 2 outlines that conceptual framework for how to scale up child protection policies, programmes and services. Both volumes are intended to support UNICEF country offices to consider and plan for scaling up child protection programmes, policies and services.

Volume 1 includes sections on:

- Scaling up definition
- Scaling up context (for child protection)
- Addressing scaling up challenges and opportunities (related to child protection)
- Recommendations on what to prioritize for scaling.

Volume 2 includes sections on:

- Building consensus on a vision for child protection
- Determining what to scale
- Assessing scalability
- Developing or revising the scaling strategy and plan
- Implementation and monitoring
- Learning and adaptation.

In short, this volume is focused on building knowledge helpful for those interested in scaling child protection and describes important considerations for the child protection sector, as well as case studies to illustrate successes and lessons learned. The second volume is the road map for how to plan for and implement a scaling strategy.

II. Executive summary

The importance of protecting children is increasingly being recognized at global level and in many countries of the world. In many respects, the child protection sector may be close to a ‘tipping point’, where demand for child protection programmes and services – and the systems they work within – might expand exponentially. Yet the sector has been greatly under-resourced relative to the scale of the problems it addresses, and it has been difficult to surmount obstacles related to child protection’s complexity, multisectoral nature and the still limited evidence base.

The audience for this Discussion Paper is UNICEF, but the focus is not on scaling UNICEF programmes. Rather, it seeks to inform UNICEF teams on how to work with their government partners and other stakeholders to take child protection to scale, taking into account their unique role and mandate. Scaling up is defined as the process whereby governments, agencies and organizations expand, evaluate, adapt and sustain successful policies, programmes and services in geographic space and over time to strengthen the effectiveness and impact of the child protection system.

This Discussion Paper is meant, in part, to inform the next UNICEF child protection strategy. It is being produced in parallel with discussion papers on child protection systems and public finance for child protection, both of which are also intended to inform the next strategy. **This paper specifically focuses on scaling policies, programmes and services** – the parallel discussion paper focuses on systems strengthening, which covers many issues beyond scaling. Both are complementary and important – a

strong system facilitates scaling and scaled up programmes strengthen the effectiveness of the system in protecting children.

The first sections of this paper cover the history of child protection to the present day, and UNICEF's role within it. The authors believe that a general understanding of child protection's past will help to inform its future. These sections demonstrate that child protection, which has often been at the margins of the rights and development dialogue, is beginning to come into its own as a sector.

The subsequent sections address the opportunities for going to scale, as well as the challenges. These sections include text boxes and quotes from key informant interviews to spotlight case studies as well as particular issues with scaling. COVID-19 has just emerged as a major issue and that section discusses how child protection teams might position the sector for scaling, particularly in ways that complement health, education and social protection. The paper then addresses issues related to framing and contextualizing child protection. In order to go to scale, child protection needs to find better ways of communicating key messages – problematic terminology is highlighted, as well as ways of framing a child protection vision and mission that are more likely to resonate with government and stakeholders.

When we consider scaling a child protection system, we need to examine the entire continuum of child protection services. What is a continuum from prevention to response that 'works' in a given context? Are there priority areas within that continuum that need to be taken to scale? The paper highlights this issue and emphasizes that scaling itself is not the goal – child protection and other sectors have had experiences where scaled programmes have harmed families and children. The Discussion Paper emphasizes the need to determine what should not be brought to scale in a given context.

There can be no scaling without political will and ownership. This was emphasized again and again in the key informant interviews and is at the core of much of the scaling literature. The child protection intervention must be aligned with the national development agenda for scaling to be of interest to leaders within government with sufficient influence to make change. Ownership by national leaders as well as supporters in key sectors such as health, education, justice, social protection and finance can be the single most important variable in achieving national scaling.

It is critical to have a full understanding of social norms when developing and implementing a scaling strategy. If the scaling strategy does not build off existing social norms, it will engender quick opposition and die an early death. Along with addressing social norms, it is critical to communicate the scaling goals effectively so that those involved or affected can clearly see the benefits of the new approach.

No resources – no scaling. The parallel discussion paper on finance delves into this in depth. UNICEF and its partners need to work much more intentionally on including child protection in the public expenditure dialogue. Private resources can complement public resources but sustaining and scaling programmes requires government commitment. A number of UNICEF country offices have taken this message on board, and UNICEF HQ has increased its attention to this issue as well.

We need data, evidence and learning to scale successfully. The framework that is presented in Volume 2 relies on information and learning to inform how a scaling strategy can adapt over time. Political, economic and social contexts change continually. While the vision for scaling can stay constant, the way of achieving that strategy cannot be fixed, or it is unlikely to succeed.

To conclude, scaling is not easy, and it requires a multi-year commitment to a comprehensive and adaptable strategy. The case studies throughout this volume show that it is possible. There is no single road map to scaling – our framework can be used in many different ways in different contexts – but the goal is achievable with vision, leaders, resources and, ultimately, good outcomes that are embraced by the public.

III. Objective and context

The objective of this Discussion Paper is to outline potential approaches for scaling up child protection. While doing so and noting the unique role UNICEF plays in supporting national efforts, the paper takes into consideration UNICEF’s planning processes, ongoing UN reforms, the inclusion of child protection-related measures in the Sustainable Development Goals (SDGs), as well as the current UNICEF Strategic Plan. The Discussion Paper will inform three upcoming UNICEF processes: (i) the Mid-Term Review of the 2018–2021 Strategic Plan; (ii) the development of the 2022–2025 Strategic Plan, which commences in 2020; and (iii) the update of the 2008 UNICEF Child Protection Strategy.

The term ‘child protection’ is described by UNICEF as ensuring that “every girl and boy is protected from violence and exploitation, in both humanitarian and development contexts.”² While this Discussion Paper bases the discussion on ‘scaling’ on the latest UNICEF definition, it should be acknowledged that there may be a forthcoming dialogue on that definition during preparation of the 2022–2025 Strategic Plan. This Discussion Paper assesses basic requirements to enable scaling, including system strengthening as well as social norms change.

IV. Methodology

This Discussion Paper was prepared through a combination of review and analysis of existing evidence and key informant interviews. The work incorporates the findings of other UNICEF discussion papers on child protection systems and public financing for child protection that are being prepared in parallel with this paper to ensure all three documents are well-aligned. The data and information collection were designed to illuminate UNICEF’s role in supporting scaling in child protection along with other key stakeholders.

The evidence review included documentation of scaling strategies and specific evidence of models going to scale through online searches and from respondents to key informant interviews. The history and trajectory of various child protection policies, programmes and services that have been taken to scale was assessed, and lessons from those incorporated into the paper. A structured review of the existing evidence on some selected interventions focused on the credibility of the approach, complexity and transferability of the model, fit of the model for UNICEF’s priorities and potential alignment with possible funding sources. This review, alongside the informant interviews, resulted in identification of potential approaches for UNICEF to scale child protection programmes and services and key considerations for scaling. Documents included evidence and frameworks on scaling, UNICEF programme documents, UNICEF strategies, UNICEF evaluations, national development plans, child protection strategies and action plans, public expenditure reviews, academic research, NGO documentation, and global and regional rights conventions.

The team facilitated semi-structured interviews with a range of child protection experts. These included UNICEF headquarters staff, as well as UNICEF field staff and additional experts engaged in research and/or programmes related to scaling child protection and particular programmes or services. Interviews focused on:

- Examples of child protection scale up
- Lessons learned from scaling up (success and failures)
- Methods of scale up that were used (or not used) and why

² UNICEF, ‘UNICEF 2018–2021 Strategic Plan’, 2017.

- Scale up processes including planning, implementation, and monitoring and evaluation
- Financing
- Recommendations and considerations for a UNICEF scale up strategy.

Some key informant interview quotes were selected, paraphrased and are presented throughout the Discussion Paper. The key informants were consulted on the penultimate draft in June 2020 and their comments are reflected in this final draft.

The team assembled a significant number of case studies on scaling. Some of these case studies have been documented and evaluated, others were verbally shared during key informant interviews. It selected from those to present a diverse range of perspectives on scaling (systems, programmes, projects, services, ideas, etc., across different contexts) that may be of the greatest use to the child protection sector. The examples in the text come from within and outside of the child protection sector. UNICEF assembled an expert group to validate the Discussion Paper, and its comments were incorporated into each iteration of the paper as well as this final draft.

V. Scaling up: Definition

There are many different definitions of ‘scaling up’ in use across different development sectors that were considered for this paper. While they are often quite similar, **there can be differences with respect to whether scaling refers to size and scope, coverage and impact, top-down development programming, bottom-up replication of demonstration projects, geographic reach and/or trajectory over time.**³ Documentation to date on efforts by different UNICEF offices to take child protection projects and programmes to scale suggests a fair amount of agreement on definitions and strategies, but divergence on the broader objectives of scaling and what will be taken to scale. For example, UNICEF Indonesia assessed nine ‘pilot’ case studies to determine how effective they were in going to scale, each focused on a different pilot or model programme (e.g., child-friendly cities, early grade learning, integrated child welfare services), and found that there is no common definition of pilot or model, that each had different origins, purposes, durations and locations, with design the key to the level of success of the scale up.⁴

Replication is a component of scaling – it is not scaling itself. Replication strongly implies that expansion or duplication occurs in the same way as the originating model. Scaling up in child protection can occur only if the idea or approach is contextualized – a barrier to scaling faced by most sectors. Stakeholders at different levels are often more ready to contextualize an approach they see elsewhere if it resonates with their needs, beliefs and practices, and if it shows clear advantages to current practice.

A scaling up strategy is likely to fail if it is not clear from the outset what ‘scaling means’ in the context in which it is being employed. Some questions that tend to arise when considering scaling include:

- Is the scaling of a policy, programme or service to be *horizontal* (increasing coverage to more people and across geographic space)?⁵ Are these programmes and services being scaled in isolation, or as part of a broader systems strengthening strategy?

³ See Bloom, G. and Ainsworth, P., *Beyond scaling up: pathways to universal access to health services*, STEPS Centre, 2010.

⁴ UNICEF, *UNICEF’s pilot-to-scale efforts in Indonesia. How the inherent challenges in conceptualization, design, implementation and scale-up might be overcome. A thought paper*, 2018.

⁵ For these and the next bullets, see Hartmann, A. and J.L. Linn, *2020 focus brief on the world’s poor and hungry. Scaling up*, 2007.

- Is the focus on *vertical* scaling, that is, developing the political and organizational framework (a child protection ‘system’) needed for programmes and services to go to scale?
- Is the intention to scale *functionally*, that is, combining two or more different interventions – sometimes across sectors – to create a broader, and ideally more effective, intervention (consider a care reform programme that introduces economic strengthening to address poverty as well as programmes to address VAC)?
- Are strategies and approaches within child protection, such as violence, trafficking and alternative care, *entry points* for scaling up the child protection system?
- Is there available *evidence* through research, analysis, evaluation and studies from demonstration projects to support the scaling approach?
- Is there a risk that scaling might do harm if not well-managed, for example, by introducing approaches that would harm marginalized or vulnerable groups (harmful and excessive removal from birth families, diversion of resources from more effective programming, disempowerment of parents and carers, etc.)?
- How is scaling reflected in *national policy priorities* and increased national budgets?
- Have we experienced an emergency that requires rapid scaling up of a *humanitarian* response, which is often (but increasingly less so) different from other contexts?

There is no correct answer to these questions – it is only important that they be asked and answered. The scaling definition developed for this Discussion Paper, which draws on the work of scaling experts Larry Cooley and Johannes Linn,⁶ reflects the broader goals of the child protection sector to strengthen systems and to improve the reach, quality and impact of its prevention and response programmes, while also being broadly worded enough to adapt to regional, country and local contexts. **It is essential to note that under this definition, scaling pertains to policies, programmes and services – not to scaling of ‘systems’. Systems do not scale – they capture scale.** Policies, programmes and services that scale strengthen the system.

Scaling up is the process whereby governments, agencies and organizations expand, evaluate, adapt and sustain successful policies, programmes, and services in geographic space and over time to strengthen the effectiveness and impact of the child protection system.

VI. Scaling up: Context

a. Child protection in historical perspective

Child protection is not a ‘modern’ phenomenon, and understanding its roots is important in order to consider its possible future. **Elements of informal child protection mechanisms can be traced back to the earliest prehistoric evidence.** Some of the functions of kinship are common to both humans and other mammals – genetic dynamics, mating, managing cooperative/competitive behaviour, hunting and foraging, and defence from predators.⁷ However, as *Homo sapiens* progressed from prehistory to

⁶ Cooley, L. and Linn, J.F. *Taking innovations to scale: methods, applications, and lessons*, Results for Development Institute, 2014.

⁷ Sutcliffe, Dunbar and Wang, 2016.

contemporary history, human families and communities developed other kinship functions: organized agricultural production, complex socialization, inheritance, regulation of individual behaviour, education, support for those of older ages and, of course, protection of communities and children (who are, unlike many other species, helpless at the earliest ages).⁸ These informal mechanisms were formed, and in many ways still persist, across a diverse range of family structures, norms, behaviours and practices that can be found in all societies, although manifest differently across them.

Prehistoric societies and modern-day communities share many of the same reasons for protecting children. From a biological perspective, these have included increasing the local population and furthering the genetic lineage. However, other reasons have also been identified. The size and composition of a given kinship network can be an important variable in determining social status. Children are often contributors to the household economy, and once grown can provide substantial resources (in-kind, protection, financial) to the family and community. Children also often participate in the care of younger siblings and household elders. Whether the cause or result of millennia of evolution, many (if not all) parents expect that their relationship with a child will be a ‘loving’ one.⁹

The concept of ‘child’ has also changed over time, and societies and governments continue to treat it differently. The Convention on the Rights of the Child defines a child as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.”¹⁰ The age of majority in some countries ranges from 14 to 17. Beyond this definition of age, there are wide varieties in civil and customary practices with respect to community and faith roles, marriage and sexual activity, labour, consumption of alcohol or other substances, school leaving, driving and other areas.

When children could no longer be cared for in a birth family, societies have typically relied on extended kinship networks to care for children and developed local customs and traditions for managing those situations. Various faith traditions also developed mechanisms for dealing with those they labelled (often inaccurately) as ‘orphans’, for example, *kafalah* in Islam, or the Christian practice of taking orphaned or abandoned children into institutions run by religious leaders that was first referenced in 787 CE in Milan.¹¹

The Peace of Westphalia (1648) marks for some the beginning of the ‘modern’ political order. Some statutory initiatives in child protection began in the nineteenth century. France, for example, passed legislation regulating child labour in 1841, and in 1898 the first state-run alternative care placements for child victims of violence and abuse. In Belgium, national child and family welfare services were initiated in 1904 by the National Child Protection League,¹² and in 1913 further formalized by the National Assistance and Food Support Committee’s¹³ Department of Child Wellbeing Support and Protection.¹⁴ The first notable call for the development of a comprehensive state-run and managed system of child protection is often traced to a 1909 Conference for the Care of Dependent Children, at which hundreds of experts noted the high mortality in and detrimental impact of institutions on children. This conference served as the basis for the subsequent development of the US child welfare system. **These systems are associated with what are often called ‘formal’ elements of child protection,** for example, development and oversight of legislation and regulation by government bodies, state mandated and/or resourced programmes and services for children and families, interior and judicial

⁸ Harari, Y.N., *Sapiens: A brief history of humankind*, New York: Harper, 2015.

⁹ Lancy, D.F., *The anthropology of childhood*, 2015.

¹⁰ United Nations, ‘Convention on the Rights of the Child’, Treaty Series 1577 (November): 3, 1989.

¹¹ Van Ijzendoorn, M.H., et al. (2020, forthcoming). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, vol. 2020, no.7(8), pp. 703–720.

¹² *Nationale Belgische Liga voor Kinderbescherming*.

¹³ *Nationaal Hulp- en Voedingscomité (NHVC)*.

¹⁴ *afdeling Hulp en Bescherming aan de Werken voor Kinderwelzijn*.

mechanisms such as family courts and remand homes, government oversight of guardianship, foster care and adoption, the social work profession, and the development of an extensive not-for-profit sector addressing child and family needs.

For much of the world's population, child protection systems are largely informal. In every country, customary practices play a central role in how children are raised in the family and community, how they are nurtured and protected, what protection risks they may face, and if and how violations of their rights are mitigated and responded to. While many elements of informal systems may not be codified in legislation – or may in some cases be at variance with state policy – they can often be quite structured and even codified. The formal systems referenced above are either fully absent or are only minimally observable with very weak capacity relative to needs. Depending on context, informal and community-based mechanisms can (i) play the primary role in child protection in a given location; (ii) work alongside, and sometimes in active collaboration with, elements of the formal system of child protection; and/or (iii) work in contravention to state policy. UNICEF and Save the Children UK produced a suggested typology for child protection systems that highlights the various and complex elements of systems that need to be understood in any given context.¹⁵

If children are indeed assets to families, communities and, ultimately, nations, one might expect that most societies today would prioritize the provision of a protective environment for children.

Evidence of the benefits of child protection has exponentially grown since the Conference for the Care of Dependent Children. The reality, however, is both daunting and counterintuitive. Some 300 million children aged 2–4 – when they are just beyond the infant years – experience violent discipline regularly, although much of that may be intended to socialize children or institute obedience.¹⁶ Roughly 1 in 10 girls have experienced forced intercourse, rape or other sexual acts. Roughly half of children of all ages have suffered violence in the last year.¹⁷ Some 200 million girls and women have undergone FGM/C. Untold millions are subjected to trafficking, institutionalization, early marriage, child labour, and many other forms of abuse and exploitation. This underlies the critical importance of taking child protection to scale in a way that addresses these issues.

It should be emphasized that the majority of families and communities around the world do value, and work to protect, children. A fully informed society would, in theory, significantly commit to and invest in the protection of its children based on the long-term benefits it should realize. However, **the prevalence of child protection violations suggests that too many societies, communities and families are not acting in their self-interests when they abuse children, allow such abuse to occur or fail to develop protective mechanisms against abuse.** Even countries that recognize the harm of violence, abuse, exploitation and neglect of children often invest very little in systems to prevent and respond to child protection violations. Sometimes, they invest in programmes and services that are not in the best interests of children (see below). Many times, the beliefs that early labour or child marriage are beneficial to the child and family are so deeply ingrained that it is difficult to make the case for the benefits of changing those norms.

When society (at any level) behaves against its long-term self-interest – in this case, by failing to protect and by abusing its children – what needs to be done to change beliefs, norms and behaviours so that more ‘rational’ behaviour is adopted? This is the fundamental question to be addressed if child protection is ultimately to be scaled, whether the primary systemic context is formal or informal. National systems can only be built, and programmes and services designed and funded,

¹⁵ Connolly, M., et al. ‘Towards a typology for child protection systems. Final report to UNICEF and Save the Children UK’, 2014, <<https://www.bcasw.org/wp-content/uploads/2014/10/A-Review-of-Typologies-of-CPS-FINAL.pdf>> (accessed 5 May 2020).

¹⁶ UNICEF DATA, 2020.

¹⁷ World Health Organization, ‘Violence against children’, <https://www.who.int/violence_injury_prevention/violence/violence-against-children/en/> (accessed 24 January 2020).

once the benefits of child protection are understood, contextualized against the wider social, political and economic landscape, and embraced by those with the power and ability to make change. Community-based systems, including those that are largely informal, will only change in fundamental ways if community members and leaders see those changes as being in their own self-interest. This is compounded by the fact that children lack agency and influence due to their age and are marginalized by this structural power inequity.

If the gains from protection will only be seen in future years, UNICEF’s stakeholders have to be convinced that investments today are worth the wait. This is the challenge of our time, yet it is more complicated than it may appear at first glance. Health economists in many countries have modelled highly rational health-care reforms to provide increased coverage, but political dynamics have consistently outweighed technical ones. Laumann and Knoke found that “state policies are the product of complex interactions among government and non-government organizations, each seeking to influence the collectively binding decisions that have consequences for their interests.”¹⁸ The good news is that some policymakers do show the capacity to consider long-term benefits and to allocate current resources towards achieving them. Early childhood development programming has largely been built on evidence of strong rates of investment returns realized over some years. **Child protection today should be similarly positioned to demonstrate why a reduction in violence and abuse matters to nations, why child protection systems should go to scale and how to achieve this across different contexts.**

b. The emergence of child protection on the global agenda

UNICEF has been a highly adaptable organization since its founding (as the International Children’s Emergency Fund) in 1946, and since then has played a key role in supporting health, education and social welfare around the world. UNICEF was initially founded to address the needs of children in post-war Europe, and the organization’s initial efforts focused on the distribution of dried milk to address pressing nutrition issues. Once these post-war efforts were deemed largely complete UNICEF faced closure, but lower-income countries successfully pressed to expand its geographic and functional mandate, leading to its permanent establishment in the UN system in 1953.

Subsequently, **UNICEF was quite successful in promoting campaigns that specifically targeted highly prevalent diseases such as malaria and tuberculosis, as well as with supporting a substantial increase in child immunization.** These were UNICEF’s (with other partners) very first successes in identifying a clear policy need, securing consensus in many countries on the desirability of addressing that need, and mobilizing extensive resources to support programmes and services across highly diverse political, economic, social and geographic contexts. In other words, going to scale.

In subsequent years, UNICEF gradually embraced the need to address children’s risks and vulnerabilities in a more comprehensive fashion. In the 1970s and 1980s, UNICEF became a proponent of an increasingly complex global development agenda, deepening its efforts to support health and education, but also beginning to spotlight and address other protection risks faced by children.

UNICEF also began to successfully take a leadership role in working with other global actors to “scale” global norms on children’s rights. UNICEF had long been operating under a vague and antiquated 1959 Declaration on the Rights of the Child, one that focused on the need for adequate

¹⁸ Laumann and Knoke (1987), quoted in Wang, G., ‘A network approach for researching political feasibility of healthcare reform: the case of universal healthcare system in Taiwan’, *Social Science and Medicine*, vol. 75, no. 12, 2012.

nutrition and health care, but also employed language such as “the child who is backward must be helped.” UNICEF played a central role in mobilizing and coordinating global actors during the drafting and eventual passage of the 1989 Convention on the Rights of the Child, followed the next year by the World Summit for Children, at which 159 governments committed to a joint Declaration and Plan of Action on the Survival, Protection and Development of Children in the 1990s.¹⁹

While UNICEF and other organizations had worked to address protection violations prior to 1989, **the Convention and Declaration were milestones in developing specific protection-related language that was now endorsed by the international community.** The Convention’s Plan of Action included the need to address violence against children, to recognize and support the role of families in children’s lives, and to protect children in a wide range of ‘difficult circumstances’, from humanitarian disasters, to child labour, to disability, to protection during armed conflicts.

This was precisely when one might have expected a significant scaling up in the development of child protection policies, programmes and services. However, while progress was made against several issue areas within the child protection agenda, the articulation of child protection rights did not translate into the development of child protection systems in most countries. This may be because the CRC, Declaration and Plan do not read as a call for developing a child protection system or sector, but as a very long list of dozens of problems to be targeted, each challenging in its own right.

- Health systems also address a long list of problems, but these ultimately boil down to preventing or responding to an unhealthy state of body or mind. It proved challenging to articulate a similar perspective on building child protection systems that address issues ranging from child labour, to FGM, to institutionalization, to violence, to children associated with armed forces and groups (CAAFAG), and more.
- This internally complex ‘presentation’ of child protection needs was competing with an ever-increasing number of other development priorities. Traditional ‘hard development’ issues such as energy, water, agriculture and infrastructure were now being complemented by a number of new ‘soft development’ priorities such as microfinance, early childhood development, governance, social protection and similar sectors.
- The 2000 Millennium Development Goals – drafted the very same year as the Declaration and Plan – did not include child protection in the eight ‘headline’ goals, possibly because of the aforementioned fragmentation of child protection into so many different areas.
- UNICEF, as the pre-eminent multilateral organization working on child protection, is a rights-based organization with limited resources relative to other development agencies outside of the UN system, many of which were better positioned to advocate for their priorities (e.g., health and education are very much on the agenda at the IMF and World Bank, as well as other funders) – other organizations working in the child protection sector have also been resource-constrained.
- Funders have tended to be attracted to single-issue programming, and often find systemic-level and holistic interventions hard to grasp and too long term in nature.
- UNICEF and other child protection organizations pursued many of the rights violations presented in the CRC through single-issue projects, a problem UNICEF would acknowledge during the preparation of its 2008 Child Protection Strategy, and which many other

¹⁹ See <<https://www.unicef.org/wsc/plan.htm>>.

organizations also sought to address through more systems-oriented work in child protection subsequent to the development of the Strategy.

This marginalization of child protection at the national level has ‘trickled up’ to low prioritization at the global level, despite some estimates that violence against children accounts directly and indirectly for a loss of at least 2 per cent of global GDP, and perhaps much more than that.²⁰ Resource flows are only one indicator of this, but are worth noting. **One study estimated that only 0.6 per cent of total overseas development assistance in 2015 was allocated to a range of organizations (including UNICEF) to end violence against children.**²¹ A casual glance at national government budgets from different regions find similar, or often smaller, percentages of expenditures specifically allocated to child protection – typically a small fraction of 1 per cent, if such spending can be identified at all. The level of expenditures increases somewhat when we consider that education, health, justice and interior sectors can have programmes to protect children – we need better data on cross-sectoral expenditure – but these are typically funded at a fraction of the level of need, even in higher-income countries.

That said, there has been important progress in the child protection sector, which is moving on a positive trajectory. While many development sectors seem to be facing retrenchment and significant resource challenges, child protection in some areas appears to be gaining ground.

c. Why is child protection now gaining ground globally?

There is a shift under way in child protection which suggests that global and national actors are increasingly prepared to introduce policies, programmes and services that will make a change. **The child protection sector has unprecedented momentum in key issue areas and may be beginning a nascent scaling process at the global level.**

This is the result of persistent efforts over many years at the country, regional and global levels. **It is clear from the key informant interviews for this paper that UNICEF staff have increasingly focused on articulating why child protection is important for a country’s future, while forging alliances with leaders within and outside of government to promote change.**

In many respects, the care reform sector began its slow and progressive progress in the 1990s as the harm of post-Soviet era children’s institutions became evident. The World Bank collaborated with SIDA (Sweden) and the Government of Lithuania to finance and implement community-based alternatives to institutions, and UNICEF collaborated with the Bank on a collection of tools to reform child and family services while reducing reliance on institutions.^{22,23} Evidence from a randomized controlled trial on the effects of institutionalization on children that launched in 2000 – the Bucharest Early Intervention Project (BEIP) – was cited early and often as a justification for care reform.²⁴ **A June**

²⁰ <https://violenceagainstchildren.un.org/economic_costs_of_vac_viewpoint>

²¹ <<https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm>>

²² World Bank, ‘Lithuania: Social Policy and Community Social Services Development Project’, <<http://documents.worldbank.org/curated/en/326271468756301523/Lithuania-Social-Policy-and-Community-Social-Services-Development-Project>> (accessed 15 April 2020).

²³ UNICEF-Office of Research Innocenti, ‘Changing minds, policies and lives: improving protection of children in Eastern Europe and Central Asia’, 2003 <<https://www.unicef-irc.org/publications/360-changing-minds-policies-and-lives-improving-protection-of-children-in-eastern-europe.html>> (accessed 15 April 2020).

²⁴ <<http://www.bucharestearlyinterventionproject.org/About-Us.html>>

2020 *Lancet* meta-analysis of over 300 quantitative studies over the last 65 years of the impact of institutions confirms many of the BEIP findings across different country contexts.²⁵

Faith-based actors – many of whom were big supporters of institutions – increasingly began to question the institutional care model and to refocus their efforts on family-based care. The Faith to Action Initiative has been a pioneer in changing perspectives on faith-based care, offering tools, models and case studies that are frequently used even by secular organizations.²⁶ They have worked closely with other important faith-based networks such as Catholic Relief Services, the Christian Alliance for Orphans²⁷ and World Without Orphans²⁸ (among others), to engage in a dialogue on experiences and best practices in care.

The linkages of child protection to poverty reduction and social development goals resonated with some organizations and donors that did not work traditionally in the child protection space. In November 2010, PEPFAR/USAID supported a major convening in Cape Town on the need to develop a strong social service workforce to strengthen health and social welfare systems, and the Global Social Service Workforce Alliance was subsequently established in June 2013.²⁹ Studies showing the linkages between violence against children and health risks – especially HIV – were influential in convincing donors that protection is an important component of good public health.³⁰ The USAID 4Children project produced cutting-edge materials on developing and implementing case management approaches in low-resource settings, as well as on integrating child protection and HIV care and treatment programming.³¹

Violence against children was also more widely accepted as a public health issue. In 2006, an independent expert submitted a seminal report on VAC to the United Nations that became the basis for a significant increase in evidence generation and programming by UNICEF and others.³² The World Health Organization, in collaboration with the US Centers for Disease Control, UNICEF, End Violence Against Children, PAHO, PEPFAR, Together for Girls, UNODC, UNICEF and the World Bank, launched the INSPIRE technical package in 2016, which included seven strategies to reduce violence against children. Evidence has been a key driver on VAC: surveys on violence against children in many countries yielded unprecedented data on the scale and scope of the issue. The Global Partnership to End Violence Against Children was launched as a public–private initiative to build political will, to make demonstrable progress in ‘pathfinder’ countries, and to help countries to work together to tackle violence against children.³³ UNICEF has joined a coalition of partners to support the Know Violence in Childhood Initiative, which has greatly expanded the evidence base on VAC.³⁴ Dozens of global funders and NGOs highlighted the issue of gender-based violence and incorporated it into their

²⁵ Van Ijzendoorn, M., et al., ‘The impact of institutionalisation and deinstitutionalisation on children’s development: a systematic and integrative review of evidence from across the globe’, *The Lancet Child and Adolescent Health*, 2020.

²⁶ <<https://www.faithtoaction.org/>>

²⁷ <<https://cafo.org/>>

²⁸ <<https://www.worldwithoutorphans.org/resources>>

²⁹ Global Social Service Workforce Alliance, ‘About the alliance’, 2020, <<http://www.socialserviceworkforce.org/about-alliance>> (accessed 15 April 2020).

³⁰ Long, S. and K. Bunkers, ‘Prevent and protect: linking the HIV and child protection response to keep children safe, healthy and resilient. Promising practices: building on experience from Nigeria, Zambia and Zimbabwe’, 2015, <<https://www.childrenandaids.org/sites/default/files/2017-05/HIV-Child-Protection-Report-April-2015.pdf>> (accessed 15 April 2020).

³¹ <<https://www.crs.org/publication-tags/4children>>

³² United Nations General Assembly, ‘Report of the independent expert for the United Nations study on violence against children’, Rights of the child: note by the Secretary-General. A/61/299, 2006.

³³

<https://www.who.int/violence_injury_prevention/violence/7th_milestones_meeting/Steven_Global_Partnership_to_End_Violence_against_Children.pdf?ua=1>

³⁴ <<http://www.knowviolenceinchildhood.org/>>

strategies, programmes and services. Critically, UNICEF has increasingly worked to link child protection to the gender agenda including gender-based violence, violence against girls, child marriage, FHM/C, sexual violence and related areas.

The Better Care Network (BCN) was launched and played a critical role in linking organizations, experts and practitioners while generating, collecting and curating evidence and information on care. BCN quickly established itself as a knowledge centre and manager, and for many became the ‘go to’ resource for the latest research, reports, tools and resources, some of which it generated itself. It also has worked carefully and successfully to promote enhanced communication, collaboration and coordination between organizations often working in isolation, and sometimes in competition. **A broad array of NGOs also took an increased interest in child protection**, too many to list individually, often around single issue areas, but also in the promotion of systemic engagement on child protection.

It is impossible to pinpoint a specific moment when child protection began to gain more recent prominence, but **the adoption of the 2008 UNICEF Child Protection Strategy was an important foundation for the progress to come.** With its focus on systems building, the child protection sector began to discuss and adopt new ways of thinking that were built around a more holistic approach to children, sustainable long-term development and comprehensive strategies that considered protection problems from many different angles.

Recent indicators of increased attention to child protection include:

- In December 2019, a UN General Assembly Resolution on Child Rights included a broad range of provisions on children’s protection and care reform, and a Day of General Discussion on the Resolution has been organized for 2121.
- Notably, 256 organizations (including UNICEF) have signed onto 64 Key Recommendations on how to move forward on the care reform agenda, a potentially promising foundation for future collaboration that has not been seen before in the sector.
- As noted, a Global Partnership to End Violence Against Children has been established and is working with a number of ‘pathfinder’ countries to promote reductions in the prevalence of violence against children.
- The European Union has launched a number of initiatives to position for a greater emphasis on child protection and child poverty within its programming, including care reform, as part of its deliberations on its post-2020 framework.
- In 2019, the US Government endorsed a new action plan for children in adversity, which included objectives on both child protection and care reform, while USAID has been actively funding work on case management, the social service workforce and care reform.
- The Catholic Union of International Superiors General met in 2019 and endorsed a global shift away from institutions run by Sisters to family-based care, and is now organizing itself to deliver on this commitment.
- Evangelical organizations have also begun to make a significant shift away from institutions and towards family-based care (World Without Orphans, 1 Million Home, Faith to Action, etc.).
- In June 2020, *The Lancet* published two articles on child institutionalization, the first being a meta-analysis of well over 300 studies showing the impact of institutionalization on children, and the second outlining policy recommendations.

- In 2017, care reform was considered one of four issue areas out of an initial 2,000 the MacArthur Foundation was prepared to fund with US\$100 million, giving the sector a great deal of exposure to non-traditional audiences (ultimately, US\$15 million was granted).
- Anecdotal reports from child welfare experts suggest that both violence and care initiatives are gaining greater traction at the national level.
- Child protection issues are currently on the table with respect to the global COVID-19 response, and many global agencies are actively coordinating their efforts on that response. Work is under way to broaden that to the regional and country levels.

Despite this positive progress, greater and sustained investments are required to stop violence, abuse, neglect and exploitation of children and ensure safe, stable and nurturing environments in which children can thrive. This means taking child protection to scale.

End violence: Seeking to scale to achieve the Sustainable Development Goals

The 2015 Sustainable Development Goals (SDG) included commitments to end violence against children by 2030. As of this writing, one-third of the time allocated to achieve that goal has passed. How successful has global and national scaling been to reach this important target?

UNICEF helped to found the Global Partnership to End Violence Against Children in July 2016 to build a global movement to “build and sustain political will to end violence against children, for accelerating action to end violence at global, regional, national and local levels, and for strengthening collaboration between and among countries, and with civil society, including child led organizations and other stakeholders.” The focus was on legislation, integrated services to prevent and respond to violence against children and access to social services through strategies that are applicable and adaptable globally, as well as within a given country context.

The Global Partnership was successful in including a wide range of UN agencies and NGOs, private foundations, children’s and youth organizations, and faith-based organizations. It held a Solutions Summit in February 2018 bringing together governments, civil society, the private sector, and children’s and youth organizations to discuss innovative and promising prevention and response mechanisms. In September 2018, the End Violence board adopted a new strategy to go to scale from 2019 to 2021.

The End Violence website also highlights some 30 countries that have made a public commitment to embark on “a nationally driven process to develop a comprehensive, multisectoral action plan informed by evidence-based solutions.” By 2018, it had secured US\$68 million in commitments and awarded over half of those to 49 projects in 27 countries, focused either on online child sexual abuse and exploitation or children affected by conflicts and crises.

Achieving this level of reach in such a short time frame is impressive by any measure. The Partnership has been very active in engaging ‘pathfinder’ countries and has developed straightforward tools and approaches to facilitate identification and implementation of cross-sectoral strategies. It is able to draw on a sound and widely accepted evidence base and the Partnership’s vision is not politically controversial.

However, the Partnership faces challenges with scaling, some not of its own making. The Partnership’s approach to national engagement is holistic, seeking to engage stakeholders to ultimately develop an evidence-based and costed national action plan over a three to five year time horizon. However, a significant proportion of its funding was directed at addressing single-issue areas such as online abuse. While these resources were welcome, they were not fully aligned with the Partnership’s strategy, and did not address ‘all forms of violence’ against children. During the key informant interviews, it was noted that many funders are more interested in targeted projects with rapid outcomes than with systemic level change.

The Partnership has been innovative in addressing these challenges, for example, through the Solutions Summit and its many other initiatives. That said, its work (and the work of other organizations focused on VAC) is not likely to make significant progress towards the SDG objectives unless the case can successfully be made to funders that systemic change is the only viable path towards notable progress over the next decade. Funders will also need to understand that systemic engagement can often lead to early wins and measurable impact. Today, the COVID-19 pandemic is leading to high levels of domestic violence, a public health issue that will best be addressed through the Partnership’s comprehensive approach. But resources will be required and governments and donors convinced.

VII. Child protection: Addressing scaling up challenges and opportunities

While the child protection sector is making notable progress, there have been enduring challenges in making the case for going to scale. Child protection covers a broad array of issue areas, many overlapping but some quite distinct on their own (e.g., Monitoring and Reporting Mechanism (MRM) on violations of children’s rights in situations of armed conflict and landmines/explosives, both listed as sector risks on UNICEF’s website). It is accordingly challenging to define what the sector is trying to accomplish, who will take the lead and has the capacity to lead, how multisectoral programmes will be coordinated and implemented, and where the resources will come from. At the same time, child protection’s role in the rights and development agendas is so important, as it addresses needs not targeted by other sectors and leverages those sectors in ways that are not always fully appreciated. This section highlights some considerations that those working in the sector need to consider when examining the potential of going to scale.

a. COVID-19 and child protection

At the time of this writing, a COVID-19 global pandemic was spreading, with a still to be seen but clearly major toll on health, economic and social indicators worldwide. **The COVID-19 pandemic is by far the singular most important consideration in scaling child protection today. A significant epidemiological risk to children will likely turn out to be the long-term impact of toxic stress, mental health impacts and heightened rates of abuse and violence resulting from the pandemic,** which have damaging effects on the cognitive, social, emotional and linguistic development of children well into the future.³⁵ The following factors represent both opportunities and obstacles to child protection going to scale related to COVID-19.³⁶

- Widespread reports of confinement measures leading to *sharp increases in domestic, child and gender-based abuse and violence*, recognized as a significant public health issue by WHO, the World Bank, UNICEF, CDC and other major global agencies,³⁷ and with limited or no access to child protection reporting mechanisms, watchdogs such as teachers, social services or support in their communities.
- Millions of children in a variety of residential care settings (institutions or so-called ‘orphanages’, etc.), *many of whom are highly vulnerable to COVID-19* – large numbers of children in these congregate settings are already facing inadequate standards of care with low staff/child ratio and higher risk of abuse and exploitation. Children with disability are over-represented in these facilities, and many of those may *have immune-compromised systems due to underlying health conditions*. The lockdown and isolation of many of these facilities as well as the lack of adequate public health and other care measures also presents concerns, including lack of monitoring and risk of sudden loss of funding to support the institutions.
- Large numbers of children reportedly being *summarily sent home from institutions and boarding schools due to public health closures* without any proper preparation, support or monitoring to ensure their safety and well-being, as well as the risk of those children returning to institutions after public health restrictions are lifted.

³⁵ Harvard University. Center on the Developing Child, ‘Toxic stress’, 2020, <<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>>.

³⁶ These issues have been summarized by Maestral International separately to inform a dialogue with the World Bank’s human development team on the COVID-19 response.

³⁷ <<https://www.end-violence.org/inspire>>

- Other children in quarantine, temporary isolation, migrant detention or otherwise deprived of liberty, who also face the risks that come from public health containment measures in congregate settings.
- COVID-19 related illness and mortality of parents and caregivers, as well as increases in severe poverty, putting *enormous pressures, now and in the future, on children's care in their families and on systems of alternative care for children*, which include kinship care, foster care, *kafalah* and adoption.
- *Refugee, internally displaced, migrant, and stateless children and those living on the streets, in informal settlements, and in areas affected by humanitarian crises*, all of whom are at heightened risk of abuse, exploitation, reduced access to basic services, and deteriorating health.
- *Children at risk of child labour and child marriage*, both likely to increase as seen in earlier infectious disease outbreaks, undoing past investments aiming to reduce these rights violations.
- *Children whose well-being and survival depend on social services*, which are now being severely disrupted, as well as *those facing mental health issues and challenges* as a result of the pandemic.

The challenge for child protection is that the sector's desired orientation is a systemic and holistic approach, but most of the world's attention is currently focused on the public health and socioeconomic burdens of the pandemic. **Child protection is a public health issue and accordingly needs to be addressed along with other elements of the response.** Child protection is also an education issue – affecting participation and performance as noted above – and with social protection where linkages with non-cash social services are so important. One particularly challenging aspect of the pandemic has been the effect of social isolation measures on child protection systems, whether informal or formal. Children have often not been able to reach out for supports or services, and child protection workers

COVID-19: Lessons from the Ebola epidemic

The Ebola epidemic in West Africa (2014–2015) yields important lessons for those addressing the global COVID-19 pandemic. One of the key lessons was that the impact of the Ebola Virus Disease (EVD) on children was greatly underestimated during the initial months of outbreak. As a UNICEF report put it:

As EVD spread, the main response was a sectoral health response. Soon, however, it was clear that a health-only response was overlooking two main drivers of the epidemic: fear and mistrust. It is now agreed that a multisectoral response that respects social customs and works with communities should drive the strategy for a successful disease epidemic response.

Those affected by EVD faced stigma, and violence was often perpetrated against health-care workers. Children placed in quarantine often faced exclusion when they returned to their communities.

The child protection sector became increasingly engaged in the EVD response, working closely with health and social policy colleagues to craft a holistic response. Much of the approach was based on the mobilization of the social service workforce, which supported a dialogue on the needs of children, families and communities, and which coordinated the response by different service providers.

The UNICEF report highlights, *inter alia*, that health epidemics require a multisectoral and child rights approach, community-based responses are best, family and community-based supports should be linked to longer-term child protection systems and centre-based care should be used only as a last resort.

The report also notes the need for timely and immediate funding, accurate and timely data, and approaches that build on existing government infrastructure and capacity.

UNICEF, Care and protection of children in the West African Ebola Virus Disease epidemic. Lessons learned for future public health emergencies, 2016.

Scaling for the Continuum: Bulgaria

UNICEF Bulgaria has been promoting scale up of a full continuum of child protection services for over a decade. One of the centrepieces of the approach, first piloted in 2011 in two districts, was the establishment of Family Consultative Centers (FCCs). FCCs offer a spectrum of services, from prevention and identification of VAC, to parenting skills development, to case management referrals to public services.

Over time, these were expanded, and in 2018 the FCCs were progressively transformed into municipal Community Support Centers (CSCs) funded locally through state subsidies. These deliver the same services as FCCs, but with an expansion to an even broader continuum that includes early childhood development, programmes to prevent the abandonment and separation of children from parents, reintegration of children currently in alternative care, early marriage prevention and other programmes.

As of December 2019, there were 141 Community Support Centers across the country.

This scaling success, built around the continuum, was the product of close collaboration with a range of government social sector ministries, the State Agency for Child Protection, regional and municipal authorities, civil society and academia.

Key policy documents that framed the scaling included the 2007–2009 development of a national hotline for children, 2010 Vision for Deinstitutionalization in Bulgaria and the Action Plan for its Implementation, the 2009–2010 Regional Planning of Social Services, and a 2010 Concept for Restructuring the System of Hospital Care (as infant homes were under the Ministry of Health).

UNICEF, Family consultative centres. Support for children and families in the most vulnerable and marginalized communities. Unpublished manuscript, 2020.

have not been able to adequately reach and monitor vulnerable children, even as the pandemic appears to have led to an increase in domestic violence.

UNICEF and its partners have been working from the outset of the pandemic to prepare and scale up an effective child protection response. With much of the initial global focus on health measures and mitigating the pandemic's socioeconomic damage, **UNICEF has catalysed a global task force of major NGOs and child protection and care networks to coordinate a response to COVID-19.**

UNICEF child protection teams need to act as early as possible to ensure that government counterparts, development partners and key stakeholders are aware of the critical importance of including child protection in the country response. **Measures outlined in a joint alert issued by the task force include:**

- Ensure that emergency response measures are reasonable, time-bound, gender-, age- and disability- inclusive, and fully protective of children's rights, addressing the multiple ways confinement measures may increase abuse, neglect, exploitation and [violence against children](#).
- Prepare plans immediately to protect children in [residential or other alternative care](#), as well as those in quarantine and detention centres, and other [children deprived of their liberty](#).
- Designate members of the [social service workforce \(SSW\) as essential](#) to prevent and respond to child protection risks. Provide them with appropriate Infection Prevention and Control training, and equip them with personal protective equipment in accordance with [World Health Organization \(WHO\) guidance](#) and national laws.
- Strengthen the capacity of child helplines and facilitate [remote case management](#) to monitor and support vulnerable children where in-person support may not be safe or appropriate.
- Direct national governments to adopt immediate and medium-term child-sensitive social protections as recommended in UNICEF's [Social Protection Response to COVID-19 Technical Note](#).
- Ensure that resources are available for national governments and humanitarian actors to fully implement these responses, recognizing the traditional [gaps in child protection funding in past humanitarian aid expenditures](#).

If COVID-19 child protection response measures are viewed as short term, an important opportunity for scaling in the sector will have been lost. **UNICEF child protection teams should design and frame COVID-19 response in a way that provides a foundation for longer-term strengthening of the system.** The socioeconomic effects of this pandemic alone will be felt for many years – as of this writing, up to 60 million people are projected by the World Bank to fall into severe poverty in 2020 alone, and the fiscal impacts will take decades to address.

b. Framing and advocating for a child protection ‘system’

Crucially, the sector has not been able to articulate effectively what is meant by a ‘child protection system’ or to advance the concept to the extent needed. This does not appear to be an issue for the health sector, which confronts its own complexity of some 30,000 diseases and conditions and yet does not engage in extensive debates about the meaning of ‘system’. Once a major issue is embraced by society, the need for a ‘system’ is assumed – **the child protection sector has sought to advance a systems agenda ahead of societal recognition that the sector’s issues are a priority.** Nor have organizations working in the sector been, at times, sufficiently sensitive to the contexts they are working in, often proposing policies and legislation that will simply not be accepted or adopted by local leaders or civil society, including families and the children themselves. Systems approaches that have developed for years in high-resource settings within their own socioeconomic, political and cultural contexts often are poor examples for low-resource settings.

This Discussion Paper should be read in tandem with *Child Protection System Strengthening: Technical Paper*, which is being prepared in parallel.³⁸ Both papers will inform the development of the forthcoming UNICEF Child Protection Strategy. The Technical Paper seeks to move the sector forward and clarify how the system should be understood and how it might be strengthened. It endorses a 2013 **definition of child protection systems as “Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children.”**³⁹ It highlights seven elements that are proposed for the forthcoming Child Protection Strategy: (i) a robust legal and regulatory framework, as well as specific policies related to child protection; (ii) effective governance structures, including coordination across government departments, between levels of decentralization and between formal and informal actors; (iii) a continuum of services (spanning prevention and response); (iv) minimum standards and oversight (monitoring and accountability mechanisms); (v) human, financial and infrastructure resources; (vi) public awareness and support and child participation; and (vii) robust administrative data and data management system.

The Technical Paper distinguishes between primary, secondary and tertiary services. It establishes that primary level protection programmes – which protect children in general from violence – are not a

“There are so many different UNICEF interpretations of scaling, and how scaling links to systems.” – Key informant interview

³⁸ Hamilton, C., Coram International, ‘Child protection system strengthening: technical paper’, 2020.

³⁹ United Nations Children’s Fund, United Nations High Commissioner for Refugees, Save the Children and World Vision, ‘A better way to protect all children: The theory and practice of child protection systems, conference report’, 2013.

Scaling up 'myths'

The Global Partnership for Education published a review highlighting how misconceptions about scaling can lead to poor implementation. It outlines five 'myths' about scaling that include:

- We know what scale is: Some definitions focus on replication and expansion, not depth, spread, shift and sustainability. Long-term and multidimensional efforts are needed to change behaviours, norms and beliefs.
- Our project is worth scaling: Has a project gone through a rigorous evaluation showing it is worthy of being scaled? Are we scaling the innovation, the programme, the practice or everything?
- We know how to do it: It is extraordinarily difficult to standardize the context in which a project operates, and to replicate it.
- Scale disseminates best practices and standardizes quality implementation: If the goal alone is scale, we risk simplifying interventions to make them scalable at the cost of quality
- Scale is good because more is always better: What happens when we view inputs (teachers trained) as outcomes, or view quantity as quality?

The education sector is facing many of the same questions as child protection. How should social norms be addressed, are we clear on what we are scaling and is it evidence-based, and how do we ensure the right strategies are in place for successful scaling?

Burns, M. 'The myths of scaling up. Global Partnership for Education', 2014, <<https://www.globalpartnership.org/blog/myths-scaling>> (accessed 7 February 2020)

component of child protection systems strengthening. Rather, they are part of general UNICEF child protection programming and VAC programmes – **child protection systems consist, instead, of secondary and tertiary prevention and response services.**

A common tension arises between issue-oriented programming and systems strengthening. This tension is addressed in the Technical Paper, which concludes that issues-based programming should always be used to "strengthen and enhance existing systems." Setting up a small donor-funded programme to address FGM/C in a community until available funds run out (and the programme ends) is not system strengthening. Building the capacity of the child protection system to implement programmes on FGM/C is system strengthening.

The Technical Paper further notes that community-based services, which are important in low-resource areas and where government is 'fragile', should be integrated into broader, formal national state structures as part of the child protection system, while maintaining, quality, accountability and long-term sustainability.

The Technical Paper identifies impact pathways, phasing and sequencing in child protection systems strengthening. **As noted above, the focus of this paper is on scaling policies, programmes and services that strengthen these systems. In turn, the eight systemic elements for systems strengthening are treated as an enabling environment for scaling.**

c. Explaining and conceptualizing child protection

The systemic approach is challenged by the sheer complexity of the sector and the number of issues it encompasses. UNICEF's child protection website (currently undergoing revision) lists 17 child protection 'issues' plus 'children in emergencies'.⁴⁰ After clicking on the VAC links, the reader is presented with 10 different forms of violence against children, from sexual abuse and exploitation to child labour.⁴¹ While there is nothing inherently wrong with framing any one of these particular issues, an outside audience may be (i) overwhelmed; (ii) discouraged by the focus on negative issues only; and/or (iii) zero in on a particular issue of interest without grasping the whole.

⁴⁰ <https://www.unicef.org/protection/57929_57977.html>

⁴¹ <https://www.unicef.org/protection/57929_57972.html>

The sector is also challenged by the perception of ‘child protection’ in some higher-income donor countries. Child protection systems in higher-income settings are often in the public eye for one of two reasons: (i) a major scandal where a child or children were not adequately protected by the State; or (ii) a reform cycle that often swings between a focus on family preservation or child removal as protective tools, each with their constituencies and opponents. Child protective services and their equivalents, typically under-resourced bureaucracies facing overwhelming demand, simply do not have a good reputation. There are 12 societies for the prevention of cruelty to children in the US (10 of those in New York) – there are 167 societies for the prevention of cruelty to animals.⁴² In short, the negative perception of child protection services can make it challenging to garner support to mobilize resources to develop systems in low-income countries. There is also an oft-observed tendency for organizations based in higher-income countries to propose formalized child protection systems in countries where those approaches are not appropriate or effective. In countries of the ‘global South’, societies and cultures tend to be more focused on collective rights (families and communities) than the focus on individual rights often seen in the ‘global North’. This is an additional argument for avoiding promotion of those models, which are highly likely to fail because of those differences.

Child protection works across different sectors, and does not have powerful representation within and outside of government. Many sectors like health, education, infrastructure, energy and others have ministries with a clear mandate to develop policy and legislation, develop and manage budgets, oversee and/or enforce policy implementation, monitor and evaluate programmes, manage, deliver and/or oversee service delivery, and many other areas. This gives those sectors a ‘seat at the table’, often within a council of ministers or equivalent, as well as direct access to large development partners and donors. Child protection is often relegated to a department-level function within poorly resourced social welfare ministries, if it is present as a function at all. The mandate of those departments is broad. While UNICEF and other agencies often try to work towards supporting inter-ministerial and inter-agency coordination mechanisms (given the importance of justice, interior, health and education to the sector), these mechanisms do not control budgets and face barriers – which are sometimes successfully overcome – in coordinating expenditure programmes.

One significant, enduring challenge to scaling in child protection is the language used by those working in the sector. Many terms employed by the child protection sector are unintelligible to key audiences and the broader public. Child protection language generally also focuses on the negative, that is, preventing and responding to maltreatment of children. From a social work perspective, positive outcomes for children are accelerated by engaging children and families in their own case management. Such engagement requires empowering language emphasizing strengths, self-efficacy and resilience. Complicating matters, many past efforts to reach common definitions between agencies have had limited success. Indeed, the issue is not just about sector consensus. While reaching agreement within the sector on certain terms is helpful, it does not necessarily help to mobilize key decision makers and influencers around the cause of protection. **There is an urgent need to work towards language that promotes clarity in external communications.** Just a few examples of such terms widely in use within the sector include:

“Words like scaling up are difficult to translate in our language, and that makes them hard to grasp.” – Key informant interview

⁴² <<https://www.eries.com/form990finder>>

- Alternative care: While used in the UN Guidelines and by child protection professionals, virtually every report reviewed for this Discussion Paper has to define this in the same sentence, for example, “alternative care, including kinship care, foster care, kafalah, adoption...” Alternative care is an alternative to what? This is because it is simply not in the popular lexicon, indeed, it is not even listed in a comprehensive glossary assembled by the US Government’s Child Welfare Information Gateway for those working on welfare and protection in the country.⁴³
- Community-based: General use of the term can be quite problematic. One key informant interview noted the need for clarity on what that is and who plays what role. What is not in the community? Is a city the same as a community? Is the term referring to the ability to access services within one’s own community? What is community-based care versus centre-based? Is community a social and cultural construct, a geographic space, a reflection of local governance structures or something else?
- Psychosocial support: Familiar to development professionals but not to wider audiences, why are ‘psychological’ and ‘social’ linked here, and what exactly is meant by that linkage? There are guidelines available on PSS, but who outside the sector has read them?
- Social service workforce: There was a long dialogue that led to this phrase as an alternative to ‘social work workforce’, and while it may be a more accurate description of the workforce and inclusive of a broader array of professions in most countries, it is another example of a term that needs explaining to most outside of the sector.
- Informal (as opposed to ‘formal’): Many audiences will equate the word ‘informal’ with casual, unstructured or without ceremony. What we mean by that term can be quite the opposite, as ‘informal’ mechanisms are often quite structured and can involve ceremony. The phrases ‘informal mechanisms’ or ‘informal systems’ too often do not resonate with those outside of the development sector.
- Institution versus orphanage: It is very difficult for the word ‘institution’ to resonate with external audiences, who are much more familiar with the ‘orphanage’. At the same time, care leavers in Kenya and Uganda have made it clear that they want the use of the word ‘orphanage’ to be stopped. Those wishes should be respected, as ‘orphanage’ is a misnomer that carries stigma, but the communication challenge that is presented also needs to be acknowledged. Separately, as of this writing efforts are under way by UNICEF ECARO to provide greater clarity on what should be meant by ‘small group home’.
- Care leaver: Also, not in the popular lexicon, one unfamiliar with the term might think somebody has left a good care situation and is now worse off.

The sector needs to be prepared for unanticipated consequences that derive from the complexity of the programmes it seeks to put in place. Care systems are an excellent example of where policies,

“We need people who understand systems. We have two lawyers and a social welfare expert. You have to have worked within the [government] system.” – Key informant interview

⁴³ <<https://www.childwelfare.gov/glossary/glossarya/>>

Setting realistic expectations

If the child protection sector is to learn from the health sector, it will be necessary to see the development of child protection systems through a very long lens. Take, for example, the history and evolution of the Brazilian health system.

That system traces its roots to the sixteenth century, with the founding of a few hospitals across the country addressing ‘pestilential’ diseases. The very first ‘formal’ structures were established beginning in the early 1800s, including sanitary police, the assignment of public health to municipalities and institutions controlling port sanitation.

In 1897, the General Directorate of Public Health was formed, and the Ministry of Education and Public Health was founded during the Vargas regime (1930–1945). In 1953, the first Ministry of Health was established.

Since the 1960s, national reforms have focused on health-care financing, primary health-care programmes in rural areas, determining central and local roles, establishing regulations for the private sector, health campaigns, health-care training and staffing and many other initiatives, programmes and services.

Brazilian health sector reforms have been traced to the development of social movements that bring together grassroots movements, trade unions, academia, health-care professionals, political parts and others. This then was embraced by successive governments and members of Congress. Scaling, in short, was long term and ultimately built on public demand.

Prof. J.P., et al., ‘The Brazilian health system: history, advances and challenges’, The Lancet, vol. 377, no. 9779, 2011

programmes and services face significant internal tensions: between the rights of children and parents during placement decisions, between the rights of mothers and fathers, between the frequent desire to support child placement in a family from an institution and the lack of a strong social welfare system to support and monitor the placement, and between ‘temporary’ (e.g., fostering) and ‘permanent’ (e.g., reintegration or adoption) choices for vulnerable children and families, many of which require family strengthening and social services regardless. Poor or controversial decisions may lead not only to negative results for children and families, but also to backlash against the very systems UNICEF is trying to scale.

d. The continuum of child protection services

A constant, and unsurprising theme in the key informant interviews concerned definition and role of the continuum of care. **The use of the phrase ‘continuum of care’ is often inconsistent and can be confusing if not clearly elaborated.** For example, the continuum of care is often used to describe a range of interventions from prevention to response. However it is also sometimes framed specifically on setting – for example, the care reform sector often refers to the continuum as including foster care, kinship care, *kafalah*, adoption, supported child-headed households, community-based care mechanisms, guardianship and residential care. A further nuance is the continuum that exists over the child’s life cycle, with different programmes and services often needed at different ages and stages of development. **Some interventions – such as household economic strengthening – can play a role in both prevention and response.**

Decades of studies in social welfare and child protection have demonstrated that prevention is unequivocally more cost-effective than response. The key informant interviewees had a strong consensus about the primacy of prevention, but also highlighted the many challenges in getting stakeholders to commit to preventive policies and services. It is sometimes difficult to obtain a ‘visible’ impact from prevention – if a problem is prevented, the perception is that the *status quo* has not changed (e.g., a child continues to live in a family, or violence that might have happened never occurred). When prevention brings better reporting, the numbers of those in need of protection may increase, and the related messaging to stakeholders has to be carefully

managed. Programmes focused on response do have a visible and measurable impact when successful – a child is placed in a family setting, or an incident of violence is addressed by a community-based organization. **In short, while prevention is the priority, response is more likely to resonate with key stakeholders. It is critical that the sector does a better job of making the case for prevention.**

One interviewee suggested the use of the term ‘continuum of child protection services’ to clarify what should be focused on within child protection, and to avoid conflating the continuum with care reform. This is the approach taken in this Discussion Paper. **UNICEF and other stakeholders can quickly find the continuum of child protection services to be overwhelming, as there is a tremendous gap between what is often needed on the ground and what is available.** A continuum in a high-resource setting may include over 100 different programmes and services covering all aspects of protection. In low-resource settings, the ‘continuum’ is predominantly provided through informal community-based mechanisms, rather than through a spectrum of interventions and placements – alternatively, there may be a blend of formal and informal mechanisms in place. In all settings, the following questions may help to inform how the continuum might be defined, whether that continuum is largely informal or formal.

- What are the primary child protection risks the system needs to address?
- Are there primary-level policies, programmes and/or services that protect children, such as universal education or social protection? (These can be an important component of social policy, but should not be included in the continuum.)
- What preventive mechanisms are in place to address those risks?
- When risks emerge, how are they responded to and by whom?
- Where does the continuum show good quality and access for all vulnerable children and their families, also the most marginalized, and where are these limitations?
- What existing formal and informal mechanisms need to be strengthened to improve prevention and response?
- How might we ultimately then define an appropriate and desirable continuum of child protection services for our community?
- What steps can be taken to strengthen that continuum, starting with the priority needs?

The continuum of child protection services is an essential component of taking a child protection system to scale, but it is always aspirational and informs the direction the child protection system should take. The following considerations might be considered by UNICEF teams.

- The continuum might almost always be framed as ranging from prevention to response (even if programmes and services can sometimes be both preventive and responsive).

“Achieving positive change in child protection requires knowing what drives behaviours (including social norms) and understanding how we can influence those behaviours. This also means we need to understand what people dream of, what are their goals, what motivates them, and identifying how we can associate our child protection vision to their goals, communicating better the vision of child protection, ensuring a broader understanding of what we are aiming for in child protection.” – Key informant interview

Scaling challenges: Social work in East Africa

While some nascent social work functions were established during the colonial period, social work training systems are in many cases post-colonial and decades old. The first degree programme in Uganda was established in 1969. Kenya established a Diploma in Social Work in 1962 at the Kenya-Israel School of Social Work, with the University of Nairobi offering the degree beginning in 1976.

Tanzania's Institute of Social Work was founded in 1973. The National University of Rwanda launched its first degree programme in 1998, and Burundi in 2004. In total, there are 44 bachelor's degree programmes and 7 master's degree programmes in East Africa.

These programmes, however, have been nested in countries where social welfare has been a low sociodevelopmental priority. They have limited financial resources, lack materials and adequate infrastructure, and provide few opportunities in many cases for faculty to engage in research. They are sometimes criticized for bringing a 'Western' orientation to social work.

Graduates from their programmes are presented with limited employment opportunities, and wages are very low, even as the work demands can be quite extreme. Professional associations tend to have very limited capacity.

UNICEF, USAID and other donors have been putting resources into strengthening the workforce, providing it with resources, tools and training, and developing case management systems.

This will likely increase the demand for social work to some degree; however, it is likely that such demand will remain limited unless child protection and social welfare achieve higher prioritization on national agendas.

Spitzer, H., 'Social work in East Africa: a mzungu perspective', International Social Work, 2017

- Placement settings (such as alternative care) might be nested within that continuum, but they should also be part of the broader child protection continuum.
- Where formal elements of the system are present, the continuum might ideally be grounded in a holistic case management approach that is purposefully designed to be accessible for all vulnerable children and their families and no one is left behind, where children and families are assessed and referred to available and appropriate community services by a trained social service workforce, and their situations regularly monitored.
- The continuum might be viewed as aspirational – very few, if any, settings can claim to have a full continuum – and should be based on local contexts and resources.
- Gaps in the continuum might be identified and prioritized, with the priorities serving as the basis for the UNICEF dialogue with governments and key stakeholders.
- Advocate for the importance and value of prevention being among those priorities.

While effective advocacy on prevention is beyond the scope of this paper, key elements include (i) drawing on the evidence base to demonstrate the efficacy of prevention; (ii) demonstrating the cost-effectiveness of prevention relative to response or inaction; (iii) tracking how preventive programmes are reducing the incidence of violence, abuse and exploitation; (iv) capturing and disseminating success stories; (v) involving children and youth in advocacy on prevention; and (vi) involving parents and families in that advocacy as well.

a. The child protection evidence base needed to inform scaling

One prerequisite for effective scaling is a sound evidence base. **The child protection evidence base, while still evolving, would appear sufficiently (if just barely) ample to support the case for scaling up child protection.** Three key strengths appear to be:

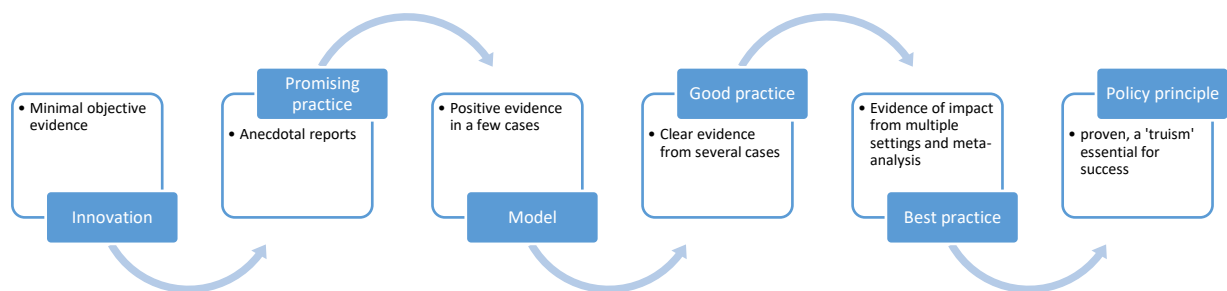
- Very high incidence and prevalence rates of protection violations (noted above) that show that child protection is not an issue at the margins, but has a substantial impact on children, families and communities (related, that positive practices have evidence-based benefits).

- Violence against children alone has been scientifically linked not only to injury, but also to HIV, psychological and mental health issues, sexually transmitted diseases, chronic health problems (cardiac, diabetes, lung disease, etc.), with related toxic stress damaging the nervous, endocrine, immune, circulatory and other systems (this is an area where more evidence in low-resource settings would be helpful).⁴⁴
- High prevalence plus high negative impact has been associated with high economic costs, usually calculated at multiple percentage points of GDP depending on the study.⁴⁵

Those are powerful points of evidence that should resonate with development agencies and policymakers around the world, and indeed, the progress in VAC and care reform is in part because these messages are finally being heard.

We note that **strengthening evidence does not just mean large randomized controlled trials (RCTs)**, some (if not all) of which consume extensive resources while focusing on narrow research questions. While well-designed and relevant RCTs can play a role in evidence building, investments are needed to better assess the outcomes of prevention and response interventions for child protection, including through longitudinal and tracer studies and more recently evolved evaluation methods such as outcome harvesting, outcome mapping, most-significant change stories, etc. Child protection presents particular ethical issues with respect to research that are more challenging than other sectors, which greatly complicate how research can be structured and, sometimes, the usefulness of information received. In general (but not always), quantitative data will be more convincing than qualitative. We need further evidence showing the causal linkages between community-based programming and child protection outcomes, as well as on how strengthening child protection systems can lead to demonstrable results for children.

MSI also helpfully characterizes evidence validity to assess the extent to which evidence will strengthen the case for scaling. This is illustrated in the following diagram, which progresses from (generally) lower strength for making the case to greater strength.



“In our country, the first priority is poverty reduction – if you frame child protection in that context, you get buy-in, interest, and facilitation of the scale up effort.” – Key informant interview

⁴⁴ See Hillis, S.D., J.A. Mercy and J.R. Saul, ‘The enduring impact of violence against children’, *Psychology, Health and Medicine*, vol. 22, no. 4, 2017, pp. 393–405.

⁴⁵ See UN Special Representative of the Secretary-General on Violence Against Children, ‘The economic costs of violence against children’, 2015, <https://violenceagainstchildren.un.org/economic_costs_of_vac_viewpoint> (accessed 3 February 2020).

For scaling child protection, there is one area of evidence that requires particular attention: **Why is violence perpetrated against children, and at such high rates?** Much of the sector’s work has focused on describing the problem of violence and its impact, with many useful tools such as VAC surveys developed to provide us with more solid data than we had in the past. But explanatory variables for the high incidence of violence are often presented in the most general of terms (poverty, lack of education, substance abuse and so forth).

A greater understanding of the causal factors for violence, abuse and neglect of children is needed in order to go to scale. A team of experts has undertaken the first modern synthesis on the causality of violent behaviour following on the 2014 Global Status Report on Violence Prevention and the adoption of the SDGs.⁴⁶ Some of the findings include:

- There is no specific biological, genetic marker responsible for violence, it is learned behaviour and can be unlearned.
- The interaction between the brain and its environment is key, and toxic stressors in early child development can increase propensity towards violence in later years.
- Related, the nurture (or lack thereof) a child experiences will have an epigenetic expression through adulthood, and development of the cerebral cortex is particularly important as it is where controlling impulses for violence occurs.
- From a psychological perspective, violent tendencies are multi-causal, and are also associated with lack of attachment early in life as well as early experiences of violence and neglect (perpetrators, the researchers note, were often once victims).
- Violence appears to be related to, *inter alia*, inequalities in gender, ethnicity and post-colonialism, and can be impacted by local, national, regional and global processes and experiences.
- Violence should be viewed as a public health issue, resulting from a combination of biological, psychological, social and environmental forces.

When examining the causality of violence from these angles, violence prevention would appear to strongly resonate with early childhood development, family strengthening and care reform.

An evidence and gap map has been produced by UNICEF Office of Research-Innocenti covering effectiveness studies on violence prevention strategies in low- and middle-income countries, and a forthcoming *Lancet* meta-analysis includes a thorough assessment of the quality of evidence on children in care.⁴⁷

“What makes a system scalable? It is ultimately whether the government will support and finance it... pilots are easy but getting government to adopt the concept is hard.” – Key informant interview

⁴⁶ See the collection of articles in *Aggression and Violent Behavior*, vol. 25:B, 2015.

⁴⁷ Campbell Collaboration & UNICEF Office of Research-Innocenti, ‘A map to #ENDviolence against children. Reducing violence against children: an evidence & gap map in LMICs’.

e. Scaling what works (and avoiding what does not)

Scaling is not a goal in its own right – and can have unintended and even harmful outcomes if not drawing from evidence or being based in local context. Both are important – an intervention that is rigorously (and positively) evaluated of a high-quality social work referral mechanism for children may have limited, if any, relevance in a humanitarian emergency in a low-resource setting. Indeed, the challenges of contextualizing evidence-based approaches can be much more subtle than that example, with problems arising from a lack of understanding of local practices and norms, the distribution of power and how it is exercised, the lack of resources, goals that are not widely understood or shared and many other variables.

Many child protection teams around the world are working to strengthen alternative care systems, and some of those include work on formal foster care systems. However, foster care has been notoriously problematic in some high-resource countries and has been disproportionately applied to poor and marginalized families. In New York City, the foster care system ‘scaled’ to the point where 50,000 largely children of colour had been removed from their families in 1994. While some of those placements were in the best interests of the child, many could have been avoided by greater community engagement and more resources being put towards social services. That was proven over a two-decade reform effort that empowered parents to participate in decisions affecting their families, eventually reducing the number of children in foster care to just over 10,000.⁴⁸

Tom Morton⁴⁹ highlights four factors that have contributed to failures among child welfare agencies. While based on failures in the US, they appear contextualizable to many other countries.

- The core methods child welfare agencies use to support decision-making and influence change in families lack coherent, broadly accepted theoretical foundations and research evidence.
- The skills possessed by the workforce do not uniformly and reliably match the outcomes required of the agency.
- The child protection agency is embedded in a support system not sufficiently aligned to its child protection mission.
- Under-resourcing leads to chronic burnout, turning the workforce from a force for positive change into a blunt instrument of social control.

So what works? **Building effective systems is not simply about hiring, training and deploying a workforce. It is about articulating and reaching agreement on the goals of child protection, understanding the drivers that a child protection system needs to address, and ensuring interventions to address these drivers and respond to violations, for all children also the most marginalized.** A generalized approach on the continuum of child protection services is presented in the Discussion Paper on child protection systems. Using that, the following illustrates one hypothetical way of determining how to move forward across a continuum of services to address the issue of a sharp

⁴⁸ Tobis, D., ‘How New York City’s parents took on the welfare system – and changed it’, *The Guardian*, 24 February 2016.

⁴⁹ Morton, T., ‘The pernicious failure of child welfare reform. The chronicle of social change’, 2017, <<https://chronicleofsocialchange.org/child-welfare-2/pernicious-failure-child-welfare-reform/28708>> (accessed 15 June 2020).

increase in institutionalization due to a long-term pandemic that has led to high mortality and a sharp increase in poverty (the drivers).

1. **Promotion:** Policymakers and key stakeholders agree that the focus should be on ensuring each child is in a safe and nurturing family environment (the vision). Policies and programmes seek to reduce health and safety risks and to target family income and nutrition needs. The pandemic knows no boundaries. **Programmes are thus universal and must be taken to scale across the country under this scenario to be fully effective.** Public information and strategic communication focus on promoting child well-being and protecting children from violence and exploitation, the benefits of a family environment and the harm of making choices to institutionalize children. Family strengthening, positive parenting and alternative care are promoted. National budgetary resources are made available to support programming and development partners/donors leverage those resources.
2. **Prevention:** National policies and legislation strictly regulating the provision of institutional care in the country are enforced (standards, prohibitions against new institutions, etc.). Social protection programmes are instituted to protect family incomes. School and clinic staff educate children and families on the risks of the pandemic and school feeding programmes provide needed nutrition to children. Community leaders and children/youth are consulted on priority needs. If schools are closed, the social service workforce is declared essential, provided with protective equipment, and provided with guidance and training to assist families.
3. **Identification:** Mechanisms are put in place to identify children at particular risk of institutionalization due to family situation or possible loss of parent/carer(s). In this example, the risk of children in institutions is also assessed, and approaches to identify and track children who are deinstitutionalized as a result of the pandemic are also established.
4. **Intervention and response:** Case management systems are in place and operational to assess the needs of each child/family – remotely if necessary, to identify resources in the community that to which they can be referred and to purposefully ensure no child is left behind. These can be informal community supports, NGO or CBO programmes, and/or government programmes and services. If necessary, alternative care options that are family-based are assessed, and those families are monitored and supported. Given the traumatic impact of the pandemic, psychosocial support and mental health services are made available to the degree possible. Screening for domestic violence is prioritized and response mechanisms established.
5. **Resolution:** As the pandemic eases, and public health restrictions are lifted, policies and programmes work to keep children who were deinstitutionalized in safe and supported families wherever possible. Children in temporary alternative care are assessed, along with families, to determine their best care arrangements. Some programmes and services may continue to provide support after the pandemic given the long-term poverty and social impacts.

It is beyond the scope of this paper to review the entire evidence base on what works, but as noted in the evidence section, UNICEF has invested in evidence maps and there is a large body of evaluation materials available. A good example of the type of publication that can help country teams evaluate candidates for scaling is the UNICEF-commissioned [*Promising Programmes to Prevent and Respond*](#)

to Child Abuse and Exploitation.⁵⁰ Many of the programmes outlined in that resource demonstrate the characteristics outlined in this Discussion Paper.

f. Political will and finding scaling leaders

Several key informant interviews highlighted the critical importance of political will and finding an influential leader, most often in government, to support scaling. This is also consistent with much of the literature on scaling. Yet securing political will, and ultimately policy change, requires an understanding of how a given government is organized to make decisions, and of what variables influence the decision-making process. Each of the 193 member states of the United Nations boasts of a unique political system with its own specific, and continually changing, power dynamic within that system. Those systems broadly range from extremely authoritarian ‘command and control’ polities to very weak government systems and/or long-standing humanitarian contexts with limited government capacity on the ground.

We define ‘political will’ as a condition whereby those within government with the power to introduce changes in policies or programmes demonstrate their preparedness to support those changes. **Regardless of context, political will is almost always driven by leaders.** ‘Leaders’ embrace and fight for a principle, right, policy or action. They are more likely to succeed if they have the power and ability to change knowledge, attitudes and practices, and are able to shift the allocation of human, organizational and financial resources to support their cause. While it is often desirable to have a leader at the highest levels of an organization or government, this need not always be the case (see sidebar ‘Leaders in scaling’).

Those interviewed noted that influential **child protection leaders are more effective if they are in place for the long term**, and it can be challenging if they move positions and are no longer able to support the sector. Leaders are most effective if they can engage early organizational and stakeholder support around an issue that will persist after they are no longer available.

There are a variety of other factors that influence political will. It goes without saying that social norms, attitudes and practices (discussed above) are the foundation for most political behaviour, and it is important to recognize that those are not uniformly held and can often be the basis for political conflict (consider the norms that inform whether one considers oneself the member of a ‘left’, ‘centre’ or ‘right’ oriented party). Questions that UNICEF child protection teams may want to ask as they assess the ability to secure political support for change include:

- What formal or informal ‘rules’ govern political decision-making in the country?
- Who holds, or is expected to hold, the balance of power within government?

“When there is a lack of funding, sometimes scale up seems impossible. But it’s about what we do with the resources we have... once you build the foundation, donors will come.” – Key informant interview

⁵⁰ Radford, L. with D. Allnock and P. Hynes, P., ‘Promising programmes to prevent and respond to child sexual abuse and exploitation’, 2015, <https://www.researchgate.net/publication/330093884_Promising_Programmes_to_Prevent_and_Respond_to_Child_Sexual_Abuse_and_Exploitation?enrichId=rgreq-49db8dedba933aed9e98ab3e5ab8242f-XXX&enrichSource=Y292ZXJQYWdlOzMzMzMDA5Mzg4NDtBUzo3MTA3MjIxMjQyNTUyMzJAMTU0NjQ2MDc2NzE5Mg%3D%3D&el=1_x_2&_esc=publicationCoverPdf> (accessed 18 June 2020).

Leaders in scaling: Global development partners

While there were some projects focused on family and community-based care in Bulgaria in the 1980s and early 1990s, large institutions continued to be significant part of the care system. Carsten Rasmussen was a member of the European Commission's Directorate General on Regional Policy and while not a child protection 'expert', he and his colleagues began to question the role EU structural funds were playing in supporting those institutions.

In an interview, Rasmussen explained the factors that led to his leading a shift in policy towards prohibiting structural fund investments in institutions, and the broader change in EU thinking on the issue of care.

These included a 'chance meeting' with the OHCHR Representative for Europe at which the question of the use of these funds was raised, with information coming from an Expert Group on the high levels of institutionalization within the EU itself, and the organization of the *Bansko Conference on Leaving No Child Behind* in 2009.

Rasmussen sees that conference as a milestone in the subsequent deinstitutionalization process. A deinstitutionalization policy had been in place but was not effectively implemented. Rasmussen worked with the government and his colleagues to support an action plan based on an inclusive approach with seven line ministries and the NGO sector. The president endorsed the policy.

The action plan was financed by the Commission, showing how an external development partner with a strong internal voice can support long-term change. While there are still challenges, Bulgaria remains on the care reform path.

https://www.openingdoors.eu/wp-content/uploads/2016/01/AC2012_Conference_Report_Web.pdf

- Is the scaling message clear, and is it obvious why scaling child protection is in the national interest?
- As noted above, is there a leader (or are their leaders) with the power and ability to further changes in policies and programmes?
- What do policymakers have to gain from supporting scale up in child protection?
- Which interest groups appear to have the ear of government? Are any likely to align with child protection concerns?
- Has civil society exercised its voice on child protection issues, or is it in a position to do so? How influential is civil society voice in the country?
- How influential are major development partners and international NGOs in the country? Are they in a position to advocate for child protection scaling?
- Are there individuals influential with the public who are willing to put child protection issues on the table?
- Are their subnational governments interested, or potentially interested, in taking child protection to scale?
- Are there private donors interested in public-private partnerships that might help to secure government interest in scaling child protection?
- How effective are NGOs and CBOs at joint advocacy for child protection? Do they tend to work in tandem, or to compete?
- How effective is social media in influencing political behaviour? (See communications section above.)
- Is the government a party to international conventions or instruments that can help frame the child protection agenda?

These questions are important to answer during the formulation of any strategy to secure political will in the country. Indicators of success include development and approval of national strategies and action plans, legislation, regulations, orders, or equivalent mechanisms that promote and support the scaling strategy. Ultimately, one of

the best indicators is successfully securing a budget (see next section). While the effectiveness of these will depend on government capacity, good government policies can help – and rarely hurt – the scaling effort.

g. Addressing social norms

Child protection systems will not go to scale unless and until they draw on, and build on, social norms. As noted above, social norms are often promotive of protection, but they can also be at odds with children’s rights. Most long-term change is based on changes in societal norms. Changing those norms is an oft perilous endeavour – they need to be clearly understood, it should be clear where and how they are held, the proposed change can have unintended consequences and/or engender opposition, and they must be embraced by a significant proportion of the population. A shift in social norms is typically not universal – child abuse can be highly prevalent even if generally popular policies seek to reduce and eliminate it, good progress in FGM/C has not resulted in all communities abandoning the practice and child labour stubbornly persists in many areas despite long-standing attempts to address it, especially in its worst forms. Social norms are particularly important when we consider the structural drivers behind protection violations, and when working to develop linkages between child protection and other sectors, particularly education and health.

A shift in social norms requires the commitment and long-term engagement of many change agents: government, faith leaders, traditional community leaders, experts, and civil society as manifested in a particular context. It has to be seen as a long-term endeavour. The populations of many countries are ethnically, culturally, religiously, linguistically or otherwise diverse. Within a given urban setting, different communities can have widely varying beliefs, knowledge, attitudes and practices related to the protection of children.

Social norms change also means engagement at all ages – besides being directly affected by (gender-based) violence in the home, outcomes of efforts to reduce such violence against children are limited, if any, when adults in that home continue to be subjected to gender-based violence.

One key informant noted that just because norms differ, child protection violations should not be excused or tolerated. Every child has the right to be free from violence and abuse regardless of cultural practices or differences, and systems should aim to support that right on a universal basis.

There is extensive [social norms change literature](#) that is beyond the scope of this Discussion Paper. Common themes in that literature include:

- Policies, legislation and regulation are generally limited in effectiveness unless social norms have changed in ways consistent with the policy objective.
- It is critical to understand the source of the norm – is it part of a long-standing faith-based or cultural practice or code of behaviour? Is it more behavioural? How does it relate to social hierarchies and networks? Has it been influenced by mass media or social media?

“So much of our work is based on people... we need a leader within government.” – Key informant interview

Case study: Viet Nam and children's courts

Over the last 15 years, 13,000 children in Viet Nam have come into conflict with the law annually. In 2012, 2,000 of these cases were child victims of violence. In addition, that year there were 60,000 family law cases involving an undetermined number of children.

In 2005, Viet Nam embarked on a 15-year strategy for comprehensive legal and court reform. UNICEF Viet Nam seized on the opportunity to include justice for children as part of that strategy, centred in part on the development and roll-out of new Family and Juvenile Courts. UNICEF engaged in high-level policy advocacy with the Central Judicial Reform Steering Committee, the Government, the National Assembly and the courts. UNICEF also supported study visits to children's courts in other countries in the region and assembled key supporting evidence. UNICEF further supported a feasibility study with a cost-benefit analysis and needs assessment.

In 2016, the first Family and Juvenile Court was established with UNICEF support. All criminal, civil and administrative matters regarding children are handled in that court by specialized judges and court personnel trained in child- and gender-sensitive approaches and procedures. A second court was established in 2018.

Key advocates included a think tank of well-respected thought leaders in Viet Nam, which facilitated obtaining Government ownership of the programme.

In 2019, Family and Juvenile Courts were rolled out in 36 cities and provinces. As of this writing in 2020, the national roll-out is under way to all 63 provinces in Viet Nam.

- Social norms are not just related to attitudes and behaviour. Social norms are closely tied to identity, and external actors need to recognize that and work within a community's own context.
- Divisions should be avoided where possible – programmes that address GBV should engage men and boys and their norms and behaviours.
- Social norms change is most likely when community members perceive a clear benefit through positive messaging (versus negative messaging that may be perceived as attacking or criticizing existing behaviours).
- Information and evidence can help promote social norms change by enhancing the credibility of the need for change.
- Social norms change is not a 'stand-alone' agenda – norms change should be sought even as policies, programmes and services are strengthened to serve children and families.

h. Communication for child protection scaling

The child protection sector has a mixed record in effective communication, especially when it comes to the promotion of child protection systems. It is relatively straightforward to communicate on single issues, and there is little question that topics such as violence against children and child trafficking have made substantial progress in reaching increasingly broad audiences. Many of the key informant interviews for this Discussion Paper highlighted their efforts in communicating child protection messages, as well as some of the challenges they faced (as exemplified in the section above on child protection language).

Once a UNICEF team has a clear idea of what type of scaling up is to be sought and why it is needed, effective communications become all-important. UNICEF has a robust internal [knowledge base](#) on communications for development, which will not be reproduced here. It is important, however, to highlight specific aspects of communications that should be considered by child protection teams:

- 360-degree communications: There are many stakeholders in child protection. Communications cannot simply be in the form of ‘one-way’ messaging (press releases, posts, tweets) or ‘two-way’ dialogue (face-to-face meeting). Communication strategies should be based on a comprehensive assessment of who needs to be engaged, through what fora, and with what intended outcome.
- Harnessing voice and participation: Messages are not only enhanced when they incorporate the participation and voices of children and youth, but they can also be delivered much more powerfully by them.
- Setting an empowering tone: Often, using a strengths-based approach and showing the positive outcomes of change resonates better with an audience. Know Violence focuses on ‘violence in childhood’ rather than ‘violence against children’. The former phrase invites empathy over sympathy. Know Violence builds on that empathy and presents solutions that are more likely to mobilize – rather than paralyze – the audience.
- Development partners: Child protection is still, at best, at the margins of the development dialogue. There needs to be much more active engagement with the World Bank and major bilateral and private funders. That dialogue should focus less on why they should support child protection, and more on why they are not already fully engaged in protection and how child protection will support their development goals.
- Less citations of rights conventions, more focus on self-interest: While rights conventions are important, communications will be much more effective if they show how child protection contributes to poverty reduction, social and economic development and human capital. It is also important to show that child protection benefits all income groups, not just the poor, and to put forward messages that respect the dignity of all, and elicit empathy, not sympathy.
- Mobilizing local experts and well-known persons: Building the capacity of local experts and well-known persons to develop, frame and deliver key child protection messages and to engage in 360-degree communications will greatly enhance the likelihood of success.
- Maintaining credibility: Advocacy needs to be evidence-based, but evidence needs to be balanced. Sometimes admitting weaknesses in the evidence can strengthen the credibility of the information being presented by showing balance. It can also help to spark interest in learning more about what we do not know.
- Recognizing and engaging parents, families and local leaders: Child protection starts within the home. Parents generally want the best for their children. Traditional and community leaders have a great influence on prevailing social norms and parenting practices. Recognizing and mobilizing parents and local leaders as key child protection actors and highlighting such role models increases resonance for child protection messages.

“Trust that families want the best for their children, do good things and are doing their best. We have to enable and leverage this. Build a sense of solidarity within child protection messages.” – Key informant interview

- **Maintaining a focus on one issue and sticking with it:** To effectively influence policies and practices, messaging regarding policy and intervention priorities should be consistent and maintained over a long period of time to make sure the message comes through.
- **Surprising the audience:** It is always helpful to insert eye-opening facts in a dialogue or presentation to hammer a message home, especially facts that make connections beyond protection. “Did you know a baby’s brain grows 1 per cent per day in the first three months, literally doubling in size? Harm to that baby’s brain development is lifelong.” “In Timor-Leste, studies found boys who were exposed to violence experienced a substantial loss of human capital, with much poorer educational outcomes.”

Beyond dialogue, there are many communication channels that are important for scaling, including broadcast media, newspapers and magazines, advertising/billboards, phone campaigns, street or community theatre, scripting of service providers on key messages, training, and, of course, social media.

Social media at present is seen to have four primary characteristics: (i) it uses Web 2.0 applications that allow the Internet to be much more interactive than in earlier years; (ii) it relies on user-generated content; (iii) its users have profiles that are maintained by social media services such as Facebook, Twitter, Instagram, YouTube, WhatsApp, WeChat and many more; and (iv) it facilitates the development of online user networks.⁵¹ **Social media has unquestionably become a critical tool in influencing opinions, knowledge and attitudes of those who have access to and participate in online engagement.**

Still, the rapid spread of an idea or message on social media – often referred to as ‘going viral’ – is sometimes misconstrued as a characteristic or prerequisite of scaling. It is sometimes asserted that the child protection sector needs a stronger presence on social media, or to go more ‘viral’, but this can only be one limited component of a scaling strategy.

The main issue with seeking to go ‘viral’ is sustainability over time. Consumers of social media tend to have rapidly changing market preferences. In August 2014, an ‘ice bucket’ challenge was launched to support funding for research on amyotrophic lateral sclerosis (ALS), and many celebrities posted their participation online. While this challenge raised an impressive US\$115 million in that first year, it raised only roughly US\$ 1 million the following year, and has not been as notable a fundraiser since.

This is not to say that UNICEF would not welcome an infusion of this level of capital for child protection, even in one year. It is meant, however, to illustrate that **scaling up requires steady, persistent coalition-building and resource mobilization around a core idea and related**

“In Nicaragua, UNICEF advocated for years on the importance of comprehensive care for child and adolescent victims of sexual violence, advocacy which is now bearing fruit and enabling scale up. Advocacy targeted high-level government decision makers and focused on one consistent message over a long period of time to make sure the message came through.” – Key informant interview

⁵¹ Obar, J.A. and S. Wildman, ‘Social media definition and the governance challenge: an introduction to the special issue’, *Telecommunications Policy*, vol. 30, no. 9, 2015, pp. 745–750.

innovation(s), and successes tend to take many years.

The early childhood development sector is an excellent example of how steady persistence can lead to slow, still ongoing and progressive scaling.

Social media can, of course, be an important tool in going to scale. During the onset of the COVID-19 outbreak, social media has been used in highly innovative ways to deliver critical child protection guidance and information. Social media is also increasingly being used for mobilization around a particular objective or cause. However, the points raised above remain: social media can only be a component of a scaling strategy and sustainability of social media initiatives is a challenge.

b. The social service workforce and case management

One challenge with sustaining and scaling child protection has been the lack of a well-capacitated social service workforce in most countries in which UNICEF operates. **While policies and programmes can help to direct change, it is the people on the ground who ultimately make a difference in the lives of children and families.** Too often, child protection programmes have relied on short-term donor funding streams that employ and/or capacitate staff and consultants who are in place only through the termination date. Child protection systems can only scale over time if their foundation is a long-standing and increasingly well-resourced and capacitated social service workforce (including both its formal and informal elements).

UNICEF has recognized this need in its strategy and [guidance](#) documents, and many **UNICEF child protection teams have been actively promoting a significant scale up of the social service workforce as a key element of systems strengthening.** When Rwanda embarked on its ambitious deinstitutionalization programme, UNICEF worked with the government to ensure that children, families, institutions and communities were provided with trained social workers and therapists to undertake case management, referrals and supports, and monitoring. During the Ebola crisis, UNICEF was instrumental in working with governments and donors to ensure that the social service workforce was part of the overall response needed to meet the full spectrum of children's needs. UNICEF Myanmar worked

Study: Transnational scaling in health

In a study of 1,200 health programmes released in 2014, researchers sought to determine which common programmes operate in two or more countries. The study reviewed data on health focus, service activity, legal status, funding sources, location and founding year.

Of the 1,200, they found that 116 had achieved transnational scale. The ones that had successfully scaled had the following attributes:

- They were more donor-reliant
- They were more likely to be targeted to specific health priorities like TB, HIV/AIDS and malaria contributing to health systems that are not always responding to holistic, integrated health needs
- They were less likely to be focused on comprehensive general care
- They tended to support health-care services rather than direct clinical care.

When looking at programmes operating in 10 or more countries, they found they were backed by large multinational corporations, USAID (Supply Change Management Systems) and large non-profits.

Almost all the outliers were narrowly focused on limited clinical services or a targeted health need like HIV/AIDS.

This analysis is sobering if one is to consider the challenges to scaling programmes in child protection on a transnational basis, especially with respect to systemic approaches that target the spectrum of child protection interventions in a holistic way. The attributes described above can be used to learn for scaling child protection.

Shahin, et al. Trans-national scale-up of services in global health. PLOS One, 2014, <<https://doi.org/10.1371/journal.pone.0110465>>

Secondary data analysis for child protection

Existing data sources can often be leveraged to help fill data gaps through secondary analysis.

For example, using national Demographic Health Surveys (DHS), the Better Care Network has completed secondary data analysis to describe the situation of children's care and living arrangements in at least 14 countries (all but two located in sub-Saharan Africa). (All reports available on the BCN website)

In 2015, ICF International (with support from USAID) conducted an analysis of DHS and MICS surveys to describe prevalence of household risk factors that are known to be associated with negative child outcomes. (Pullum, Thomas, 'The Prevalence of Household Risk Factors for Children Age 0-17', estimated for 2000–2015 using DHS and MICS)

Most recently, in 2020, in an estimation study, a systematic review of peer-reviewed publications and a comprehensive review of surveys and unpublished literature were conducted to construct a data set on children living in institutional care from 136 countries.

This, among other things, describes estimated ranges of populations of children living in institutions at a country level and regional level. (Desmond, Chris, et al., 'Prevalence and number of children living in institutional care: global, regional and country estimates', *The Lancet*, 2020)

intensively with the government on formalized training systems and the planned deployment of thousands of social workers across the country.

In Nicaragua, to scale up the Comprehensive Care Model for Children and Adolescents, UNICEF invested in training existing government psychologists to train a broader network of psychologists through a classic Training of Trainer model. At the same time, UNICEF advocated for a standard, certified pre-service training course on sexual violence response so that future psychologists can be recruited to support the model throughout the country.

At the time of writing, UNICEF offices around the world have been focused on helping to mobilize and support the social service workforce in the COVID-19 response. This includes the development and roll-out of remote case management tools, as well as advocacy targeted at ensuring that the social service workforce is deemed 'essential' in the response and is adequately trained and protected, including through the provision of personal protective equipment.

The Global Social Service Workforce Alliance has posted extensive [resources](#) on how to develop and strengthen all aspects of the workforce. Key elements of social service workforce strengthening, as developed by the Alliance, include:

- **Planning the workforce:** Strategic approach, data-driven decision-making, recruitment, hiring and deployment, and alliances to strengthen leadership and advocacy
- **Developing the workforce:** Align education and training with workforce planning, ensure curricula include both indigenous knowledge and global best practices, strengthen faculty and teaching, and ensure a broad range of professional development opportunities are available
- **Supporting the workforce:** Strengthen systems to improve and sustain workforce performance, develop approaches to improve job satisfaction and retention, and support professional associations.

i. Information and data management

Several key informant interviews mentioned the critical importance of data and evidence for advocacy and scale up. In some cases, informants focused on information systems needed for effective case management, in other instances informants mentioned surveillance data and evaluation data. Overall, it appears there is a general feeling that UNICEF should invest more in generating and documenting evidence as a critical part of successful scale up. This applies to continued investments in PRIMERO/CPMIS and other government administrative data systems, as well as an additional injection of investments in evaluating and/or documenting information on programmes as they are being scaled up.

Case Management data

In Indonesia, UNICEF supported the configuration and testing of PRIMERO/CPMIS for cross-sectoral case management; the system is currently being transferred to a government-managed cloud-based platform. The system is being used for cross-sectoral case management in support of the Integrated Child and Family Welfare Services, and is also used for family tracing and reunification. Through working with the Technology for Development team, the system is currently expanding from the original 5 pilot districts to 30 districts. Other neighbouring countries – namely Thailand and Cambodia – are now learning from the system roll-out process in Indonesia. In the medium and long term, the more documentation and dissemination of lessons learned from developing, testing and implementing PRIMERO/CPMIS for general child protection case management, the more effective the scale up will be globally. Additionally, understanding the long-term costs associated with management and maintenance will help to ensure sufficient and sustainable financing of the system.

National Surveys and Surveillance

National surveillance data can be essential for effective advocacy. For example, in Papua New Guinea, VAC/W and GBV was included in the National Demographic Health Survey (DHS) for the first time, pushing the issue further by knowing prevalence.

DHS surveys, the most well-known national health surveys around the world, include data on domestic violence, FGM, birth registration, child discipline/VAC, child labour, school attendance, immunization rates, infant and child mortality and child nutrition. Approximately 83 countries included youth (aged up to 24 years)-related indicators between 2014 and 2020; however, the data focus on health indicators, such as knowledge of HIV. In a search of DHS Publications from 2014 to 2020, 63 countries included FGM in their most recent national health survey. Inclusion of FGM in DHS has gradually increased over time. Data on child discipline/VAC,⁵² however, are more limited, with only 12 countries ever including these indicators (the first country to include these was Azerbaijan in 2006). One specific

“We try to keep finger on the pulse through qualitative research, but we are still at the beginning of what this looks like. We are not good enough at documenting change. We are shy in saying these are our results simply because we don’t have quantitative data. We have tried Most Significant Change techniques on teams, qualitative methods that tell the story of change.” – Key informant interview

⁵² Indicators commonly are children who experienced psychological aggression, physical punishment, violent discipline and respondent attitudes towards physically punishing children.

Successful scaling: Rwanda

After the genocide, a number of institutions were set up in Rwanda. By 2012, the government realized that all of the children housed in those institutions had aged out, yet the institutions continued to take in children. UNICEF and other stakeholders launched a dialogue with the government to identify and support a way forward.

Baseline data showed that there were 3,323 children in 33 different institutions across the country. Rwanda adopted a National Integrated Child Rights Policy and other child protection legislation in 2011, which served as the basis for a Child Care Reform Strategy in 2012. The policies and strategies included provisions on the rights of children to live in a family environment.

The Tubarerere Mu Muryango Programme ('Let's Raise Children in Families') set out goals and timelines for transitioning from institutional to family-based care in the country. Political will was strong and national budget was committed to support training and deployment of a social service workforce to implement the reform. UNICEF and its partners provided extensive technical support to the National Commission on Children, which oversaw the programme.

From 2012 to 2017, more than 3,000 children had been placed in families that were monitored and supported.

While Rwanda is known to have a strong government system, which facilitated scaling, this programme also benefitted from a close public-private partnership, extensive work on the continuum of child protection services, a two-year mass media campaign and other highly strategic activities. An excellent evaluation and overview of the programme can be found [here](#).

challenge is that child protection indicators are generally about harm not occurring, which is much more difficult to measure than the acquisition of something positive (such as vaccination).

Data on child labour in DHS, similarly, are very limited, with only 11 countries including related indicators.⁵³

VAC surveys have also gained momentum since eSwatini (previously Swaziland) published the first VAC survey in 2007. However, to date, only 12 countries have published reports on national VAC prevalence, and all but three of these countries are in sub-Saharan Africa. Further, it appears that no country has conducted a repeat survey to look at trends in VAC prevalence over time, perhaps a reflection of the high costs associated with national surveys of this size.

The other well-known national survey related to child protection is the UNICEF-supported Multiple Indicator Cluster Survey (MICS). Since MICS started 25 years ago, 341 surveys have been finalized in 117 countries. The contents of the surveys have evolved over time. Originally more heavily focused on health-related indicators, additional indicators on child discipline, child labour and education are now commonly included. In some countries, surveys include data on FGM, domestic violence, marriage, early childhood development and more.

Secondary analysis of these existing data sources does occur, but has not been exhausted particularly for advocacy purposes. Further, data on cost-benefit or economic models of scaling up child protection are few and far between.

Data on programmatic scale up

Informants interviewed for this paper often mentioned the need for improved evaluation and documentation of programme scale up. In most instances, evaluating programmes were mentioned as retroactive, if they were occurring at all. This was cited as a short-fall that limits documentation on the programme model itself, on the outcomes/impact of the programme, as well as lessons learned about the

⁵³ Indicators include a spectrum of types of work from household chores to paid work outside the home, by different age categories and different ranges of hours worked per day.

process of implementing or scaling up the programme. In general, scale up requires carefully planned and well-resourced documentation and evaluation from the start of the programme, throughout the process of scaling it up.

j. Challenges with UNICEF's business model

Numerous key informants pointed to UNICEF's heavy focus on a one-year programming cycle. Even though UNICEF strategies can be multi-year and extend beyond that one-year orientation, scaling typically requires a long-term orientation of 10–15 years. Others noted UNICEF's challenges in working across its own internal silos, for example, when it is necessary to engage health, education and social policy colleagues in a broader coordinated strategy for children.

The best workaround, considering many of the themes of this paper, is to ensure that the scaling vision is owned by government and all of its partners, building off a contextually appropriate approach to child protection.

This means ensuring the strengthening of child protection is nested within:

- A 10-or-more-year government vision and strategy for the sector that is supported by UNICEF and others and embedded within relevant sector strategies when applicable
- National development plans, poverty and social development strategies, or the equivalent
- The medium-term expenditure framework (see previous section on resources)
- Monitoring, evaluation, accountability and learning frameworks
- Regular communication and advocacy
- To the extent possible, incorporating a long-term commitment to the scaling vision in UNICEF's internal planning documents, even if they are less than 10-years-or-more in their time horizon (e.g., 'UNICEF is supporting Phase 1 of the Government's 10-year Strategy to Develop a Comprehensive Continuum of Child Protection Services').

k. Resources for child protection scaling

UNICEF has commissioned an internal background paper on public finance for child protection that should be read in tandem with this Discussion Paper. Like this Discussion Paper, it will be used to inform the development of UNICEF's next Child Protection Strategy.⁵⁴ The public finance paper includes an overview of UNICEF's public financing for children programme framework, but broadens the approach to apply the application to five areas key to the child protection sector:

- Making the economic case for child protection
- Assisting with the building up of national child protection systems and the scaling up of services
- Supporting sub-national authorities responsible for child protection
- Improving the efficiency of child protection services
- Enabling the tracking of child protection budgets and expenditures.

⁵⁴ Barberton, C., and S. Halvey, 'The contribution public finance for children can make to realizing child protection objectives', unpublished manuscript in draft, 2020.

The child protection sector, generally speaking, has not been successful in securing adequate resources to develop, strengthen, sustain and scale systems that work across the continuum. As noted above, public sector, development partner and donor resources tend to fund child protection policies and programmes at the very margins. As Barberton and Halvey note, public finance is largely driven by ‘value-for-money’ indicators and powerful economic arguments. Unlike health and education, child protection has limited evidence showing its value, and the study suggests the need for substantial investment in more research connecting child protection to economic growth, social costs, cost-effectiveness and other areas.

One of the challenges with making the case is the legacy of a sector accustomed for much of its history to working on an array of single issues. In many contexts, there has been limited government understanding of child protection as a ‘system’, let alone one that might require strong coordination mechanisms, strong departments within relevant ministries, and supporting agencies. Child protection is rarely prioritized within broad national development plans, which are only recently beginning (in some cases) to acknowledge the need to address violence, exploitation and abuse. Along with UNICEF, NGOs and private donors have carried the financial burden for supporting child protection programmes and services in many countries.

Even if child protection is recognized as important by governments and key stakeholders, sustained scaling will not occur unless it is included within public budgets, with resources allocated over three to five year time frames (often called ‘medium-term expenditure frameworks’ in many countries). Public resources can complement and leverage private sources of funds, but many important elements of the formal child protection system (workforce, case management, alternative care, programming) can only scale with resources from the government budget.

Assuming the case is successfully being made for strengthening the child protection system, key strategies for incorporating child protection in the public budget include:

- **Understanding the budget cycle and engaging early:** Each country has its own timetable for preparing the budget. It is critical to put child protection budget needs on the table early in the cycle before other priorities capture the budget process.
- **Costing:** Many governments have weak public expenditure systems in place, often relying on incremental percentage-based annual increases to adjust budgets. Costing child protection needs strengthens the overall public expenditure process, allowing officials to show the link between policy and programme objectives and the unit costs required to make those a reality.
- **Outcomes-based budgeting:** Related, linking each requested budgetary item to a specific outcome (or set of outcomes) is a powerful planning and advocacy tool.
- **Use of existing government systems:** Sustained capacity-building will occur only by working within existing systems and procedures. Creating sophisticated external tools or models will poorly translate into ministry and department planning and budgeting, and will tend to be ‘one-

“We believe firmly in systems. The workforce is the most critical component of this. Little by little, adding one cadre at a time is fine. Child protection is so dependent on the workforce. Also, we need coordination and looking at national case management or coordination across sectors and leveraging the capacities of other sectors if they are also reaching children.” – Key informant interview

UNICEF: Assessing child protection budgets

UNICEF has been reviewing national budgetary frameworks in selected countries and assessing the funding of child protection in those frameworks.

In Uganda (2017/2018), it was found that 84 per cent of the public budget for child protection was within the Social Development sector, with the rest allocated within Justice, Law and Order and Public Sector Management. The largest line item was for social protection for vulnerable groups. This accounts for .07 per cent of the national budget that year.

In Malawi, the expenditure assessment focused specifically on prevention and response to child marriage. The national strategy to end child marriage was launched in 2018, but there were no changes in related activities in the 2019 budget. Indeed, the 2018/2019 budget for child marriage programmes decreased by 71 per cent in real terms from the prior year. Roughly 73 per cent of that budget was provided by external development partners. The combined public and private budget of MK 4 billion (about 0.0025 per cent of the national budget) was deemed MK 6 billion short of what was needed for full implementation of the strategy each year.

Burundi allocates 2.1 per cent of the national budget to child protection, although its expenditure classifications for child protection are not equivalent to those of Uganda and Malawi. Budget levels for child protection had been declining between 2015 and 2017 but increased from 2018 to 2020. This budget is allocated over seven ministries and covers gender equality, HIV/AIDS prevention, mother and child booklets, justice and basic education. External partners fund only 14.7 per cent of the child protection budget.

More work is clearly needed to link national child protection programmes to public expenditure programmes. UNICEF ESARO is preparing guidelines on what expenditures should be classified as ‘child protection’ and related areas to facilitate budgeting work.

Republic of Uganda & EPRC (2017). Investing in child protection. The national budget framework FY2017/18. Budget brief No. 2017/6. Malawi Ministry of Gender, Children, Disability and Social Welfare (2019). “Working paper”: Budget scoping on programmes and interventions to end child marriage in Malawi; UNICEF (2019). Budgetary analysis: child protection 2019/2020. Burundi. UNICEF ESARO (2019). Guidelines for developing a child protection budget brief. Draft. 16 April 2019.

off’ exercises. How can budgetary authorities develop the capacity to cost, budget and advocate for child protection system strengthening without external assistance?

- **Engaging key actors at all levels** within the child protection system, from family and community level to national-level policymakers. Families are the closest to children and generally have a vested interest in protecting their children and ensuring their well-being. Traditional and community leaders are important influencers who shape social norms and parenting practices. Recognizing and engaging families and local leaders throughout the budget cycle enhances the likelihood of resource mobilization.
- **Participatory budgeting**: It can often help to have key stakeholders participate in a dialogue on what tradeoffs might be needed within a given budget constraint. What are the short-, medium- and long-term priorities and associated budgets? Many costing tools can help to make those tradeoffs transparent.
- **Finding allies**: Social welfare and child protection agencies are often weak and marginalized. As child protection is multisectoral, how should planning and budgeting occur across different ministries and agencies? Are there allies across government willing to support increased allocations for child protection?
- **Budget execution**: All too often, ministries and departments do not have the capacity to spend what they have been allocated. How might they be prepared to train, accredit and hire a social service workforce? How might they manage the introduction of a new management information system? Are there infrastructure, IT or equipment needs that have been planned for, and how will those be managed?
- **Public-private partnership**: In many countries, public-private partnerships are used

to scale social services. Can funding be shared or matched? Is it possible for community-based organizations to be contracted to deliver services? Are there university partnerships that can be mobilized to support training of the workforce?

- Accountability for advocacy: If results are achieved through public investments and resources, how might policymakers and other stakeholders be made aware of them? Can public satisfaction with new programmes and services be captured? Is there scope for officials to visit those programmes and services to see the impact with their own eyes? How might a related communications strategy be developed and executed for the broader public?

Humanitarian and emergency contexts call for a somewhat different approach to resourcing. While there is increasingly frequent reference to the ‘nexus’ between humanitarian and development programming, and more involvement of government budgets, a great deal of humanitarian assistance remains externally funded. Child protection teams might nonetheless continue to promote the nexus and seek to identify opportunities for public and private partnership where contexts permit. At the time of writing, it is particularly important for child protection teams to advocate for sector needs as the COVID-19 pandemic draws together global, regional and country development partners to identify and plan for the response.

1. Scaling in fragile, humanitarian and emergency contexts

Scaling can and does occur in fragile, humanitarian and emergency contexts, but the challenges are clearly much greater. It is difficult to generalize among the wide array of these contexts, which range from relatively short term to decades in duration, and which differ extensively from one another (armed conflict, environmental, refugee, etc.). They can occur in relatively limited geographic space, or cover large portions of a country or region. The role of government can be highly sensitive, and becomes further complicated when there are cross-border issues, lack of clear governmental authority, active resistance or opposition to government, competing political interests of many types, and a lack of cooperative and well-coordinated engagement with NGOs.

If a given context has an active dialogue under way to strengthen the ‘nexus’ between humanitarian and development actors, the scaling pathways will likely occur as a part of that dialogue. The emphasis may be less on ‘policies’, and more on ‘programmes and services’. Scaling would occur within the context of the various informal and formal elements of the system that is in place. The role of donors in scaling can be particularly critical in these contexts.

It should be noted that many global actors have developed tools to activate and scale up responses during the onset of a humanitarian disaster. The full literature is beyond the scope of this paper, but it should be noted that [guidance](#) by IFRC, IOM, UNHCR and WHO on scaling up the COVID-19 response was issued in March 2020, and includes measures for camps and camp-like settings.⁵⁵

⁵⁵ Inter-Agency Standing Committee, ‘Interim guidance: scaling up COVID-19 outbreak readiness and response operations in humanitarian situations. Including camps and camp-like settings’, Version 1.1., 2020, <<https://reliefweb.int/sites/reliefweb.int/files/resources/IASC%20Interim%20Guidance%20on%20COVID-19%20for%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20Camps%20and%20Camp-like%20Settings.pdf>> (accessed 10 May 2020).

Case studies evaluated by Chandy and Linn on scaling in fragile and low-capacity environments led to the following findings:⁵⁶

- Greater selectivity in choosing what to scale typically needs to be employed
- The most successful donors engaged early and engaged for the long term
- Simple project design is important
- Care must be taken not to tie projects to the ‘fortunes’ of a particular leader
- Security issues may simply impose limits on what can be scaled horizontally
- Sustainability is a significant problem that donors should recognize and address
- Risk should be managed (scenario planning, strong analysis, realism in approach)

A comprehensive report on scaling in fragile contexts, which includes extensive case studies, can be found [here](#).

⁵⁶ Chandy, L. and J. Linn, ‘Taking development activities to scale in fragile and low capacity environments’, Brookings: Report, 2011, <<https://www.brookings.edu/research/taking-development-activities-to-scale-in-fragile-and-low-capacity-environments/>> (accessed 15 May 2020).

VIII. Scaling up child protection: The conceptual framework

Thus far, the Discussion Paper has covered a broad array of issue areas related to scaling up child protection. In the end, however, what should UNICEF country teams seek to scale? The Technical Paper on Child Protection System Strengthening being prepared in parallel with this Discussion Paper highlights seven system elements that provide a starting point. These system elements are inter-related and it is difficult to consider focusing on one or more independent of others. However, of these seven, the two in bold below are those we recommend UNICEF country teams focus on to guide scaling. The other elements should then be strengthened to enable the scaling effort.

- **Legal and policy framework**
- Governance and coordination
- Resources
- **Continuum of services**
- Standards and oversight
- Data management
- Awareness and participation

The non-bolded elements of the system support scaling. Awareness and participation help to make the case for child protection and can influence social norms. Good governance and coordination, along with standards and oversight, improve management and administration of the system, and when effective, can help to improve outcomes for children. Increased resources provide the revenues needed to scale. Data management helps to capture information needed to show the impacts from scaling, and supports both governance and advocacy.

Legal and policy framework

Once a legal and policy framework is assessed, it can be scaled horizontally (e.g., by moving towards universal coverage across an entire country, for example, when policy provides access to services in only limited parts of the country) or functionally (e.g., by requiring the education system to incorporate child protection programmes in schools, or by increasing the public's rights to a broader continuum of child protection services).

Policies can also promote scaling of child protection vertically. For example, national authorities may decide to increase resources by providing local authorities with sub-grants for child protection activities, along with standards and oversight to help ensure those activities are successful. Policies can also promote local coordination between the key actors engaged in child protection, both informal and formal, and focus on ensuring that systems are community-based.

Continuum of services

Once a continuum of services is defined and established as a goal in a given country context, it can be scaled horizontally (e.g., by increasing geographic coverage of the services) or functionally (e.g., by combining two or more approaches within a given programme, such as by strengthening an existing HIV case management system by building it out to include child protection assessment and referral, or by incorporating family strengthening and parent engagement in an early childhood development programme).

Vertical scaling can also be promoted, for example, when county authorities mobilize to coordinate the work of local authorities, community-based organizations, faith-based organizations, service providers, public sector representatives, donors, the private sector and others to work towards a common child protection goal such as reduced violence against children. Another example might be when a range of

local actors are brought together to support a family strengthening and gatekeeping model in their communities.

The conceptual framework: See Volume 2

The scaling conceptual framework in Volume 2 provides a structured approach for undertaking scaling in a given country context. It is hoped that this volume has sensitized and informed UNICEF teams so that they can use that framework effectively and efficiently to strengthen child protection systems through high-quality and scaled up policies, programmes and services.

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