



**Linking Violence  
Against Children  
and Youth Surveys  
to Coordinated and  
Effective Action:  
CDC and the Together  
for Girls Partnership**

*Linking Violence Against Children and Youth Surveys to Coordinated and Effective Action: CDC and the Together for Girls Partnership is a publication of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention.*



**Centers for Disease  
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National Center for Injury  
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**Together  
for girls**  
STRENGTH IN NUMBERS

## **Linking Violence Against Children and Youth Surveys to Coordinated and Effective Action: CDC and the Together for Girls Partnership**

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## INTRODUCTION:

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Violence against children and youth, particularly sexual violence against girls, is a global human rights and public health crisis. More than a billion children experience some form of violence each year – more than half of the world’s children.<sup>1</sup> In addition to immediate negative impacts, violence results in trauma that can have repercussions throughout the life span.<sup>2</sup> Experiencing violence in childhood and adolescence can profoundly impact emotional and physical health and social development throughout life. Victims of violence are at elevated risk for a wide range of health problems, including mental health, chronic disease, sexually transmitted infections including HIV, and reproductive health.<sup>3-5</sup> Effectively addressing violence against children and youth requires understanding the magnitude and nature of the problem and responding with a coordinated, multi-sector approach that builds systems for prevention and response including services for survivors.



# I. ABOUT TOGETHER FOR GIRLS

Together for Girls is a partnership between national governments, United Nations (UN) entities and private sector organizations, that works at the intersection of violence against children and violence against women to encourage prioritization, prevention and response, with special attention to sexual violence against girls.

The partnership brings together twenty-two national governments, six UN entities and private sector organizations. UN partners include UNICEF, UNAIDS, WHO/PAHO, UN Women, UNFPA, the UN Special Representative of the Secretary-General on Violence Against Children, and the Global Partnership to End Violence Against Children. The United States (U.S.) and Canada are represented by their respective agencies: the U.S. Centers for Disease Control and Prevention's (CDC) Division of Violence Prevention, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Agency for International Development (USAID) and Global Affairs Canada. Private sector partners include BD (Becton, Dickinson and Company), Cummins & Partners and the CDC Foundation.

In 2007 the Government of Eswatini (formerly called Swaziland) partnered with CDC and UNICEF to implement the first Violence Against Children and Youth Survey (VACS). The Eswatini survey catalyzed a movement and a global partnership that was formalized in 2010 as Together for Girls. The partnership uses a three-pronged model: data, action, and advocacy to promote evidence-based solutions, galvanize coordinated response across sectors and raise awareness.

To better understand the issue of violence against children, Together for Girls countries first undertake VACS, a nationally representative household survey of 13-24-year-olds that provides critical data on the prevalence and context of violence against children and youth. VACS are led by national governments with technical support from CDC, as part of the Together for Girls partnership.

VACS provide critical data on lifetime and recent experiences of emotional, physical and sexual violence to inform and catalyze a robust country-led policy and programmatic response. Through the Together for Girls partnership, CDC has been the lead partner in providing technical assistance to national governments in planning and implementing VACS since 2007.<sup>6</sup> To date, 24 surveys have been completed or are in progress in countries across Africa, the Caribbean, Central and South America, Eastern Europe, and Southeast Asia. Many other countries have expressed a strong interest and are eager to move forward, and countries have repeated surveys, including Zimbabwe and Kenya. The model is proving reliable, and myriad, multi-sector actions are underway that advance violence prevention and response in countries that have completed the survey.

Armed with reliable, country-wide data, national governments use VACS data to drive national and local action tailored to their own contexts and specific challenges. The groundbreaking data generated through VACS are intended to inform development and implementation of a country-led, multi-sector policy and programmatic prevention and response to violence against children and youth.

## About this document

*Linking Violence Against Children and Youth Surveys to Coordinated and Effective Action: CDC and the Together for Girls Partnership* is intended to serve as a guide for countries and Together for Girls partners interested in undertaking VACS and supporting data-informed actions to address the burden and consequences of violence against children and youth. This document outlines the implementation steps, from the earliest stages in planning and building stakeholder support to national programming using data to inform action. This is intended to be a “living document” and will be adapted as we gain additional experience working in this new and pivotal area. We hope that this guidance will facilitate the important contributions made to end violence against children and youth.

## II. A GLOBAL MOVEMENT TO END VIOLENCE AGAINST CHILDREN

The work of CDC and Together for Girls is aligned with a broader global movement to end violence against children and youth, collaborating closely with national governments, the Global Partnership to End Violence against Children (End Violence), UNICEF, PEPFAR – including the DREAMS partnership<sup>7</sup> – and other initiatives, partnerships, academic institutions, international organizations and civil society organizations.

Taking inspiration from governments that have demonstrated success in reducing violence against children and youth, in 2016, the Global Partnership to End Violence Against Children, in close collaboration with CDC and Together for Girls, identified Pathfinding countries as those that have made a public commitment **to raise awareness, stimulate leadership commitment to action and establish a standard of national violence prevention**. The table below summarizes the sequenced steps and milestones—the “country trajectory”—to effectively prevent and respond to violence at scale. **Figure 1** below describes the trajectory towards becoming a Pathfinding Country with technical assistance and coordination support from CDC and Together for Girls.

**Figure 1. The Violence Against Children and Youth Survey (VACS) and Pathfinding Country Trajectory.**

Step	Activities
1. Engagement	<ul style="list-style-type: none"><li>Engage in national dialogue</li><li>Make the investment case</li><li>Build/strengthen political will</li></ul>
2. Commitment	<ul style="list-style-type: none"><li>Public commitment to ending violence against children</li><li>Appoint government focal point</li><li>Establish or strengthen multi-stakeholder platform</li></ul>
<b>Milestone: Public declaration of commitment by government.</b>	

- |                  |                                                                                                                                                                                                                                                                              |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. National Data | <ul style="list-style-type: none"> <li>• Mobilize national and international coordinating institutions for data, analysis, interpretation, and reporting</li> <li>• Collect and analyze data (VACS)</li> <li>• Structure data for action (with INSPIRE Framework)</li> </ul> |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Milestone: Public launch and dissemination of national data.**

- |                         |                                                                                                                                                                                                                  |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. National Action Plan | <ul style="list-style-type: none"> <li>• Develop or adapt evidence-based multisectoral National Action Plan</li> <li>• Foster multisectoral coordination</li> <li>• Engage meaningfully with children</li> </ul> |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Milestone: Public launch and dissemination of National Action Plan.**

- |                   |                                                                                                                                                                                                                                                                                        |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Implementation | <ul style="list-style-type: none"> <li>• Build consensus among all stakeholders to facilitate continuous flow of information and evidence</li> <li>• Plan intervention design</li> <li>• Implement National Action Plan</li> <li>• Adapt interventions and learning evolved</li> </ul> |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- |                              |                                                                                                                                                                                                                 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Monitoring and evaluation | <ul style="list-style-type: none"> <li>• Continuously monitor implementation, process, and impact, using INSPIRE Indicators</li> <li>• Adapt interventions and adjust National Action Plan as needed</li> </ul> |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Source: Adapted from *Global Partnership to End Violence Against Children Pathfinding document* (<https://www.end-violence.org/sites/default/files/paragraphs/download/Pathfinding.pdf>).

Pathfinding country interventions are built around a comprehensive framework of evidence-based strategies for preventing and responding to violence against children. *INSPIRE: Seven Strategies to End Violence Against Children* identifies strategies that have shown success in reducing violence against children and adolescents.<sup>8</sup> The seven strategies are:

- Implementation and enforcement of laws;
- Norms and values;
- Safe environments;
- Parent and caregiver support;
- Income and economic strengthening;
- Response and support services; and
- Education and life skills.

The INSPIRE framework is accompanied by the INSPIRE Handbook, which explains in detail how to choose and implement interventions that will fit specific needs and context. The INSPIRE Indicator Guidance is designed to help governments and non-governmental organizations monitor progress and track change over time as they implement INSPIRE strategies. It includes a set of core indicators and detailed guidance about how to define and measure these indicators to monitor changes across sites and over time, and a results framework. The indicators are intended to be used side-by-side with detailed programming guidance for each strategy included in the INSPIRE implementation handbook. The VACS core questionnaire was updated in 2018 to align with the INSPIRE Results Framework.



**Figure 2. The complementary INSPIRE tools provide concrete resources for violence prevention planning, implementation, monitoring, and evaluation**

See [INSPIRE: Seven strategies for Ending Violence Against Children](#)



## THE VIOLENCE AGAINST CHILDREN AND YOUTH SURVEYS

VACS are nationally representative population-based household surveys of 13-24-year-old males and females.<sup>9</sup> They are conducted through one-on-one, in-person interviews administered with tablet technology for data management and quality. VACS are designed to measure the prevalence of emotional, physical and sexual violence against males and females in childhood (before age 18). VACS also measure the prevalence of violence in the last 12 months for girls and boys ages 13 to 17 years (in adolescence), as well as for females and males ages 18 to 24 years (in young adulthood). The survey captures experiences throughout childhood and into adolescence and young adulthood, yielding estimates of lifetime and recent experiences of violence. VACS yield comprehensive prevalence data on the burden of violence throughout childhood, adolescence, and young adulthood up to age 24. The survey also assesses the circumstances surrounding violence – including age of first experiences, perpetrators and location. The survey identifies risk and protective factors, as well as consequences of violence, including risk behaviors and health outcomes such as HIV infection. The survey also provides current health data that allows an analysis of the health consequences of childhood violence, as well as knowledge of, access to and use of services for violence. VACS also provide data on the relationship between education, schools and violence.

Experts from the U.S. government and UN agencies that comprise the Together for Girls partnership have consulted extensively on the development of the survey instrument and process. Cognitive testing was conducted in Malawi, Colombia, and the Philippines, and the findings informed the development of the core questionnaire and a set of core indicators ensuring that comparable data are collected across countries<sup>5</sup>. Successful completion of VACS helps fulfill key milestones in the Pathfinder Country trajectory to end violence against children and youth.

VACS have proven to be a particularly strong tool for countries to begin to address violence against children and youth providing governments and communities with the information needed to mobilize national, multi-sector policies and programs for prevention and response. The process by which VACS are undertaken, with robust multi-sector government engagement and ownership from the outset, and the support of Together for Girls partners, creates the necessary conditions for leadership among national governments, facilitating the translation of the data into effective, evidence-based programmatic action. This document outlines and defines implementation steps in this process from data to program and policy action. It is intended to provide information for and guidance to countries and Together for Girls partners interested in undertaking and supporting VACS in collaboration with CDC, UNICEF, PEPFAR, USAID and other Together for Girls partners as an important step in the movement to prevent and respond to violence, with a special focus on sexual violence against girls.

### Figure 3. Criteria for implementing a Violence Against Children and Youth Survey

#### What are the criteria for implementing a Violence Against Children and Youth Survey?

- Governments fully commit to the process by requesting a VACS and are prepared to establish a multi-sector steering committee or task force.
- Presence of more than one Together for Girls partner and capacity of in-country Together for Girls partners to support implementation of the survey.
- Availability of funding for the survey, including technical assistance.
- In-country capacity for rigorous ethical standards in research on violence against children and youth, including confidentiality, and the ability to provide and respond to referrals and services to participants requiring support.
- National and partner expression of support for action in response to survey findings, e.g., ability to mobilize resources, funding in place for programs, etc

Certain contextual factors and conditions can create the most opportune environments for countries to leverage VACS for maximum impact. The Together for Girls partners developed a list of criteria that established the baseline conditions (Figure 3). The criteria lay out the components that establish an environment that allows countries and partners to maximally benefit from the process of linking data to action. First, countries must fully commit to the process by requesting a VACS and be prepared to establish a multi-sector task force – or to call on an existing one – to support and guide the process. The country’s ownership of the survey and resulting data serve as the critical foundation for VACS. The second condition is that more than one of the Together for Girls partners has an established presence working in the country, which serves as the core infrastructure to build additional networks and programs. Next, the necessary funding and technical assistance must be in place. These elements ensure that all the resources for VACS are in place. The country must also possess the needed capacity and infrastructure to implement best practices with respect to ethics in human subjects research. This includes both the procedural aspects of carrying out research, such as commitment to maintaining the highest standards of participant safety, privacy and confidentiality, as well as the availability and provision of services to participants who need and request them. Finally, there must be an explicit expression of support for action in response to the survey findings on behalf of the national government and partners. The intention to link findings to actions to help youth thrive must be in place so that data collection is carried out in service of the country’s children and youth.

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## Definitions of Key Terms in Surveys

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For the purpose of VACS, the following definitions are used.

**Sexual violence** includes a range of acts, including completed non-consensual sex acts (such as rape and coerced or pressured sex), attempted non-consensual sex acts, and sexual contact (such as unwanted touching). Sexual violence by any perpetrator is measured in VACS.



**Physical violence** is defined as the intentional use of physical force with the potential to cause death, disability, injury or harm. Indicators of physical violence typically include punching, kicking, whipping, beating with an object, choking, suffocating, attempted drowning, intentional burning, using or threatening with a knife, gun or other weapon. Physical violence includes acts of violence perpetrated by four types of perpetrators: 1) intimate partners (current or past partners); 2) peers; 3) parents, adult caregivers, and other adult relatives; and 4) adults in the community such as teachers, police and other authority figures, religious leaders, neighbors, or adult strangers.



**Emotional violence** is defined as a pattern of verbal behavior over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging an individual's mental health, or his or her physical, mental, spiritual, moral or social development. The survey includes questions about emotional violence perpetrated by 1) parents, adult caregivers, or other adult relatives; 2) intimate partners; and 3) peers.



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## Principles for Countries Undertaking VACS

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In addition to criteria for countries to implement VACS, there are several principles to take into consideration (Figure 4). These principles serve as the framework for the VACS process and ensure that survey is undertaken in a context that ensures maximum success. The first principle refers to the critical need for engagement of in-country partners (e.g. ministries of health, education, social affairs, gender, etc., lead statistical agencies, and civil society organizations), led by the national government. This network of support undergirds the VACS data to action process, from initial engagement and planning to implementation, analysis, results, and dissemination. To ensure that VACS is leveraged to maximum success in each country, the second principle underscores that the data are intended to inform a comprehensive multi-sector response that includes both policy and programmatic components. This allows the experiences of youth represented in the data to lead to initiatives that help those youth thrive. The third principle is intended to assure that ethical protections, privacy, and access to services serve as guideposts throughout the VACS process. The privacy and protection of all participants – especially those who are most vulnerable – and the opportunity to connect them to services are central to ensuring ethical and high-quality data collection. The final principle emphasizes that the ultimate goal of the VACS process, from planning through data collection and action planning, is to strengthen country capacity to use data to inform and drive comprehensive action to build a better future for youth.

### Figure 4. Key principles to consider when undertaking Violence Against Children and Youth Surveys (VACS)

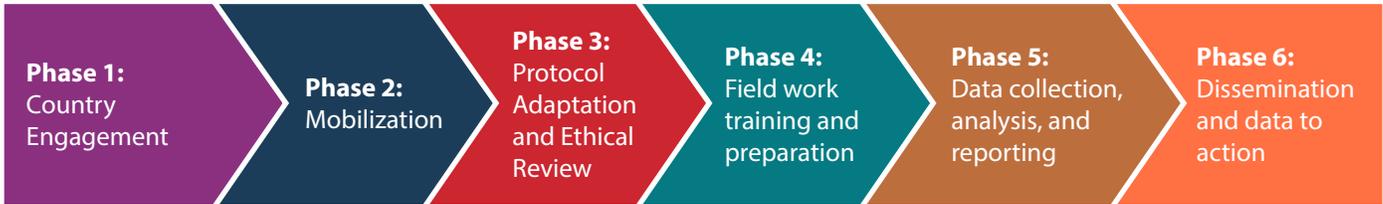
#### Key principles to consider when undertaking VACS

- **Engagement.** The success of VACS requires the strong engagement of in-country partners under the leadership of the national government with participation from key civil society and development stakeholders.
- **Multi-sectoral response.** The data from VACS are intended to inform comprehensive policy development and a multi-sector programmatic response.
- **Protecting children and youth.** Protecting and supporting children and young adults who have experienced or are experiencing violence and request help must be a central consideration in the design of the study protocol and the implementation of VACS. The highest possible ethical standards must be upheld during the preparation for and implementation of VACS.
- **Strengthening capacity.** Strengthening the capacity of national institutions needs to be an inherent part of the process to ensure ownership and sustainability of the processes.

# IV. THE VACS PROCESS

The VACS process unfolds in six phases, each defined by a core set of activities and milestones.

**Figure 5. The Violence Against Children and Youth Survey process**



**Figure 6. Partner and stakeholder roles in the Violence Against Children and Youth Surveys**

FUNDING AGENCY	CDC	TOGETHER FOR GIRLS
<p>Provide funding for implementation of VACS. Collaborate with CDC, Coordinating Agency and Implementing Agency in all phases of the study. Participate in the launch and release of the final report.</p>	<p>Provide technical assistance in all phases of study.</p> <p>Provide core study materials for adaptation.</p> <p>Facilitate data collection training.</p> <p>Provide equipment for electronic data collection.</p> <p>Support Data Analysis and Data to Action workshops.</p> <p>Support data dissemination and the policy and programmatic response.</p>	<p>Support all steps of the process as needed (including resource mobilization).</p> <p>Ensure coordination and communication among Together for Girls partners at global and national levels.</p> <p>Support training and workshops as needed.</p> <p>Support south-south collaboration between countries undertaking VACS.</p> <p>Support development of technical resources, such as INSPIRE and What Works to Prevent Sexual Violence Against Children.</p> <p>Support global dissemination of VACS results and National Action Plan</p> <p>Document and showcase lessons learned and achievements.</p>

LEAD GOVERNMENT AGENCY	MULTI-SECTORAL TASK FORCE / STEERING COMMITTEE	COORDINATING AGENCY	IMPLEMENTING AGENCY
<p>Provide overall leadership for planning, implementation and response.</p> <p>Establish Multi-Sectoral Task Force (MSTF)/ Steering Committee (SC).</p> <p>Lead Data to Action Workshop.</p> <p>Lead the development of National Action Plan.</p> <p>Lead final report launch.</p>	<p>Led by key ministries, provide representative leadership from relevant stakeholders in the public sector (including the lead statistical agency), with engagement of private and non-profit sectors.</p> <p>Provide cultural context to inform study materials and processes.</p> <p>Develop referral plan for providing counseling services for participants who have experienced violence and request services.</p> <p>Lead data dissemination.</p> <p>Support Data to Action workshop.</p> <p>Support and actively participate in the development of a National Action Plan and/or new or revised national policies.</p>	<p>Provide technical and administrative assistance for implementation.</p> <p>Provide secretariat support to MSTF/SC.</p> <p>Review and advise on materials for VACS implementation.</p> <p>Support trainings and workshops.</p> <p>Participate in data dissemination and National Action Plan dissemination.</p>	<p>Collaborate with CDC in survey methods, including the sampling framework.</p> <p>Recruit field staff for data collection.</p> <p>Collaborate with Coordinating Agency and CDC in conducting training, field test and data collection.</p> <p>Conduct quality checks and prepare weekly reports of fieldwork.</p> <p>Provide support for data cleaning, analysis and report writing.</p>

## PHASE 1. COUNTRY ENGAGEMENT

Key milestones:

- Assess feasibility and engage key partners and stakeholders
- Identify funding
- Capacity strengthening of national partners integrated as a component of the process



### **Assess feasibility and engage key partners and stakeholders**

Typically, a national government requests VACS through a Together for Girls partner in-country, most commonly CDC, UNICEF, USAID, or a PEPFAR partner. As the technical assistance agency for the VACS, CDC plays an active supportive role throughout the course of engagement, survey design, adaptation, protocol approval and implementation. The depth of this engagement may vary depending on the experience and capacity of national partners. Given CDC's technical assistance role in surveys, it is critical to alert Together for Girls partners and the U.S. mission in country of these ongoing conversations. Engaging all relevant partners and stakeholders in the process early on helps gain broad commitment and allows buy-in and ownership among partners at the earliest stages of the VACS process. One of the early tasks among partners involves assessing the feasibility of VACS and the role it will play in the context of ongoing work in each country.

### **Identify funding**

Funding for VACS is identified through a variety of sources. Since 2007, financial support for VACS has come from multilateral organizations such as UNICEF, donor governments including the U.S. government through PEPFAR and USAID, the government of Canada, private foundations such as the Oak Foundation, and other entities. National governments contribute to the VACS implementation through staff time and support. In many countries, funding for VACS involves a combination of funding from multiple sources.

### **Capacity strengthening of national partners integrated as a component of the process**

Implementing VACS is one step of a larger, ongoing process toward energizing and strengthening prevention and response to violence against children. It is therefore critical that capacity building of the government and non-government partners is incorporated both at the outset and throughout VACS implementation, as well as with a view to the longer term. To achieve this objective, capacity strengthening is a priority topic incorporated into discussions early on at the engagement stage, in order to build sustainability and capacity into the process, from the outset.



## PHASE 2: MOBILIZATION

Key milestones:

- Establish the Multi-sector Task Force or Steering Committee
- Identify Coordinating and Implementing Agencies and scope of work
- Establish a Memorandum of Understanding or Letter of Intent
- Establish a Data Sharing Agreement among partners with access to data
- Review and adapt core protocol and core questionnaire to local context
- Develop referral plan protocol

## **Establish the Multi-Sector Task Force or Steering Committee**

A highly successful model has been one where the government identifies a lead Ministry that convenes and chairs a Multi-Sector Task Force or Steering Committee (MSTF/SC). This body may already exist, in which case its role is adapted, or it can be created. The MSTF/SC oversees VACS planning and implementation, ensures dissemination of the results and guides the research findings into a coordinated multi-sector, national policy and program response. Identification of the lead government ministry and invitation of members to the MSTF/SC is based on which ministries, agencies, organizations and institutions can play a role in the implementation of the survey and in providing an effective response to the survey findings. MSTF/SC members ideally include representatives from different government ministries, for example, education, health, justice, finance, lead statistical agencies, UN and other development partners, and civil society organizations. It is important that the government invites members to participate in the task force through formal channels and regularly convenes meetings throughout the process. During this phase, it is important to be mindful of existing coordination structures, for example between child protection and committees focused on gender-based violence, HIV, adolescents, etc. It is also important to ensure that the process is flexible and provides the appropriate time needed for genuine stakeholder participation. One of the Together for Girls partner agencies, often the CDC Country Office, takes on the role of the Coordinating Agency. In this capacity the agency often provides support for administration of the MSTF/SC and technical assistance to the lead ministry.

During the VACS process, the MSTF/SC holds regular meetings (preferably at least once a month, but largely depending on the stage of VACS implementation) to review progress and provide guidance throughout the process. The MSTF/SC meetings are an opportunity to strengthen members' capacity throughout implementation by reviewing and adapting the core research protocol, receiving reports on field progress, providing input to ongoing data analysis, and providing critical inputs on interpreting VACS data to develop INSPIRE-aligned strategies for prevention and response programming across relevant sectors.

## **Identify Coordinating and Implementing Agencies and scope of work**

Several tasks need to be undertaken early in the process, including technical meetings to develop the process and timeline for implementation, the work plan and budget. It is important to identify and contract with a national implementing partner that has the requisite capacity and experience to carry out a national household survey (for example, experience conducting the Demographic and Health Survey or the Multiple Indicator Cluster Survey) to ensure technical and logistic capacity to manage survey implementation. In addition, an appropriate agency must be engaged to provide quality referral and support services to survey participants who have experienced violence and request assistance during the field implementation. Often this is the government ministry responsible for child protection or another on-the-ground partner that has counselors or social workers who can mobilize throughout the country. Once the appropriate Implementing Agency and referral organizations are identified, partners need to determine the best approach to bring them on board, which will vary by context, resources available and country capacity. Regardless of the mechanism used, the process should be coordinated across the MSTF/SC, the Coordinating Agency and the technical assistance agency.

## **Establish a Memorandum of Understanding or Letter of Intent**

After identifying a lead ministry and key agencies, it is important to establish a written commitment in the form of a Letter of Intent (LOI) or Memorandum of Understanding (MOU) regarding the roles and responsibilities for VACS. This process can be managed by the coordinating or technical agency. The LOI/MOU should outline:

1. Roles and responsibilities of the key partners
2. Protection requirements and ethical standards

## **Establish a Data Sharing Agreement among partners with access to data**

The country government serves as the sole owner and custodian of the VACS dataset. A Data Sharing Agreement (DSA) is established to allow partners access to the data to provide technical assistance and data management and analytic support. The DSA addresses the following:

- Who has access to data?
- What uses of data are permitted before they become public?
- What type of clearance is required to use or disseminate data before they become public?
- How long is the agreement in effect?
- When do data become accessible for public use?
- Who is responsible for preparing public access data sets?

Reinforcing Together for Girls' emphasis on country ownership and the importance of data, the partnership encourages establishing norms for public access datasets. Ideally, public access to datasets should be made available within one year after public release of VACS results. This allows for a period for VACS partners to use the data in priority reports and publications, prior to making the data available to other practitioners, researchers and policymakers. As part of its technical assistance role, CDC prepares the public access datasets for public use and presents the data sets and documentation to the government for review and approval. Together for Girls hosts the data request portal on their website so that researchers can submit requests for access to the public use data.

## **Review and adapt protocol and questionnaire to local context**

VACS utilize a core scientific protocol. This ensures that core ethical and scientific tenets of VACS are maintained across all countries. In addition, starting from a core protocol leads to a more efficient and streamlined protocol development and ethical review process.

During the mobilization phase, the MSTF/SC leads a process to review the core questionnaire for contextual relevancy and adapts the research protocol as appropriate for the country. As part of this process, the Implementing Agency, the Coordinating Agency and the technical assistance agency work together to conduct a literature review to inform the process and context for VACS in that country. The literature review serves as part of the country-adapted protocol and better positions national partners to review the research protocol.

VACS also utilize a core questionnaire that is adapted for each country. Use of a core questionnaire allows VACS to ensure that the findings are comparable across countries and to ensure use of validated data collection tools. The adaptation process for each country involves review of the core questionnaire, which is

coordinated through the MSTF/SC. Adaptations considered include adjustments to the wording of questions and answer options as well as added questions or modules to address country-specific priorities and contextual factors. Adaptation of the questionnaire and protocol proceed in parallel. The MSTF/SC submits a written request with a justification for the proposed changes to both the questionnaire and the protocol. Questionnaire translation into local languages takes place after the protocol is submitted for approval.

### **Develop referral plan protocol**

To ensure that protection measures are in place for study participants and support is available for participants and interviewers, the Coordinating Agency, MSTF/SC, CDC and the national agency responsible for referral and counseling services develop a response plan or referral protocol prior to the training of the interviewers and data collection. The agency responsible for providing referral and counseling services must have the appropriate capacity to provide support services to anyone, including children and young adults who request help and provide appropriate referrals to additional services, within a given timeframe, in all districts where the survey is undertaken. The protocol should outline the process and timeframe for how those requiring assistance will be supported. It should clearly identify available services for children and adults in all districts/provinces where the survey is being conducted. All services and information provided should take into consideration the unique needs and rights of different age groups among VACS participants. Interviewers are trained in the referral protocol on how to handle sensitive cases involving children and youth and to refer participants to the appropriate services.

A list of social services should be provided to all participants in the survey. This resource list maps available public and private health and social services, including mental health and psychosocial support as well as clinical services, such as HIV testing for children, youth, and adults who have experienced violence. Violence services should be embedded in the larger list so that the topic of the survey is not identifiable by looking at the list.

The response plan protocol should consider the ethical issues regarding parental consent if the participant is a minor and whether there are any new risks created in arranging a meeting in a neutral place between an unknown person/counselor and the child after the interview. In addition to taking into consideration any national requirements, the response plan is offered to the participant if any or all of the following conditions apply:

- The participant discloses any kind of violence in the past 12 months;
- The participant become upset during the interview; and/or
- The participant requests help; and/or
- The participant has ever attempted suicide; and/or
- The participant reported feeling unsafe in his or her living environment; and/or The participant reported being in immediate danger.

The response plan is voluntary and only initiated if the participant agrees to receiving help.



### PHASE 3: ETHICAL REVIEW

Key milestones:

- Obtain in-country and CDC human subjects protections and ethics approvals through local and CDC Institutional Review Boards

## **Obtain in-country and CDC human subjects protections and ethics approvals through local and CDC Institutional Review Boards (IRBs)**

A detailed protocol governs the ethical procedures and practices of VACS and guides the content and implementation of the survey at all stages. In addition to upholding the broad ethical principles of autonomy, justice and do no harm, to which all research on human subjects must comply, the VACS protocol follows specific international guidelines for research on violence. VACS ethical safeguards protect the well-being of survey participants and field research teams alike, which the training emphasizes as critical for successful survey implementation. Survey research on sensitive topics, such as violence, presents a number of risks for both participants and field teams<sup>11</sup>. Past research suggests that if perpetrators in a surveyed community learn the interviewers asked questions about violence, they may retaliate against the participants simply for participating<sup>11</sup>. Similarly, community members' knowledge that the survey is about violence can put field teams at risk of retribution<sup>11</sup>. Thus, VACS implementation carefully details how to safely and respectfully enter sampled communities. The study also uses a split-sample design such that males and females are surveyed in different enumeration areas to reduce the likelihood of a perpetrator and victim being sampled in the same community. Additionally, the consent process takes into consideration the privacy and safety of the participants and the rights of a parent or guardian to make an informed decision about their child's participation. Informed consent procedures for both parents and participants are key components of the protocol. All protocols are submitted to multiple IRBs that govern human subjects protections, including the CDC IRB as well as one or more in-country IRBs.



#### PHASE 4: FIELD WORK TRAINING AND PREPARATION

Key milestones:

- Complete sampling, community mapping, and household listings
- Conduct field work training and field test
- Train referral teams

## **Complete sampling, community mapping, and household listings**

Prior to data collection in each of the selected enumeration areas (generally, a few days in advance), community mapping and household listing are conducted in all of the selected enumeration areas. A new mapping and listing of structures and households is performed in each of the selected enumeration areas by trained staff. This involves developing maps of the geographic area with household structures noted. A fixed number of sampled households are selected randomly in each enumeration area.

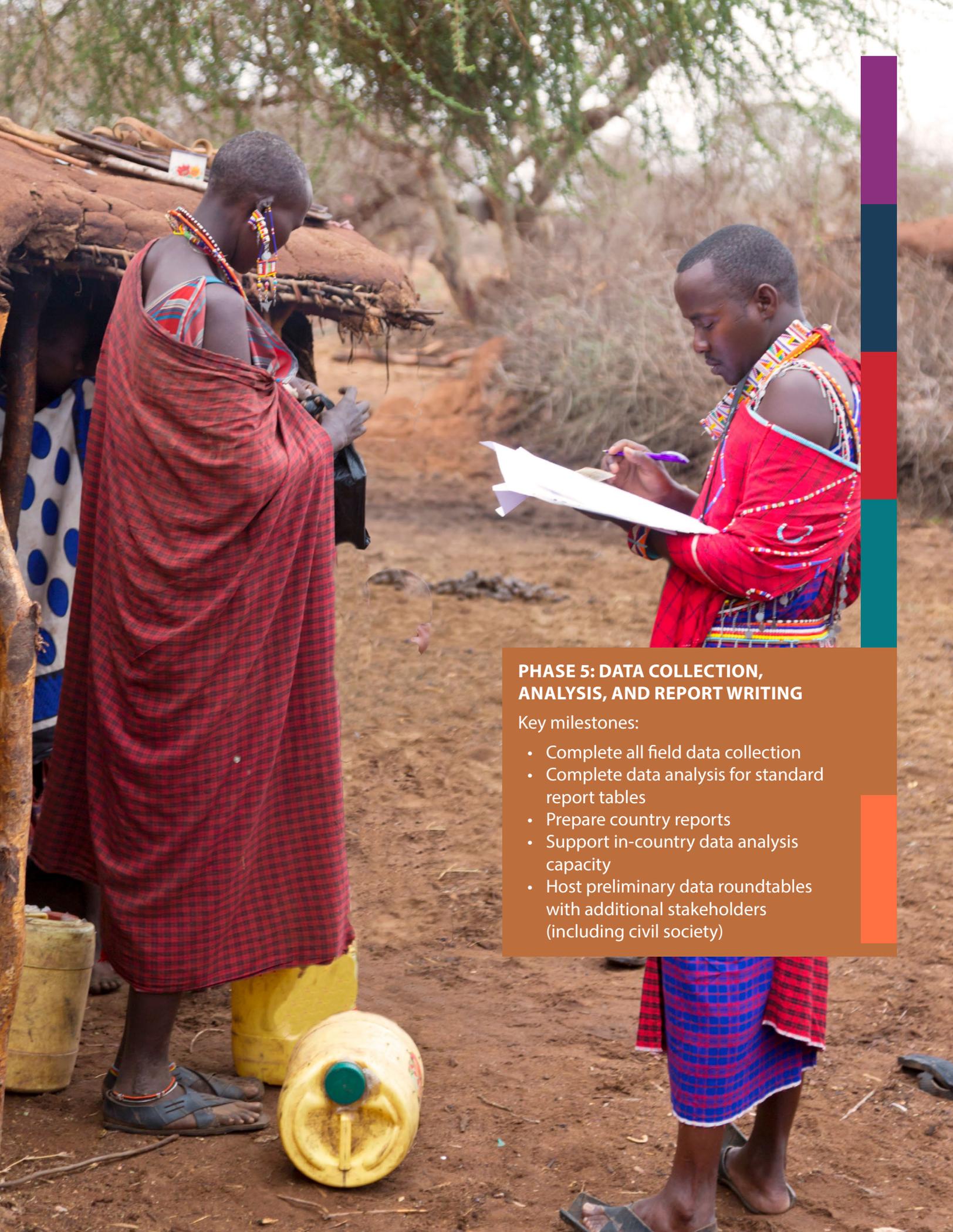
## **Train referral teams**

All interview teams participate in an extensive training prior to field testing and data collection.<sup>10</sup> The intensive, classroom-based training lasts for approximately 5-10 days for team leads/field supervisors and 12-14 days for interviewers. The four overall learning objectives drive the content and delivery of the trainings for interviewers and team leaders. By the end of the trainings, participants are expected to demonstrate a comprehensive understanding of (1) study protocols, (2) interviewer and team lead roles and responsibilities, (3) interviewing techniques, and, (4) electronic data collection using tablets.

Training content includes modules on theory, ethics, survey design/methods, study protocols, electronic data collection, community entry, vicarious trauma and the roles and responsibilities of team leaders and interviewers. In addition, the training facilitators conduct a question-by-question review of the questionnaire with the trainees who are also given considerable time to practice interviewing and recording the interview responses electronically. The training combines lecture, small and large group activities, and role-plays. Team leaders participate in the interviewer training in order to reinforce what they learned during their own training, as well as to actively participate in the facilitation of the training. This includes providing supervision and feedback, facilitating group work, and often facilitating role-play activities.

## **Conduct field test**

Prior to fieldwork a 2- to 5-day field test evaluates how a convenience sample of the target age group of 13- 24-year-olds responds to the questionnaire. It also provides an opportunity to test all study protocols, such as the informed consent process and the response plan. Prior to the field test, data collection team leads/field supervisors receive training on study content, tools and protocols and ethical considerations on interviewing children on sensitive topics as well as interviewing techniques and electronic data collection. The field test also gives enumerators practice with interviewing and using electronic data collection.



## PHASE 5: DATA COLLECTION, ANALYSIS, AND REPORT WRITING

Key milestones:

- Complete all field data collection
- Complete data analysis for standard report tables
- Prepare country reports
- Support in-country data analysis capacity
- Host preliminary data roundtables with additional stakeholders (including civil society)

## **Complete all field data collection**

The length of fieldwork for VACS varies depending on sample size, number of interviewers hired, and other logistics. All fieldwork activities are led by the Implementing Agency with support from CDC and the Coordinating Agency. The MSTF/SC receives regular updates throughout implementation in the field. It is important to finalize logistical issues (such as transport and provision of supplies) prior to sending interviewers out to the field since these issues can have consequences on the performance and morale of interview teams and, ultimately, on the quality of the data. Details on the study design and steps in the data collection process are included in Appendix I. CDC conducts field monitoring during early weeks of data collection and the MSTF/SC deploys individuals for data monitoring throughout the entire data collection. CDC also provides standardized data monitoring tools to implementing partners for continuous data quality assurance monitoring.

## **Complete data analysis for standard report tables**

After data collection is finalized, CDC, with assistance from the Implementing Agency and Coordinating Agency, performs sample weighting, quality assurance checks, data cleaning, data analysis and tabulation. The MSTF/SC provides the forum for a wide range of actors across sectors to provide their input and perspectives on the interpretation and presentation of findings. During this phase it is critical to facilitate an active process of cross-checking, cross-referencing and consolidating comments by MSTF/SC members to ensure that survey findings are relevant with regard to the country context and program and policy and across sectors.

## **Support in-country data analysis and capacity**

Ensuring in-country capacity to understand and analyze VACS data is critical. This will not only support ownership of VACS results, but also allow national governments and organizations to conduct additional secondary analyses of VACS data to answer a wide range of relevant research questions that can be beneficial to policy and programming efforts. CDC and other partners can facilitate a data analysis workshop to build local capacity to understand and analyze the newly collected VACS data as well as ongoing remote technical assistance.

## **Prepare country reports**

CDC works with implementing partners and the lead government ministry and/or MSTF/SC on drafting, editing, and reviewing a priority indicator report and final reports of VACS findings. The priority indicator report is a short report of key indicators that is produced within approximately 6 months of data collection. The final report is a full report with a broad range of indicators broken into topical sections that is typically produced and released within 12 months of data collection. This process begins with reviewing the standard templates for the priority indicator report and table shells for the final reports. The reports are developed and reviewed through a collaborative approach to ensure the reports reflect the country context. The MSTF/SC also provides leadership and coordination in the final review and approval of the reports, as well as in planning the launch and dissemination.

## **Host preliminary data roundtables with additional stakeholders (including civil society)**

VACS offer a vast amount of new data that can be challenging to process—even for those deeply engaged. As such, in preparation for the Data to Action Workshop (see below), it can be helpful to host a smaller scale data roundtable, or several, as needed. This is an opportunity to share preliminary results of VACS with relevant stakeholders for sector-specific conversations. The purpose of the roundtable is to ensure multi-sectorial and multi-stakeholder engagement in using the newly available VACS data for program and policy, including the development of a new or adaptation of an existing national action plan. The goals of the roundtable are to: (1) provide an overview of newly available VACS data; (2) discuss shared priorities and opportunities for violence prevention and response; and (3) agree to next steps for multi-sectorial and multi-stakeholder engagement in development of a response to VACS results.



## **PHASE 6: DISSEMINATION AND DATA TO ACTION**

Key milestones:

- Engage stakeholders and high-level leadership on VACS results
- Conduct a Data to Action Workshop to establish national priorities for action
- Finalize country report and disseminate the results

## **Engage stakeholder and high-level leadership on VACS results**

The goal of this phase is to begin translating vast amounts of complex VACS data into action, by supporting the government, civil society and Together for Girls partners to link the data to evidence-based, multi-sectoral strategies to prevent and respond to violence against children and youth, including those in the INSPIRE technical package.

## **Conduct a Data to Action Workshop to establish national priorities for action**

Translating the VACS results into meaningful prevention and response policies and programs is arguably the most important phase of VACS and is an ongoing process. While each country's response is unique, it is essential that there are efforts to include costing and to track policy and program implementation outcomes through monitoring and evaluation. VACS Data to Action workshops align findings from VACS with evidence-based and evidence-informed policies and programs to prevent and respond to violence and form the basis for a National Action Plan. The goal of the workshops is to translate the vast amount of VACS data into prioritized and actionable next steps for each sector by linking VACS results to the INSPIRE technical package.

Data to Action Workshops are led by the country government with assistance from Coordinating, Implementing and lead statistical agencies, UNICEF, in-country US Government partners, members of the multi-sector task force as well as CDC. The ideal timing of the workshop is between the release of preliminary findings from VACS and before the launch of the final VACS report. The Data to Action Workshop is a step in a longer, political process, which can allow for the lead government partners to identify and highlight key interventions by sector within the context of developing a new, or adapting an existing, National Action Plan for addressing violence against children and youth to accompany the public release of the final VACS report. The Data to Action Workshop typically takes place over three days consisting of large group sessions to review the data, as well as sector-specific breakout sessions to prioritize data points and develop response strategies by sector based on the INSPIRE technical package. This is often the first step in a process that will ultimately lead to more detailed costed sector plans with a monitoring and evaluation framework.

## **Finalize country report and disseminate the results**

The process for the launch and dissemination of the final report is defined by the MSTF/SC, with support from the Coordinating Agency, Implementing Agency, CDC and Together for Girls. Given the movement from research into programming, there may be some shifts in participation in the MSTF/SC towards a different set of institutions and partners more appropriate to the action phase. A public launch of the data, either preliminary findings from the report along with high level commitments by sector to key actions that will be taken in response to the data, or a launch of both VACS results and a national, multi-sector action plan are highly important opportunities for advocacy. The release of the final report and action plan provides an ideal opportunity to bring increased attention to violence against children and youth, as well as the opportunity to incorporate interventions tailored to the specific country situation across sectors, including health, social welfare, justice and education and engages government, civil society and youth. This cross-sector collaboration directly supports Together for Girls' model of building on existing platforms. Once the final report has been officially launched by the MSTF/SC, Together for Girls can disseminate the report through its networks and make the report publicly available online. They can also identify any communications opportunities to share the results with a wider audience.

While the launch of the final report is a significant milestone, it is not the end goal of VACS. The public visibility of the launch, including both the data and the sectoral commitments, further builds high-level engagement, leading to increased support for coordinated national, multi-sector action in responding to the data.

## **V. POST-VACS PROCESS: TRANSITIONING FROM DATA TO ACTION**

The end goal of VACS is to ensure meaningful change in the lives of children, adolescents and youth, as well as to impact their families and the communities they live in. The post-VACS process is therefore essential, covering the last three phases of a country's [Pathfinding Trajectory: National Action Plan, Implementation, and Monitoring and Evaluation](#).

CDC and Together for Girls will continue to be highly engaged in the post-VACS process, but other Together for Girls partners, such as UNICEF, traditionally play a leadership role in supporting national governments in the post-VACS period. In addition, VACS data should be used to inform the work of multiple stakeholders and partners, such as PEPFAR's DREAMS initiative and the work of civil society and other implementers on the ground.

Key milestones:

- Development/adaption of a National Action Plan and other relevant programming
- Implementation of the National Action Plan
- Monitoring and Evaluation

### **Development/adaptation of a National Action Plan (NAP) and other relevant programming**

Building on the data and the core actions identified in the Data to Action workshops, the development of a new or adaptation of an existing NAP for preventing and responding to violence against children and youth should be led by the government, ideally at the highest political level possible. Ensuring multi-sectoral participation, coordination and accountability is key, and engagement and coordination across multiple ministries is usually most effective when led by highest level leadership in government. If this is not possible, then the lead ministry generally provides leadership in coordinating and ensuring participation, collaboration and accountability from multiple sectors, including finance, justice, health, education, and social welfare. A Together for Girls partner, usually UNICEF, plays a leadership role in supporting this milestone—as multi-stakeholder and multi-sectoral coordination is key to success. It is also important that the plan be costed to facilitate the necessary resource mobilization and budgeting processes to insure robust implementation.

Commitment to coordination through the continued engagement of the MSTF/SC is important to ensure that prevention and response measures are incorporated into programs and that further resources are marshalled for NAP activities. The transition from data to programs will also need to bring in actors with a broader implementation base who may have been less involved in the research stage of the work, including national, regional and district government program managers, as well as civil society. In terms of technical assistance and donor funding, in addition to CDC and UNICEF, among Together for Girls partners, this may include UNFPA and UN Women with platforms to reach adolescent girls and integrate efforts in gender-based violence prevention and services; WHO for technical assistance, including linkages with broader violence prevention programs; UNAIDS to tie into national HIV and AIDS plans; PEPFAR and USAID to support efforts in HIV, gender-based violence and the education, and justice and economic strengthening work with vulnerable children and their communities. All efforts to learn from other countries' VACS and VACS response experiences are encouraged and Together for Girls can play a leadership role in facilitating south to south collaboration.

In addition to using VACS data to inform the process, the INSPIRE framework and accompanying handbook will be critical to ensuring that evidence-based strategies are included in the NAP. Finally, it is critical that children and adolescents be meaningfully engaged in this process. The public launch and dissemination of the NAP is a Pathfinding trajectory milestone.

### **Implementation of the National Action Plan**

The implementation of the NAP includes:

- Continuous multi-sectoral coordination
- Implementation of NAP by multiple actors
- Adaptation of new interventions
- Continuous identification of financial support

### **Monitoring and Evaluation**

This phase includes:

- Continuous monitoring and learning (with INSPIRE Indicators)
- Adaptation of NAP and interventions as needed
- Pathfinder Milestone: Recurring Public Update of NAP Implementation

## **VI. CONCLUSION**

VACS generate incredibly rich and important data that can influence transformative policies and programs for children and youth, their families, and the communities in which they live. VACS data and resultant evidence-informed action plans provide a solid platform for an agenda to bring attention to the problem of violence against children and youth, and to leverage that attention to promote a multi-sector approach to ending violence. It is therefore critical that the multi-sector and multi-stakeholder support for VACS flourishes, for it is through the planning and implementation phase that all partners – the government, civil society, and all stakeholders – strengthen their capacity to understand the relevance to their priorities, and apply that understanding to their activities on the ground. Through this process and the multi-sector engagement of child protection, violence prevention, gender, education, health, justice, HIV/AIDS and social welfare communities around these critical data, we will be a step closer to achieving our goal of ending violence against children and youth.

# A APPENDIX 1: VIOLENCE AGAINST CHILDREN AND YOUTH SURVEY METHODOLOGY

## Study Design

VACS are cross-sectional household surveys of 13-24-year-old females and males, designed to produce national-level estimates of experiences of physical, sexual, and emotional violence in childhood, adolescence, and young adulthood. The surveys include a randomly selected, representative subset of the population, at one specific point in time, providing estimates of violence indicators by age group, sex, and other demographic factors. All data are collected through an in-person retrospective interview with trained interviewers.<sup>10</sup>

All participants are asked about lifetime and past 12 months experiences with sexual, physical, and emotional violence. Analysis can yield estimates of childhood violence as well as lifetime and past-12-month experiences for all participants.

## Survey Questionnaire

CDC scientists together with UNICEF and the Together for Girls Secretariat and many external consultants developed a standardized global VACS core questionnaire. The questionnaire draws questions and definitions from a number of existing and well-respected survey tools, so that data on various measures can be compared with other studies as a useful validation. This approach also means that the questionnaire uses measures that have already been field tested in other studies.

Questionnaire and survey protocols for each country are adapted through a consultation process with key stakeholders who are familiar with the problem of violence against children, child protection, and the cultural context.

## Ethical Review

VACS adheres to World Health Organization recommendations on ethics and safety in studies of violence against women.<sup>11</sup> The U.S. CDC Institutional Review Board and an in-country ethics committee or other entities which protect the rights and welfare of human research subjects independently review and approve each survey. Detailed protocols and study procedures are in place to protect the privacy and confidentiality of participants and to ensure their safety.<sup>10</sup> For example, the protocol requires a split sample, such that interviews for females and males are conducted in different and separate geographic areas. This split sample helps to protect the confidentiality of the participants and eliminates the chance that a male perpetrator of sexual violence and the female victim in the same community would both be interviewed.

## Survey Field Test

In all countries, interviewers conduct a field test of the survey protocol. The field test usually consists of two or three days in the field practicing the study procedures and one day for debriefing, discussion, and feedback. Communities that are not involved in the final data collection fieldwork are involved in the field test. The field

## WHAT'S IN A VACS?

VACS include questions on the following topics:

- Background (e.g. demographics, socioeconomic status, and education)
- Gender Attitudes
- Relationships with parents and peers
- Safety
- Witnessing Violence
- Violence Victimization including: Sexual Violence, Physical Violence, and Emotional Violence
- Violence Perpetration
- Health Risk Behaviors
- Transactional sex
- Health Outcomes
- Service seeking and utilization

Additional modules on specific topics can be included depending on the country context. Examples include:

- HIV status
- Migration
- Community and gang violence
- Other issues relevant to the country

test follows normal VACS survey protocols, including a split sample approach. The primary purpose of the field test is to test the questionnaire and survey protocols including activation of the response plan. The field test helps interviewers assess community entry, willingness to participate, length of the questionnaire, and the cultural appropriateness of the questions. Information and feedback from the field test is used to inform survey implementation.

### **Fieldwork Data Collection**

Data collection for VACS is dependent on sample size, number of interviewers, and other field logistics. Male interviewers conduct interviews with male participants, and female interviewers conduct interviews with female participants.

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