

## **The Case for Population Based Tracking of Outcomes for Children Toward a Public Health Approach in Child Protection System Strengthening<sup>1</sup>**

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### **Introduction and Purpose**

A momentous shift in the global child protection sector has been away from the provision of supports for particular groups of vulnerable children toward the strengthening of national child protection systems.<sup>2</sup> This shift recognizes the interactions between diverse risks and the need for a holistic, systemic approach to addressing the full array of child protection issues. Work on strengthening child protection systems promises to improve the coordination of child protection efforts, utilize resources in a more effective manner, and provide much needed emphasis on prevention. If done well, child protection system strengthening can help one to move beyond a welter of particular projects for assisting vulnerable children to providing coordinated, sustainable supports to an entire population of children in a contextually appropriate manner.

However, a key challenge in strengthening national child protection systems is the weak evidence base regarding child protection.<sup>3</sup> Throughout the child protection sector, there has been a tendency to focus on process and output indicators such as the number of Child Welfare Committees or Youth Clubs established, the number of trainings conducted, and the number of cases of child abuse currently being processed by the system. Although such indicators are valuable, they tell us little about the outcomes for children, in particular, whether children's lives have improved in meaningful ways. Also, there has been a tendency to use non-robust evaluation designs that do not allow one to conclude whether a particular intervention had causal effects on the outcomes for children.<sup>4</sup>

Because system strengthening is a relatively recent focus, little consensus exists about what should be measured in evaluating the effectiveness of a national child protection system or how to take the desired measures. Correspondingly, little evidence exists regarding the most effective means of strengthening child protection systems.<sup>5</sup> At this juncture in the development of the child protection sector, then, a significant need is for systematic approaches to evaluating the effectiveness of a national child protection system.

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<sup>2</sup> Davis et al. (2012); UNICEF et al. (2013); Wulczyn et al. (2010).

<sup>3</sup> Davis et al. (2012); Wessells (2009).

<sup>4</sup> Wessells (2009).

<sup>5</sup> Davis et al. (2012); UNICEF et al. (2013).

The purpose of this paper is to suggest the value of tracking population-based outcomes for children as a key component of monitoring and evaluating the effectiveness of a national child protection system. It begins with a discussion of how the frequently used approaches of project based evaluation and case based monitoring are limited in regard to evaluating the effectiveness of wider child protection systems. Having shown the value of a public health approach, it then considers what is most appropriate to track at a population level. It concludes with a call for governments to use this approach in strengthening and monitoring the effectiveness of national child protection systems.

### **The Limits of Project-Based Approaches**

The approach of monitoring and evaluating particular projects is of fundamental importance in documenting what has worked or not worked, strengthening practice by using the learning to improve one's work, and being accountable both to donors and affected people.<sup>6</sup> Project based monitoring and evaluation is particularly important in light of the paucity of evidence regarding the effectiveness of various child protection interventions. For example, the formation of Child Welfare Committees has been one of the most widely used interventions, yet there is little quality evidence regarding their effectiveness and sustainability.<sup>7</sup> Similarly, Child Friendly Spaces, which are perhaps the most frequently used protection intervention on behalf of children in emergency situations worldwide, had been widely used even in the absence of systematic evidence regarding their effectiveness.<sup>8</sup>

Fortunately, numerous efforts are helping to correct this situation. For example, the Child Protection Monitoring and Evaluation Reference Group has enabled child protection agencies to work together on strengthening the evidence base.<sup>9</sup> Also, academic-NGO partnerships such as those within the Care and Protection of Children Learning Network<sup>10</sup> are contributing to a stronger evidence base. Academic-NGO partnerships have also helped to shed light on the effectiveness of Child Friendly Spaces.<sup>11</sup> Also, the work of the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems (hereafter referred to as the Interagency Learning Initiative) has contributed tools and approaches that are useful in assessing the effectiveness of community-based child protection mechanisms.<sup>12</sup>

Although systematic project evaluations will continue to be a useful source of information that can contribute to strengthening practice, they are by themselves poorly suited to the wider task of monitoring and evaluating the effectiveness of a national child protection system. A key problem is that of scale--projects apply typically to small geographic areas, do not have national reach, and do not have nationally representative samples. Questions about the effectiveness of a national child protection system, however, pertain to the entire population of children, including those who are outside the catchment area of particular projects. At some point, one needs

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<sup>6</sup> Child Protection Working Group (2012); MERG (2014).

<sup>7</sup> Wessells (2009).

<sup>8</sup> Ager & Metzler (2012); Wessells & Kostelny (2013).

<sup>9</sup> Child Protection Monitoring and Evaluation Reference Group (2014).

<sup>10</sup> Child Protection in Crisis Learning Network (2014).

<sup>11</sup> Metzler, Kaijuka, Vojta et al. (2013); Metzler, Savage, Vojta et al. (2013).

<sup>12</sup> Wessells (2011); Wessells, Kostelny, & Ondoro (2014); Kostelny et al. (2013).

population-based evidence that indicates whether children's situation is improving, not just in particular sites but nationwide.

A related limit is that projects typically focus on particular sub-groups such of children such as survivors of gender based violence, children who live or work on the streets, or children who have been recruited into armed forces or armed groups. Even if it could be shown that children in those particular sub-groups had improved on a wide geographic scale, one could not conclude that the national child protection system was effective. After all, other sub-groups of children such as minority children, girls, or young children (0-8 years of age) might continue to be at serious risk. Thus, the analysis of the effectiveness of a national child protection system requires the tracking of the entire population of children, with attention to diverse sub-groups within it.

Further, it is unlikely that this limit could be addressed by tracking the outcomes of many different projects conducted in different geographic areas and with diverse sub-groups of children. By their nature, projects are guided by diverse actors, have different funding streams and life spans, and use divergent indicators. When one tracks different projects at a national level, one typically ends up with incomparable data and in the position of comparing apples and oranges. Although the use of a common set of indicators across projects could help, such an approach would be limited methodologically by the lack of a nationally representative sample. A stronger approach would be a public health approach that takes a population focus from the start.

### **A Public Health Approach**

A public health approach that tracks the population of children is well suited to monitoring and evaluating the effectiveness of a national child protection system. By tracking over time the population using of nationally representative samples of children, one is potentially in a position to say whether children's situation is improving, deteriorating, or staying the same. Because the tracking could include different sub-groups and regions, a public health approach makes it possible to identify whether children in particular sub-groups were improving, whereas others were not, or whether children in particular regions were improving whereas those in other areas were not.

A key question, however, is what to track on a population basis over time. Although a commonly used strategy is to track the number of cases of child abuse, this approach may not provide the leverage on prevention that is one of the hallmarks of public health approaches. This section examines the strengths and limits of various options for population-based tracking, beginning with strictly case-based approaches.

### **Case-Based Approaches**

The rationale for national tracking of cases in a public health approach may be illustrated in regard to malaria, a health problem that affects millions of children worldwide. The tracking of cases of malaria on a national scale is crucial for knowing whether, in a particular country, efforts to reduce or stamp out malaria are succeeding. The process begins by documenting and recording who the cases were (e.g., gender and age of the person), where they were located, when and how they contracted the illness, and so on. The next step is to enter the information into data bases that compile and summarize information from different areas, ideally providing a

picture of the number of cases for each district or province as well as for the country as a whole. The third step is to track the number of cases over time, for example, at yearly intervals to see whether the number of cases had increased or decreased. This tracking process is complex and entails having a clear definition of malaria and protocols for the identification of legitimate malaria cases by health staff, timely and consistent reporting of recorded cases from various health facilities to specified points such as district or province level Ministries of Health, the development of a common database, the incorporation of the data from the various districts or provinces into the national database, and the use of the database to compile accurate summaries and statistics regarding the cases on a population basis, patterns seen in different geographic areas or age groups, and so on. If the efforts of a national health system to reduce malaria were succeeding, one would expect to see a decline over years in the incidence rate of malaria in the population.

The interpretation of a such a decline, however, is far from straightforward. A decrease in the measured incidence rate of malaria might owe to a decrease in people's willingness to go to the health post when they are ill or to report malaria like symptoms to health workers in the community. Similarly, if the incidence rates of malaria had increased, this could reflect people's increased willingness to go to a health post when they are ill or to report malaria like symptoms to health workers. Thus, the tracking of cases of malaria over time cannot by itself provide definitive evidence of a decrease or increase in the actual incidence rates of malaria. Case monitoring must be supplemented by other measures, a point that will be returned to below.

The challenges of tracking and interpretation loom even larger in regard to child protection violations. For one thing, there is a paucity of widely agreed upon protocols for defining when a case of abuse, violence, exploitation, or neglect toward children has occurred. Also, the multi-sectoral nature of child protection makes it difficult to identify cases in a consistent, accurate manner. It is difficult to prepare staff in a Social Welfare Ministry to use a protocol in an accurate manner. More challenging yet is to prepare staff across other ministries such as a Ministry of Education or Ministry of Health to do that, particularly when they do not regard child protection as their primary function or area of expertise. Also, systems of surveillance and integration of data from different areas is less well developed in the field of child protection than in the health sector.

Particularly noteworthy are the challenges of interpretation. If, for example, the incidence rate of cases of child abuse had increased steadily between 2015 and 2025, one could not conclude that child abuse had actually increased. The increase could stem from, for example, to people's increased willingness to report cases of child abuse due to public campaigns that had raised awareness about the problem. Conversely, if the national rate of child abuse cases had decreased between 2015 and 2025, this could not by itself be taken as incontrovertible evidence that child abuse had declined. Perhaps people had become less willing to report child abuse cases since reporting had seldom led to appropriate action. Alternately, the reporting of cases of child abuse may have created hardships for those who had reported. In rural areas of sub-Saharan Africa, for example, making a report frequently requires traveling significant distances and taking time away from one's farming, or it violates social norms of not talking about village problems with outsiders.<sup>13</sup> Still a third possibility is that as a society had gained increased its awareness of the

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<sup>13</sup> Wessells (2011).

problem of child abuse and had imposed stiffer penalties against abusers of children, perpetrators had become more clever and effective in their ability to hide their abuse of children.

For these reasons, the monitoring of child protection cases on a national scale cannot by itself provide comprehensive monitoring of the effectiveness of the national child protection system in reducing abuse, violence, exploitation, or neglect toward children. In other words, the monitoring of child protection cases is a necessary but not a sufficient condition for assessing the effectiveness of a national child protection system. Additional measures are needed.

An equally serious limitation is that the tracking of child protection cases provides little information on prevention. It does not show, for example, whether there are changes in the factors that increase or decrease the likelihood of child abuse. This is a significant concern because it makes little sense to wait for cases to occur when appropriate efforts could have prevented the violations in the first place. If one of the main aims of a child protection systems is to strengthen protection, then it makes sense to supplement the tracking of cases with measures that aid the task of prevention.

### **Risk Monitoring**

Recognizing the central importance of risk analysis and monitoring in child protection work, a potentially useful supplement to tracking child protection cases is to track the risk factors that contribute to child protection violations. Indeed, public health approaches regularly track not only the magnitude of a problem such as child abuse but also the risk factors that contribute to it. The tracking of the risk factors over time can potentially indicate whether the conditions that enable particular child protection violations are increasing over time, decreasing over time, or remaining constant.

Information regarding changing risk patterns over time aids the interpretation of case-based data. For example, if the rates of reported child abuse had declined over years and the risk factors for child abuse had also decreased over time, that would boost confidence that the decrement in child abuse reports was not an artifact of people's unwillingness to report violations but reflected a real decrease in the incidence of child abuse.

Further, information about risk patterns can support risk reduction efforts that are an important part of work on child protection. Consider, for example, efforts to reduce a problem such as child beating by parents. A risk factor that enables child beating could be the widespread belief that parents should beat their children as a means of punishing bad behavior. Knowing that this belief contributes to harsh corporal punishment by parents, one could develop programs on positive parenting that help to correct the idea that parents should beat their children and prevent severe beating of children by parents. Alternately, one could develop programs that strengthen skills of nonviolent means of discipline that enable parents to teach correct behavior and punish undesired behavior without resort to violence.

Risk reduction, however, is far from a comprehensive approach to prevention. In fact, risk monitoring alone focuses narrowly on deficits and is only a part of a holistic approach to

prevention. To prevent harms to children, it is vital to simultaneously reduce risks to children and strengthen the positive aspects that support children's protection and well-being.

### **Monitoring Risk and Protective Factors**

A useful public health approach is to monitor simultaneously risk factors and also the protective factors that reduce the effects of children's exposure to risk. This approach builds upon ecological models of child development<sup>14</sup> that emphasize the importance of children's social environment and the balance of risk and protective factors within and across levels such as the family, community, and societal levels. For example, being in the care of supportive parents may offset the harmful effects of children's exposure to bullying at school. Similarly, strong peer support may help to offset the effects of children being beaten by their parents. The balance of risk and protective factors influences children's well-being and resilience. When risk factors outweigh the protective factors, children's well-being declines, and children may exhibit developmental delays or even mental disability.<sup>15</sup> On the other hand, if the protective factors outweigh the risk factors, then children continue to do well amidst adversity. In fact, the preponderance of protective factors over risk factors is the basis of a child's resilience, which can change if the balance were to shift in a manner that favored risk factors.

A key to prevention is the joint reduction of risk factors and the strengthening of protective factors. This view is the foundation of the Center for Disease Control work on violence prevention, which entails the joint monitoring of risks and protective factors over time.<sup>16</sup> When combined with the tracking of the number of cases, the tracking of both risk and protective factors at a population level allows one to discern changes in the underlying risk and protective factors. If new risks appear, one can take steps to reduce them, thereby contributing to prevention. Strengthening various protective factors would also contribute to prevention work. The ability to track and respond to the enabling and mitigating factors on a population level gives the public health approach greater preventive power than could be achieved by the tracking of cases alone.

This approach, however, faces several limits and complexities. For one thing, risk and protective factors are not strictly causal--they are factors that increase the statistical likelihood of harm or harm mitigation, respectively. Knowing that the risk factors predominate over protective factors tells us that we can expect to see harm being caused to children. Yet it does not mean that all children will be affected, nor does it actually measure the incidence of harm to children. Also, knowing that protective factors predominate over risk factors tells us that we can expect to see children doing relatively well amidst adversity. Yet it does not mean that all children will actually do well, nor does it actually measure children's well-being. In taking stock of the effectiveness of a national child protection system, what we really want to know is whether on a national scale children's well-being is increasing, decreasing, or staying the same over time. From this standpoint, it makes sense to track children's well-being directly, as a complement to measures of risk and protective factors.

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<sup>14</sup> Bronfenbrenner (1979); Dawes & Donald (2000).

<sup>15</sup> Rutter (1979, 1985, 2012).

<sup>16</sup> Center for Disease Control (2014).

Also, the definition of risk and protective factors is itself a complex matter. One might assume, for example, that family separation is a significant risk since in so many contexts, not being in family care exposes children to an array of hazards. Yet if children had abusive families, then being in family care may be harmful rather than protective.<sup>17</sup> What counts as a risk factor or as a protective factor cannot be assumed--these should be determined empirically.

A related complexity is that there may be significant cultural and contextual variations in risk and protective factors. Although it might be convenient to use a predefined list that is imported from work in Northern, industrialized societies, the use of universalized lists can miss distinctive aspects of the environments and lived experiences of children in particular societies. For this reason, it is useful to use a combination of outcome measures, some of which embody local views of terms and constructs such as 'children's well-being,' 'risk factor,' and 'protective factor' and others of which embody the international views that are enshrined in instruments such as the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.<sup>18</sup>

### **Implications For Governments and International Actors**

This discussion has significant implications for both governments and international actors in regard to child protection. Although the work of both actors interrelate extensively, it is useful to consider them separately to emphasize their separate roles and responsibilities.

#### **Government**

Governments bear the primary responsibility for the protection of the people, including children, within their respective territorial boundaries. A key part of fulfilling this responsibility is to establish or nourish effective child protection systems that support children nationwide. As this paper has argued, however, the effectiveness of national child protection systems is not something that is established by the existence of laws, hard work by ministries or agencies, or rhetoric. Governments that are concerned about the protection of children must be willing to submit their systems to the empirical test. Ultimately, the effectiveness of a child protection system must be gauged by the evidence, that is, by measuring and tracking over time the actual outcomes for children.

The public health approach recommended in this paper is a vital step that governments ought to use in monitoring and evaluating the effectiveness of their child protection systems. As discussed above, the approach provides critical information on how well or how poorly children are protected nationwide. It also provides information on the risk and protective factors that enable one to invigorate work on prevention. By tracking risk and protective factors over time, one moves into a better position to see whether children's protection is improving or deteriorating, and to take informed steps needed to address the protection challenges.

The importance of tracking over time is illustrated by the current Ebola crisis that is centered in Liberia, Sierra Leone, and Guinea. Such a crisis can rapidly expand and change the risks to

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<sup>17</sup> Ager (2006).

<sup>18</sup> Stark et al. (2012).

children. These include not only the immediate risk of contracting and dying from Ebola but also the risks associated with loss of parents, not having a safe or caring household in which to live, or the stigma of having Ebola oneself or having a family member who has or had Ebola. Also, there are increased risks due to school closures and being out of school, which local people in Sierra Leone tend to see as being among the top harms to children.<sup>19</sup> Further, there are increased economic hardships, which can lead to increased sexual exploitation of children since very poor children may have to engage in transactional sex in order to meet basic needs. In order to address such risks, it is important to first have a picture of what the risks are and how the risks have been changing relative to those that had existed before the Ebola crisis. The ongoing monitoring of diverse risks and protective factors can help to provide such a picture, which should of course be complemented with Ebola specific assessments.

Of course, the tracking of outcomes for children on a population basis is not a stand alone means of determining the effectiveness of a national child protection system. Indeed, this is only one of multiple components that are needed. Essential evaluation components include tracking and evaluating cost effectiveness, the quality of services and supports provided, the degree of equity in access to services, the alignment between formal and nonformal elements, and adherence to national laws and policies, among others. Nevertheless, the tracking of outcomes for children on a population basis is a key component in work on child protection system strengthening since it keeps the focus on the well-being of all children over time. In all our efforts to strengthen child protection, the hallmark of success should be not the completeness of legislation or the intensity of efforts to improve services but the actual protection and well-being of children.

### **International Actors**

The main international actors that are likely to have a significant role in strengthening child protection systems include UNICEF, international NGOs, and donors. All of these actors should support the empirically driven, public health approach to assessing the effectiveness of national child protection systems. They should also advocate that governments develop and use this public health approach as a means of strengthening their national child protection systems.

In addition, each of these actors should use their respective roles and positioning to support the government in developing and using the public health approach to strengthening national child protection systems. UNICEF should include the public health approach in its analysis of the functions of child protection systems. Also, it should help to build government capacities for developing and implementing the public health approach. And it should facilitate cross-government learning by sharing and evaluating the comparative advantages of the strategies and approaches governments have used to develop and implement public health approaches.

International NGOs, too, should help to build government capacities for developing and implementing the public health approach to monitoring and evaluating the effectiveness of the child protection system. NGOs frequently have a presence at province, county, state, or district levels, where they may urge and help to develop the capacities for implementing a public health

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<sup>19</sup> Wessells et al. (2012).

approach. Also, NGOs can help by moving beyond an exclusive focus on project-based monitoring and evaluation, contributing to the wider, population-based data collection that is an indispensable part of the public health approach.

Donors should allocate funds for the development and implementation of a public health approach. In addition, donors should help by requiring as a condition of further aid that governments develop and implement a functional public health approach for monitoring and evaluating the effectiveness of their national child protection systems. Over time, aid could be allocated in part based on the extent to which a government has demonstrated that it is using the evidence collected to strengthen its child protection system.

This collaborative approach is consistent with the spirit of the efforts to strengthen national child protection systems. At the end of the day, only a collaborative, empirically driven approach that places children's protection and well-being at the center will enable us to develop effective child protection systems. This collaborative, empirical approach has worked well in the health sector stands, and it stands to take our efforts to strengthen child protection systems to a new level. Indeed, with better evidence to guide our efforts, we may help to systematize the field of child protection and to encourage government accountability for the protection of their most precious resource--their children.

## References

- African Child Policy Forum; African Network for the Prevention and Protection against Child Abuse and Neglect; Environnement et Developpement du Tiers-monde; et al. (2013). *Strengthening Child Protection Systems in Sub-Saharan Africa: A Call to Action*. Dakar: Author.
- Ager, A. (2006). What is family? The nature and functions of families in times of conflict. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to children in war zones* (pp. 39-62). Bloomfield, CT: Kumarian.
- Ager, A., & Metzler, J. (2012). *Child Friendly Spaces: A structured review of the current evidence base*. New York: Columbia University and World Vision International.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Center for Disease Control (2014). The public health approach to violence prevention. Downloaded from CDC website at [www.cdc.gov/violenceprevention/overview/publichealthapproach.html](http://www.cdc.gov/violenceprevention/overview/publichealthapproach.html)
- Child Protection in Crisis Learning Network (2014). Website accessed at [www.cpcnetwork.org](http://www.cpcnetwork.org)
- Child Protection Monitoring and Evaluation Reference Group (2014). Website accessed at [www.cpmerg.org](http://www.cpmerg.org)
- Child Protection Working Group (2012). *Minimum standards for child protection in humanitarian action*. Geneva: Author.
- Davis, R., McCaffery, J., & Conticini, A. (2012). *Strengthening child protection systems in sub-Saharan Africa: A working paper*. Dakar: Inter-agency Group on Child Protection Systems in sub-Saharan Africa.
- Dawes, A., & Donald, D. (2000). Improving children's chances. In D. Donald, A. Dawes & J. Louw (Eds.), *Addressing childhood adversity* (pp. 1-25). Cape Town: David Philip.
- Hubbard, J. (2008). *Using brief ethnographic interviewing as a method for understanding an issue, problem, or idea from a local perspective*. Unpublished document. Minneapolis: Center for the Victims of Torture.
- Kostelny, K., Wessells, M., Chabeda-Barthe, J., & Ondoro, K. (2013). *Learning about children in urban slums: A rapid ethnographic study in two urban slums in Mombasa of community-based child protection mechanisms and their linkage with the Kenyan national child protection system*. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Metzler, J., Kaijuka, R., Vojta, M., Savage, K., Yamano, M., Schafer, A., Yu, G, Ebulu, G., & Ager, A. (2013). *Evaluation of Child Friendly Spaces: Uganda field summary report*. New York: Columbia University, Save the Children, UNICEF, & World Vision International.

Metzler, J., Savage, K., Vojta, M., Yamano, M., Schafer, A., & Ager, A. (2013). *Evaluation of Child Friendly Spaces: Ethiopia field study summary report*. New York: Columbia University, & World Vision International.

Rutter, M. (1979). Protective factors in children's response to stress and disadvantage. In M. Kint& J. Rolf (Eds.), *Primary prevention of psychopathology, Vol. 3: Social competence in children* (pp. 49-74). Hanover, NH: University Press of New England.

Rutter, M. (1985). Resilience in the face of adversity. *British Journal of Psychiatry*, 147, 598 – 611.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24, 335-344.

Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S. (2012). *A grounded approach to the definition of population-based, child protection and well-being outcome areas in children*. London: Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.

UNICEF, UNHCR, Save the Children, & World Vision (2013a). *A better way to protect ALL children: The theory and practice of child protection systems, conference report*. New Delhi: Author.

Wessells, M. (2009). *What are we learning about protecting children? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children.

Wessells, M. (2011). *An ethnographic study of community based child protection mechanisms and their linkage with the national child protection system of Sierra Leone*. The Columbia Group for Children in Adversity.

Wessells, M., & Kostelny, K. (2013). Child Friendly Spaces: Toward a Grounded, Community-Based Approach for Strengthening Child Protection Practice in Humanitarian Crises. *Child Abuse & Neglect*, 37S: 29-49.

Wessells, M., Kostelny, K., & Ondoro, K. (2014). *A grounded view of community-based child protection mechanisms and their linkage with the wider child protection system in three urban and rural areas of Kenya: Summary and integrated analysis*. London: Save the Children.

Wessells, M., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect

between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies*, 7(31), 211-227.

Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations*. New York: UNICEF.