

From Theory to Practice: Towards a Framework for Primary Prevention in Child Protection in Humanitarian Action

A Position Paper



About this position paper

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Document overview:

This position paper was developed as part of the Alliance-led Prevention Initiative. The objective of the Prevention Initiative is to develop key prevention focused resources to support child protection humanitarian practitioners in their efforts to prevent harm to children before it occurs. Recognizing the strategic importance of improving evidence-based approaches to preventing child protection issues in humanitarian crises, this position paper makes the conceptual argument that a primary prevention approach in child protection in humanitarian action is both necessary and achievable. It discusses why a primary prevention approach is essential and describes ways forward by outlining the core elements and key steps required for a prevention framework of action.

This paper is aimed at child protection humanitarian practitioners, managers and technical advisors, sexual and gender-based violence (SGBV) practitioners, policymakers, government officials, members of the social service workforce, donors, and other humanitarian actors working to protect children and to uphold their rights.





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Introduction

Children are engaged in a dynamic process of development, which is adversely impacted by humanitarian crises. Thus, the ultimate goal of any child protection humanitarian intervention is to promote children's healthy development and well-being by preventing and responding to abuse, neglect, exploitation and violence against children.¹ While significant progress has been achieved in developing guidance and setting standards to support child protection humanitarian actors in responding to the needs of children when harm occurs, less has been done to systematically prevent harm before it occurs.² As a result, resources to guide practitioners in their prevention efforts are limited. Yet, prevention must be a priority in humanitarian action,³ alongside response.

Here, child protection in humanitarian action can learn from other sectors that have balanced case-level responsive actions with population-level preventive approaches. A rich body of theoretical and empirical literature exists; for instance, in the fields of psychology and child developmental science that describes how primary prevention interventions in early childhood generate higher returns than remedial actions later in life.⁴ For example, early life nutrition has been found to be essential for long-term health, cognitive development, and economic outcomes, and in preventing chronic diseases later on in life, such as diabetes, heart attack, and stroke.⁵ In advancing primary prevention work in child protection in humanitarian action, it will be important to turn to the documented learning and best practices of other sectors. Ultimately, prevention plays a pivotal role in maintaining the well-being and protection of children, is key to making children's rights a reality, and is critical to reaching the Sustainable Development Goals (SDGs).

Defining prevention in child protection in humanitarian action

The term “prevention” typically refers to actions, policies, and practices that seek to reduce, mitigate or discourage specific or predictable problems, protect children’s well-being, and promote desired outcomes or behaviours.⁶ In accordance with the public health model of prevention, prevention functions at three levels: primary, secondary, and tertiary. The Minimum Standards for Child Protection in Humanitarian Action (CPMS) defines the three levels of prevention as follows:

- “Primary Prevention **addresses the root causes** of child protection risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or violence against children.
- Secondary Prevention **addresses a specific source of threat and/or vulnerabilities** of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence, due to characteristics of the child, family and/or environment.
- Tertiary Prevention **reduces the longer-term impact of harm and reduces the chance of recurring harm** to a child who has already suffered abuse, neglect, exploitation or violence.”⁷

The focus of this paper is on the first level: primary prevention. While child protection humanitarian actors have designed and implemented practices that focus on the secondary and tertiary levels of prevention, less focus has been placed on primary prevention. The overarching goal of primary prevention is to achieve reduction in incidence of harm by intervening before the occurrence of an undesirable outcome.⁸ Thus, primary preventive action seeks not only to prevent an individual child from experiencing harm, but also to reduce the risk of harm for all children within a population.⁹ In this context, ‘population’ may refer to a whole society or community, or to a group or sub-group of children within the broader population.¹⁰ The goal of primary prevention, therefore, is to reduce the overall number of children experiencing harm, thereby complementing case-level response actions. It achieves this by “recognizing the centrality of the social, contextual, and relational aspects of health and well-being.”¹¹

Objective of position paper

Prevention in child protection in humanitarian action is possible.

The objective of this paper is to make the conceptual argument that a primary prevention approach in child protection in humanitarian action is both necessary and achievable. It starts by providing a brief background of progress achieved thus far before discussing why a primary prevention approach is essential. Lastly, it describes ways forward by outlining the core elements and key steps required for a prevention framework of action.



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Background of the prevention initiative

Programmatic efforts in child protection in humanitarian action are largely focused on responding to harm when it occurs, most often at the individual or case-level.¹² While there have been repeated calls for the systematic inclusion of preventive approaches that aim to prevent harm before it occurs, these have been met with few suggestions as to how they can be best operationalized.¹³ Recognizing that “successful child protection begins with prevention”¹⁴, the Alliance sought to prioritize prevention as part of its 2018-2020 Strategic Plan¹⁵ and launched an initiative to develop key resources to strengthen preventive efforts in child protection in humanitarian settings. This initiative has two core components:¹⁶

1. Development of resources to guide practitioners in identifying and understanding risk and protective factors that relate to harmful child protection outcomes, and
2. Development of a prevention framework of action.

To inform the development of these key resources two desk reviews were facilitated. The first desk review,¹⁷ and its subsequent [report](#), revealed a scarcity of existing evidence on the causal pathways of harmful outcomes for children, including risk and protective factors. This finding reinforces the assertion that the child protection humanitarian sector is largely response- as opposed to prevention-focused.¹⁸ The second desk review¹⁹ analyzed primary prevention approaches and good practices in child protection, education, gender-based violence (GBV), and other sectors to understand what has been achieved, to gather lessons learned, and to recommend ways forward.²⁰ The resulting analysis of preventive programming approaches indicated that harmful outcomes to children in humanitarian settings can indeed be prevented, however, very few documented preventive child protection interventions were identified.²¹

Each of the desk reviews had distinct objectives²²; however, they resulted in similar conclusions. Most notably, findings from both desk reviews emphasized the need to:

- Identify and assess risk and protective factors
- Engage children, caregivers, and community members at each step of the program cycle (preparedness, needs assessment, design and planning, implementation and monitoring, and evaluation and learning)

- Ensure multi-level alignment in accordance to the levels of the socio-ecological model
- Support multi-sectoral integration
- Promote strategies that build strengths based on identified protective factors, and
- Strengthen the evidence base of preventive approaches

Why a primary prevention approach in child protection in humanitarian action is critical

A primary prevention approach will provide a comprehensive analysis of the risk and protective factors driving harmful outcomes for children, which will guide the design of culturally and contextually appropriate population-level programming practices. A primary prevention approach also supports the establishment of monitoring systems that can inform and improve programs by revealing trends and patterns²³ of factors that increase or reduce vulnerability in a systematic manner. These can in turn be used to support advocacy efforts and improve policy that promotes the well-being of children.²⁴ To improve prevention, there is a need for practical guidance and tools to support child protection humanitarian actors in designing and implementing preventive programs at the population-level. Developing a framework of action for prevention is a first step towards achieving this goal.

Ultimately, a primary prevention approach will enable the sector to move away from solely questioning or taking action on: “What are the harmful outcomes to children occurring in this context?” towards also inquiring and taking action on: “What are the risk and protective factors within this context that are driving and/or preventing harmful outcomes? And how can we address these risk factors, while also promoting the protective factors that bolster and restore the well-being of children, families, and communities?”²⁵ Such an approach does not mean that prevention and response are mutually exclusive. Both types of actions complement each other in programming.²⁶ Rather “the power of primary prevention lies in part in reducing the need for responsive as well as secondary and tertiary prevention services.”²⁷ By reducing the need for responsive action, primary prevention has notable ethical and cost benefits.

An ethical responsibility to prevent harm before it occurs

During humanitarian crises, it is neither appropriate, ethical, nor in the best interest of the child to wait for harm that is preventable to occur before taking action. An ethical approach would necessitate the implementation of actions that endeavor to prevent harm. Implementing population-level approaches that aim to reduce risk factors and promote protective factors alongside case-level response actions or secondary and tertiary preventive approaches will improve the ability of children, families, and communities to cope with or adapt to adverse experiences, while concurrently fostering their well-being.

The cost-effectiveness of primary prevention

Cost-effectiveness refers to comparisons of (a) the financial costs of different programs with (b) the resulting outcomes of the programs as measured by indicators of children’s well-being.²⁸ It provides information on value for money. Currently, the child protection humanitarian field is underfunded.²⁹ Decisionmakers increasingly seek information on cost-effectiveness as a key consideration when deciding how to invest the scarce resources available for child protection.³⁰ In general, there is limited evidence and comparative work on the cost-effectiveness of child protection programs in humanitarian settings, most specifically on preventive approaches.³¹



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However, evidence from other sectors, such as public health and education, support the claim that primary prevention is indeed cost-effective.³² For instance, evidence from the early childhood development and education sectors shows that intervening in early life to provide universal access to preschool education or by reducing stunting in children costs less than attempts to compensate for deficits resulting from inaction.³³

While it can be assumed that primary preventive efforts in child protection humanitarian action that seek to reduce the prevalence of children in need of responsive services will also lead to cost-effectiveness, there is little existing evidence available to support this assumption. Therefore, an empirical approach is needed. It is equally conceivable that the costs of particular preventive approaches or strategies will be relatively high, while others will be lower. A framework of action for prevention will provide child protection agencies with a structure by which to evaluate and compare the outcomes of their prevention initiatives. This will make way for a body of comparative work and a strengthened evidence base, resulting in better results for children over time, while also encouraging increased investment in primary prevention efforts.³⁴

Towards a framework for prevention in child protection in humanitarian action: core elements and key steps

There are many factors that threaten children's well-being and lead to harmful outcomes during humanitarian crises. These factors are highly diverse in origin, effect,³⁵ severity and duration.³⁶ Subsequently, there is no simple or standard approach to preventing the often complex and multi-faceted problems facing children in humanitarian settings. Rather, comprehensive, inclusive, and culturally- and gender-sensitive³⁷ preventive approaches must be tailored to each specific context³⁸ following input from children and local and national actors. To pave the way for successful prevention efforts and to address the gaps identified in prevention programming in the sector, however, a prevention framework of action should be grounded in the following core elements:³⁹

- Measurement approaches to identify and understand risk and protective factors
- Multi-level alignment in accordance with the levels of the socio-ecological model
- Multi-sector integration
- Maximizing change through strategic targeting on the stages of child development, and
- Strategies to strengthen protective factors to reduce and prevent harm.

The core elements

Measurement approaches to identify and understand risk and protective factors

There is value in using simple yet effective measures that will provide a solid understanding of the risk and protective factors at the population-level and according to the cultural context. This is critical to the design of appropriate preventive approaches that support children's well-being. Such analyses will help to guide policies and design programs aimed at both preventing and responding to harmful outcomes experienced by children. Assessing the risk and protective factors will also support humanitarian actors in better understanding why some children are more vulnerable to experiencing specific harmful outcomes, and which populations or sub-groups of children are most at risk.

Multi-level alignment in accordance with the levels of the socio-ecological model

During humanitarian crises many of the interdependent systems that protect children, such as at the individual, family, community, and societal levels, may become less able to perform their protective function. This is because humanitarian crises have the potential to seriously impact many systems across large areas and groups of people.⁴⁰ A multi-level approach in accordance with the socio-ecological model will aid in organizing preventive approaches that are aligned with and seek to address identified risk and protective factors at all relevant levels. Child protection work at the different levels of the socio-ecological model needs to be aligned in ways that address the risk and protective factors that relate to the identified child protection problem.

For example, national legislation may exist related to child labor, such as on the minimum age or number of hours children of legal working age can work. However, if local authorities do not enforce the legislation or if communities understand children working within the family as "helping" as opposed to "working" this legislation may have little impact on protecting children from harmful work.⁴¹ A multi-level approach to prevention that supports the enforcement of national child labor legislation (society level), while also mainstreaming child labor messaging in communities (community level), and supporting families to access basic needs or to address hazards that may be present (family level) will have a better chance of success.⁴²

Multi-sectoral integration

The risk factors that lead to harmful child protection outcomes and the protective factors that promote the well-being of children, families and communities often go beyond sectoral boundaries. Therefore, a multi-sectoral approach to primary prevention programming is required for prevention programs to succeed. For instance, where mental disorders present in the family are found to be a factor in child maltreatment, it will be important for child protection humanitarian actors to coordinate with MHPSS actors. Similarly, some of the most pressing factors driving child protection problems are rooted in larger issues beyond the scope of child protection programming, such as the limited availability or closure of schools, or existing economic vulnerabilities, which further highlights the need to work collaboratively across sectors, such as education and food security and livelihoods.

In humanitarian action, often joint or multi-sectoral approaches are limited. For instance, one agency will focus on providing economic strengthening activities, while another agency will focus on providing educational opportunities, and yet another on providing mental health and psychosocial support. These activities do not generally intersect or align with the wider aim of addressing the risk and protective factors that must be mitigated or strengthened. It is critical that prevention interventions are focused on addressing risk factors and strengthening protective factors at all levels of the socio-ecological framework in a multi-sectoral and multi-faceted manner.

Maximizing change through strategic targeting on the stages of child development

Preventive program interventions should maximize the potential for change through a deeper contextual and cultural understanding of what it means for a child to be doing well at each age group. Ultimately, understanding developmental tasks and key indicators for development and well-being in accordance to each age group will help to identify the groups of children in need and the program activities that are most appropriate, increasing the overall effectiveness of interventions as well as the chance for their success.

Strategies to strengthen protective factors to reduce and prevent harm

Nearly two decades ago child welfare policy in the United States and elsewhere shifted from one that focused prevention efforts on avoiding harmful outcomes to actively pursuing positive outcomes by promoting social supports or protective factors, and through investment in early intervention, education, and community strengthening.⁴³ A strengths based approach that builds and promotes protective factors should be a core element of the prevention framework of action. Strengthening the abilities of children, families, and communities to adapt to and cope with adversity during humanitarian situations will help to mitigate or prevent harm before it occurs. Preventive approaches can incorporate practices that focus on reducing risk factors that influence vulnerability, while also strengthening protective factors. A strengths based approach also calls attention to participation and the need for children, families, and communities to be respected as agents in sustaining and restoring their own well-being.⁴⁴ It is time for the child protection humanitarian sector to move away from a strictly deficits-based approach that emphasizes problems, creates dependency of communities on outside resources and solutions,⁴⁵ and does not sustain change⁴⁶ to an approach that also strengthens protective factors and empowers children, families and communities.

The Key Steps⁴⁷

While it is beyond the scope of this paper to provide detailed guidance on primary prevention measurement and programming approaches, it is useful to briefly summarize five key steps that can be used to outline the prevention framework of action. These will be expanded upon in the prevention framework of action:

Step 1: Prepare for prevention activities by understanding risk and protective factors in the cultural context, including understanding childhood, existing harmful outcomes, needs and capacities

Step 2: Assess risk and protective factors in context and determine criteria for selection of sub-groups and/or sub-populations

Step 3: Design and develop appropriate population-level programmatic approaches at all levels of the social ecology

Step 4: Implement and monitor activities

Step 5: Evaluate and learn from program effectiveness for improving advocacy efforts and program design, contributing to the evidence base, and guiding policy development that promotes the well-being of children, families and communities

Ensuring sustainability when supporting prevention programs

Children are creative, resourceful, and insightful.⁴⁸ Meaningful participation recognizes that children have agency to analyze their situation, express their views, influence the decisions that affect them, and achieve change.⁴⁹ The voices of children must be at the center of prevention work to ensure the appropriateness, relevance, and quality of preventive practices seeking to improve and support their well-being. Additionally, primary preventive approaches that are to achieve sustainable positive outcomes for children require and rely on the engagement, participation and commitment of community members,⁵⁰ and local and national actors. Comprehensive community mobilization and action is critical to achieve meaningful, sustained change.

In prevention work, sustainability refers to the capacity and willingness of a community to create and maintain positive prevention outcomes over time,⁵¹ including dedicating resources to address a specific problem. As a result, community members, including children and caregivers, and local and national partners must be engaged in the design, implementation, and monitoring and evaluation of preventive programs, as well as in wider strategic planning processes and advocacy efforts. Local knowledge is valuable in designing sustainable interventions, and will result in the diversification of technical expertise, greater information collection, and wider coverage and quality of prevention service provision.⁵² Local ownership requires that the community has, through collective agreement, determined a specific child protection issue to be a problem that needs to be addressed, and has organized itself to address the problem through collective actions. In this process, the community is likely to use approaches that are culturally relevant, employ local structures and resources, and invest in continuing the change process over time. Primary prevention efforts therefore must be locally led for three main reasons:

- 1. Prevention takes time.⁵³** Effective prevention requires a change in the attitudes, knowledge, and behaviors of individuals as well as changes in the systems that protect children.⁵⁴ Evidence from literature on adverse childhood experiences suggests that it is through these systemic changes that harmful outcomes for children can be prevented.⁵⁵ While humanitarian actors may achieve positive short-term outcomes related to prevention, it may take years to produce long-term results.⁵⁶ Therefore, sustainability relies on engagement and commitment from communities and local and national actors.
- 2. Understanding the cultural context is essential.** Prevention planners must have awareness of the cultural context, including contextual and local understandings of the terminology used, such as how communities define what it means for a child to be well, and the existing cultural resources. Building upon cultural resources is key for culturally relevant, sustainable prevention. Finally, prevention planners must also have knowledge of the systemic barriers that contribute to disparities⁵⁷ among different groups of children, such as the compounding factors of age, gender, disability, sexual orientation or other diversity factors.
- 3. Child protection problems, risk factors and priorities change.⁵⁸** Humanitarian crises by nature are unpredictable and can change over time, resulting in changes to the risk factors facing children, as well as to funding or response priorities.⁵⁹ A locally led, functioning and sustainable prevention framework that is implemented at the community-level will allow communities to identify, adapt, and respond to changes that occur over time. This means that it is critical to directly allocate grants to local and national actors, not to external actors or agencies. Local ownership and the setting of priorities that are relevant to local or national actors can only take place when they are the direct recipients of funding.

It is essential that prevention efforts encourage locally led leadership and commit resources to local and national organizations to enable and strengthen protective systems at all levels of the socio-ecological framework.

Conclusion

Primary prevention strategies that support all vulnerable children, families, and communities at the population-level are essential.⁶⁰ A primary prevention approach to measurement and programming will transform the way child protection humanitarian actors address harmful outcomes for children in humanitarian settings.⁶¹ However, guidance related to the application of primary prevention in child protection in humanitarian action is rarely included in existing technical guidelines.⁶² A comprehensive framework for primary prevention in child protection that strengthens identification of protective factors and supports holistic, multi-sectoral integration across the levels of the socio-ecological model is needed. Availability of such a framework can support the mitigation and prevention of harm experienced by children during humanitarian crises. A prevention framework that encompasses core elements and key steps will guide humanitarian actors in developing appropriate prevention approaches.

Approaches that promote the strengthening of protective factors identified within the cultural context, and prevent problems are synergistic when combined.⁶³ A framework focused on population-level primary prevention will complement existing guidance on case-level response actions. Importantly, such a framework will foster a culture within child protection that aspires to promote the strengthening of protective factors in addition to responding to deficits, problems, and disparities. As a result, child protection humanitarian actors will be supported in their efforts to uphold ethical principles, such as the best interest of the child and do no harm, by preventing harm before it occurs.

A final note: COVID-19 and the impact on the well being of children

The global COVID-19 pandemic has serious implications for the well-being of children, families and communities worldwide. The socio-economic crisis that has resulted from the pandemic has exacerbated key risk factors.⁶⁴ It has pushed approximately 150 million people into extreme poverty.⁶⁵ Additionally, school closures have disrupted the learning of 91 percent of students worldwide, causing a serious learning crisis.⁶⁶ When combined, these outcomes threaten the protection and well-being of children, and remain serious obstacles towards achieving the 2030 Sustainable Development Goals.⁶⁷ They put children at risk of violence, abuse and exploitation, child marriage, child labour, and family separation amongst other harmful outcomes.⁶⁸ Even prior to the pandemic, conflict, poverty, malnutrition, and climate change were driving an unprecedented growth in the number of children in need of humanitarian assistance.⁶⁹ While the impetus for the Prevention Initiative was not linked to the COVID-19 pandemic, the significance of strengthening preventive programming to prevent, reduce and mitigate harmful outcomes to children in humanitarian settings is now more urgent than ever.

References

The Alliance for Child Protection in Humanitarian Action. 2021a. Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide.

Alliance for Child Protection in Humanitarian Action. 2017. *Field Handbook on Unaccompanied and Separated Children*.

The Alliance for Child Protection in Humanitarian Action. 2021b. *Identifying and Ranking Risk and Protective Factors: A Brief Guide*.

The Alliance for Child Protection in Humanitarian Action. 2020. *Inter-Agency Toolkit: Preventing and Responding to Child Labour in Humanitarian Action*.

The Alliance for Child Protection in Humanitarian Action. 2019. *Minimum Standards for Child Protection in Humanitarian Action*.

The Alliance for Child Protection in Humanitarian Action. 2021c. Position Paper: Defining Evidence-Based Practice for Application in Child Protection in Humanitarian Action, Version 1.

The Alliance for Child Protection in Humanitarian Action. 2021d. *Prevention Framework: Desk Review Synthesis*.

The Alliance for Child Protection in Humanitarian Action. 2021e. *Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action*.

The Alliance for Child Protection in Humanitarian Action. 2021f. *Why Identifying Risk and Protective Factors is a Critical Step in Prevention Programming: Implications for Child Protection in Humanitarian Action*.

The Alliance for Child Protection in Humanitarian Action, Save the Children & UNICEF. 2020. Social Protection & Child Protection: *Working together to protect children from the impact of COVID-19 and beyond*.

American Psychology Association (APA). 2010. Resilience and Recovery After War: Refugee Children and Families in the United States. Washington, DC: *Am. Psychol. Assoc.*

Banyard, V, Grych JH & Hamby, S. (2017). Health effects of adverse childhood events: Identifying promising protective factors at the intersection of mental and physical well-being. *Child Abuse & Neglect*, 65: 88-98.

Benard, B. 2004. Resiliency. What We Have Learned. San Francisco: West Ed.

Bethea, L. 1999. Primary Prevention of Child Abuse. *Am Fam Physician*. 1999 Mar 15;59(6):1577-1585.

Boothby N, Wessells M, Williamson J, Huebner G, Canter K, Rolland EG, et al. 2012. What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care? *Child Abuse Neglect*; 36(10): 711-21.

Bronfenbrenner U, Morris PA. 2006. The bioecological model of human development. In *The Handbook of Child Psychology, Vol. 1: Theoretical Models of Human Development*, ed. RM Lerner, W Damon; 793–828.

- Center for Child Well-Being. 2011. *Strengths-Based versus Deficits-Based Approaches*. Retrieved from: <https://fromhungertohealth.files.wordpress.com/2016/02/strengthsvsdeficitrb.pdf>
- Center on the Developing Child. *The Foundations of Lifelong Health are Built in Early Childhood*. Harvard University. Retrieved from: <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- Child Welfare Information Gateway. (2017). *Child maltreatment prevention: Past, present, and future*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- CPWG. 2012. *Child Protection Rapid Assessment Toolkit*. Retrieved from: <https://resourcecentre.savethechildren.net/node/7993/pdf/cpra-english.pdf>
- Deodhar NS. 2007. Health vs. medicine: Least we forget. *J Public Health Policy*. 28(3): 379-84.
- Development Services Group, Inc., & Child Welfare Information Gateway. (2015). *Promoting protective factors for in-risk families and youth: A guide for practitioners*. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/in-risk/>
- Fischer H, Boothby N & Wessells M. 2017a. *Fostering Resilience in Adverse Environments: Educational Considerations: An Outcomes Framework*. Columbia University: Mailman School of Public Health.
- Fischer H, Boothby N & Wessells M. 2017b. *The Effects of Extreme Adversity on Adolescent Development*. Columbia University: Mailman School of Public Health.
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. 2016. *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
- Garmezy, N & Rutter, M. 1983. *Stress, coping, and development in children*. New York: McGraw-Hill.
- Glass, N, Perrin, N, Clough, A, Desgropes, A, Kaburu, FN, Melton, J, Rink, A, Read-Hamilton, S & Marsh, M. 2018. Evaluating the communities care program: best practice for rigorous research to evaluate gender based violence prevention and response programs in humanitarian settings. 12:5.
- Institute of Medicine. 1994. *Institute of Medicine (IOM) Classifications for Prevention*.
- Mansourian H. (2020). "Prioritizing the Prevention of Child-Family Separation: The Value of a Public Health Approach to Measurement and Action." *International Journal of Child Health and Nutrition*, 9, 34-46. <https://doi.org/10.6000/1929-4247.2020.09.01.5>
- Masten AS. 2014. Global Perspectives on Resilience in Children and Youth. *Child Development*, (85)1: 6–20.
- Masten, AS, and Angela J Narayan. 2012. Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience. *Annual Review of Psychology* 63: 227–57.
- Masten, AS & Barnes JA. 2018. Resilience in Children: Developmental Perspectives, 5(7): 98.
- Maternowska, M.C., Potts, A., Fry, D. and Casey, T. 2018. *Research that Drives Change: Conceptualizing and Conducting Nationally Led Violence Prevention Research Synthesis Report of the "Multi-Country Study on the Drivers of Violence Affecting Children" in Italy, Peru, Viet Nam and Zimbabwe*. UNICEF Office of Research – Innocenti, Florence.

- Moret, Whitney. 2016. *Review of Vulnerability Assessment Methods for Reintegration and Prevention of Child Separation*. Washington, D.C.: FHI 360.
- Namey, Emily, Lisa Laumann. 2019. *Meeting the Costs of Family Care: Household Economic Strengthening to Prevent Children's Separation and Support Reintegration - A Resource Guide*. FHI 360.
- Nolan, Antony, and Marie-Emilie Dozin. 2019. Global Protection Cluster Learning Paper: Advancing the Localization Agenda in Protection Coordination Groups. Global Protection Cluster, pp. 1–25.
- OCHA. 2021. *Global Humanitarian Overview 2021*.
- Prinz, RJ. 2016. Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse & Neglect*, 51: 400-406.
- Rutter, M. 1979. Protective factors in children's responses to stress and disadvantage. *Annals of the Academy of Medicine*, 8(3), 324–338.
- Save the Children, UNHCR, Child Protection Area of Responsibility, and the Alliance for Child Protection in Humanitarian Action. 2020. *Still Unprotected: Humanitarian Funding for Child Protection*.
- Springer, F & Phillips, J. The Institute of Medicine Framework and its Implications for the Advancement of Prevention Policy, Programs and Practice. Center for Applied Research Solutions.
- Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. *A Guide to SAMHSA's Strategic Prevention Framework*.
- Shilpa, KA, Dheerah, S, Piyush, G. 2015. Defining and Measuring Vulnerability in Young People. *Indian J Community Med*, 40(3): 193-197.
- Skodol, A. (2010). *Rationale for proposing five specific personality types*. Retrieved from <http://www.dsm5.org/ProposedRevisions/Pages/RationaleforProposingFiveSpecificPersonalityDisorderTypes.aspx>.
- Smithey, M & Straus AM. 2014. *Primary Prevention of Intimate Partner Violence*. Family Research Laboratory, University of New Hampshire, Durham, NH.
- Southwick S, Bonanno GA, Masten AS, Panter-Brick C & Yehuda R. 2014. Resilience definitions, theory, and challenges: interdisciplinary perspectives. *Eur J Psychotraumatol*, v5.
- Stockings, EA, Degenhardt, L., Dobbins, T., Lee YY, Erskine, HE, Whiteford, HA and Patton, G. 2015. *Preventing depression and anxiety in young people: a review of the joint efficacy of universal, selective and indicated prevention*. Cambridge University Press.
- Toth, SL & Cicchetti, D. 2013. A Developmental Psychopathology Perspective on Child Maltreatment, 18(3): 135-139.
- Ungar M. Resilience across cultures. 2008. *British Journal of Social Work*, 38: 218–235.
- Ungar M, editor. 2012. *The social ecology of resilience: A handbook of theory and practice*. New York: Springer.
- Ungar, M. 2017. Which Counts More: Differential Impact of the Environment or Differential Susceptibility of the Individual? *The British Journal of Social Work*, (47)5: 1279-1289.

- Ungar M, Ghazinour M, Richter J. 2013. What is resilience within the social ecology of human development? *The Journal of Child Psychology and Psychiatry*, 54: 348–366.
- UNHCR. 2019. Global Trends: Forced Displacement in 2019. Geneva: Switzerland: United Nations High Commissioner for Refugees (UNHCR).
- United Nations. 2020. Policy Brief: The Impact of COVID-19 on Food Security and Nutrition. June 2020. Retrieved from: https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_covid_impact_on_food_security.pdf
- UNICEF. 2021a. Child Protection Learning Brief #3: Battling the Perfect Storm: Adapting programmes to end child marriage during COVID-19 and beyond. Retrieved from: <https://www.unicef.org/media/94761/file/Battling-Perfect-Storm-Adapting-child-marriage-programmes-COVID-19.pdf>
- UNICEF. 2008. UNICEF Child Protection Strategy. Econ Soc Counc.
- UNICEF. 2019. The State of the World's Children 2019: *Children, food and nutrition: Growing well in a changing world*.
- UNICEF. 2021b. UNICEF Humanitarian Action for Children Overview. Retrieved from: <https://www.unicef.org/media/88416/file/HAC-2021-overview.pdf>
- Wald, MS. 2015. Beyond CPS: Developing an effective system for helping children in “neglectful” families. *Child Abuse & Neglect*, 41, pp. 49-66.
- Wessells M. 2016. Children and Armed Conflict: Introduction and Overview. *Peace and Conflict: Journal of Peace Psychology; American Psychological Association*, (22)3: 198–207
- Wessells, M. 2018. *A Toolkit for Reflective Practice in Supporting Community-led Child Protection Processes*. Child Resilience Alliance, New York.
- WHO. 2020. A future for the world's children? A WHO-UNICEF-Lancet Commission. *Lancet*; 395: 605–58
- WHO. 1998. Primary prevention of mental, neurological and psychosocial disorders. Geneva, Switzerland.
- WHO. Violence Prevention: The Evidence (2010). World Health Organization.
- Williams, C. L., & Berry, J. W. 1991. Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. *American Psychologist*, 46(6), 632–641.

Endnotes

- 1 The Alliance for Child Protection in Humanitarian Action, 2019
- 2 The Alliance for Child Protection in Humanitarian Action, 2021d
- 3 Mansourian, 2020
- 4 WHO, 2020
- 5 Ibid.
- 6 The definition is adapted from the U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: <https://www.childwelfare.gov/topics/preventing/overview/>
- 7 The Alliance for Child Protection in Humanitarian Action, 2019
- 8 The Alliance for Child Protection in Humanitarian Action, 2021e; Bethea, 1999; Prinz, 2016
- 9 Child Welfare Information Gateway, 2017
- 10 Mansourian, 2020
- 11 Deodhar, 2007 in Mansourian, 2020
- 12 Mansourian 2020, The Alliance for Child Protection in Humanitarian Action, 2021d
- 13 Ibid.
- 14 UNICEF, 2008 in Mansourian 2020
- 15 Prevention will remain one of the Alliance's key priorities in the 2021-2023 Strategic Plan.
- 16 The Alliance for Child Protection in Humanitarian Action, 2021d
- 17 The review was conducted from April to June 2020. It was facilitated in English and included both academic and grey literature. 121 resources were reviewed from the child protection sector and other relevant disciplines, including resilience research, developmental science, mental health and psychosocial support (MHPSS), and disaster risk reduction (DRR).
- 18 The Alliance for Child Protection in Humanitarian Action, 2021e
- 19 This extensive search of published literature was conducted in English, French, and Spanish from March to August 2020. A total of 436 documents were analyzed, including academic resources (30%) and grey literature (70%).
- 20 The Alliance for Child Protection in Humanitarian Action, 2021d
- 21 Ibid.
- 22 For further information on the findings of each of the desk reviews refer to [Understanding Risk and Protective Factors in Humanitarian Crises](#) and <https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis>
- 23 Ibid.
- 24 Ibid.
- 25 Questions adapted from Maternowska, M.C., Potts, A., Fry, D. and Casey, T., 2018
- 26 The Alliance for Child Protection in Humanitarian Action, 2019
- 27 Mansourian, 2020
- 28 The Alliance for Child Protection in Humanitarian Action, 2021a. The Alliance's [child well-being](#) and [CPMS indicators](#) can be used to measure child well-being and protection outcomes. Common indicators by which to measure outcomes for children and to assess the cost-effectiveness of interventions can be selected from the Alliance's child well-being measurement Framework and the child protection minimum standards' indicator table.
- 29 The Alliance for Child Protection in Humanitarian Action, 2021a; Save the Children, 2020
- 30 Ibid.
- 31 Mansourian, 2020
- 32 The Alliance for Child Protection in Humanitarian Action, 2021a; Mansourian, 2020; UNICEF, 2019
- 33 UNICEF, 2019
- 34 Mansourian, 2020
- 35 WHO, 1998
- 36 Masten & Barnes, 2018; Masten and Narayan, 2012; Fischer H, Boothby N & Wessells M., 2017b
- 37 Gender-sensitive includes individuals whose gender is binary, as well as those whose genders are beyond the binary. It is particularly important to understand cultural contexts around gender and sexuality when considering preventive practices for youth who are gender and sexual minorities in their own cultures.
- 38 WHO, 1998
- 39 Adapted from Masten and Barnes, 2018
- 40 Masten, 2014
- 41 The Alliance for Child Protection in Humanitarian Action, 2020

- 42 Ibid.
- 43 Child Welfare Information Gateway, 2017
- 44 Ibid.
- 45 Center for Child Well-Being, 2011
- 46 Skodol, 2010
- 47 Each of the key steps will be discussed in greater detail in the Prevention Framework.
- 48 The Alliance for Child Protection in Humanitarian Action, 2021a
- 49 Ibid.
- 50 SAMHSA, 2019
- 51 Ibid.
- 52 Nolan & Dozin, 2019
- 53 SAMHSA, 2019
- 54 WHO, 1998
- 55 Prinz, 2016
- 56 SAMHSA, 2019
- 57 Ibid.
- 58 Adapted from SAMHSA, 2019
- 59 A recent example is evidenced by the impact of COVID-19 and the shift away from investment in protection to health.
- 60 Mansourian, 2020
- 61 Ibid.
- 62 Ibid.
- 63 Hamby, Grych & Banyard, 2018
- 64 The Alliance for Child Protection in Humanitarian Action, Save the Children & UNICEF, 2020; UNICEF, 2021
- 65 MSN. 2020. World Bank chief warns extreme poverty could surge by 100 million, August 20; World Bank (2020) in Alliance for Child Protection in Humanitarian Action, Save the Children & UNICEF, 2020; United Nations, 2020
- 66 UNICEF, 2021b
- 67 UNICEF, 2021a
- 68 The Alliance for Child Protection in Humanitarian Action, Save the Children & UNICEF, 2020
- 69 UNICEF, 2021b; OCHA, 2021