



## **Together for girls**

We can end sexual violence

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

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## PREFACE

Together for Girls is a global public-private partnership dedicated to eliminating violence against children, with a focus on sexual violence against girls. The partnership brings together five UN agencies, including UNICEF, WHO, UN Women, UNAIDS and UNFPA; the private sector through BD (Becton, Dickinson and Company), Nduna Foundation, Grupo ABC, CDC Foundation; and the U.S. government through the U.S. President's Emergency Plan for AIDS Relief (including USAID, Centers for Disease Control and Prevention Global AIDS Program, Department of Defense and Peace Corps), the U.S. Department of State and the Centers for Disease Control and Prevention Division of Violence Prevention.

Violence against children, particularly sexual violence against girls, is a global scourge. Experiencing violence as a child can profoundly impact emotional and physical health and social development throughout life. Girls are particularly vulnerable. Together for Girls partners recognize that effectively addressing violence against children requires understanding the magnitude and nature of the problem and shaping a coordinated, multi-sector approach in response. The Violence Against Children Survey, a nationwide household survey that interviews 13- to 24-year-old males and females on their experiences of emotional, physical and sexual violence, provides critical data to inform and catalyze a robust country-led policy and programmatic response. The partnership, under the leadership of country governments, has completed the survey in five countries. Several more surveys are in various stages of implementation, and many other countries have expressed a strong interest and are anxious to move forward. The model is proving reliable and multiple actions are underway that advance violence prevention and response in countries that have completed the survey.

To facilitate the process, we are pleased to present ***The Together for Girls Partnership: Linking Violence Against Children Surveys to Coordinated and Effective Action***.

Developed with extensive input across partners, it is intended to serve as a guide for countries and Together for Girls partners interested in undertaking the Violence Against Children Surveys and supporting actions/programs emanating from them. This document outlines the implementation steps, from research to programming. 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 to be made to end violence against children and are happy to answer any questions you may have.

Michele Moloney-Kitts  
Managing Director, Together for Girls



## ACKNOWLEDGMENTS

***The Together for Girls Partnership: Linking Violence Against Children Surveys to Coordinated and Effective Action*** is the result of dedicated work by Together for Girls partners, including WHO, UN Women, UNFPA, UNAIDS, UNICEF, CDC Division of Violence Prevention, PEPFAR, Nduna Foundation and Grupo ABC. We are especially grateful for the input from the following individuals:

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# THE TOGETHER FOR GIRLS PARTNERSHIP: LINKING VIOLENCE AGAINST CHILDREN SURVEYS TO COORDINATED AND EFFECTIVE ACTION

## Introduction

Together for Girls is a global public-private partnership dedicated to ending violence against children, with a focus on sexual violence against girls. Launched in 2009 at the Clinton Global Initiative, the partnership includes five UN agencies (UNICEF, UNAIDS, UN Women, WHO and UNFPA), the U.S. government (the Centers for Disease Control and Prevention Division of Violence Prevention [CDC/DVP], the President's Emergency Plan for AIDS Relief and its partners, and the Department of State's Office of Global Women's Issues) and the private sector (Grupo ABC, BD [Becton, Dickinson and Company], CDC Foundation and the Nduna Foundation).

Based on a pioneering model piloted in Swaziland in 2007 under the leadership of the Government of Swaziland with support from CDC and UNICEF, this multi-sector partnership has three pillars of work: (1) conducting and supporting national surveys on the magnitude and impact of violence against children, (2) supporting coordinated program actions in response to the data and (3) leading global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions. Working with governments and civil society, the Together for Girls model seeks to build on and leverage existing programs and platforms wherever possible to integrate the issues of violence against children, especially sexual violence, into social welfare, gender, health, education and justice programs for a comprehensive response.

A hallmark of Together for Girls' work is the groundbreaking data generated through the Violence Against Children Surveys (VACS). The VACS, designed by CDC and implemented under the leadership of country governments with participation from in-country partners and support from Together for Girls agencies (including CDC, UNICEF and PEPFAR), is used to inform development and implementation of a country-led multi-sector policy and programmatic response to violence against children.

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

- Governments fully commit to the process by requesting a VACS
- Presence of more than one Together for Girls partner on the ground and capacity of in-country Together for Girls partners to support implementation of the survey
- Availability of funding, including technical assistance, for the survey
- 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.
- In-country capacity for ethical standards, including confidentiality, and provision of appropriate referral and counseling services to respondents requiring support

In addition, Together for Girls aims for geographic diversity in considering new countries for the Violence Against Children Surveys.



The VACS is a national population-based household survey interviewing 13- to 24-year-old males and females. It is designed to determine the prevalence and circumstances surrounding emotional, physical and sexual violence against males and females prior to age 18 and the incidence of violence in the last 12 months for girls and boys 13 to 17 years of age. The survey also identifies risk and protective factors as well as the consequences of violence. Violence Against Children studies have now been completed in Swaziland,<sup>1</sup> Tanzania, Kenya and Zimbabwe, with additional countries (Haiti, Cambodia, Malawi, Philippines, Indonesia and Nigeria) in various stages of implementation. Experts from the U.S. government and UN agencies as part of the Together for Girls partnership have consulted extensively on the development of the survey instrument and process. Cognitive testing has been conducted in Malawi and the Philippines, and the findings have been used to inform the development of the core questionnaire and a set of core indicators ensuring that comparable data are collected across countries (expected by June 2013).

The VACS surveys have proven to be a particularly strong tool, providing governments and communities with the information needed to mobilize national, multi-sector policies and programs to prevent and respond to violence against children. The process by which the VACS is undertaken, with robust multi-sector government ownership from the outset and the engagement of multiple Together for Girls partners, has enabled strong country ownership, facilitating the translation of the data into policies and programs. This document outlines and defines implementation steps in this process from research to programming. It is intended to provide information for and guidance to countries and Together for Girls partners interested in undertaking and supporting the VACS in collaboration with CDC, UNICEF, PEPFAR and other Together for Girls partners as an important step in the movement to prevent and respond to violence against children, including sexual violence against girls. However, as a guidance document, there may be a need for adjustments to accommodate the local context.

### Key Principles to Consider when Undertaking the VACS:

- The success of the VACS is based on and built around strong engagement of in-country partners under the leadership of the government with participation from key civil society and development stakeholders.
- The data from the VACS are intended to inform a policy and a comprehensive multi-sector programmatic response.
- 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 also be upheld during the preparation and implementation of the VACS.
- Building the capacity of national institutions needs to be an inherent part of the process to ensure ownership and sustainability of the processes.

<sup>1</sup> The study in Swaziland did not include males.



Figure 1: Violence Against Children Survey Process

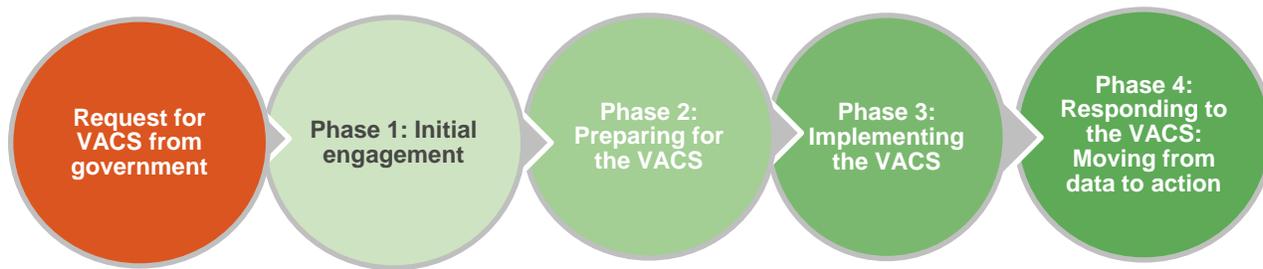


Figure 2: Violence Against Children Survey – Illustrative Roles

There may be variation in roles depending on country context as well as the stage of the process. This is not an exhaustive list, but meant to provide illustrative examples of roles based on previous VACS.

<b>Multi-sector Task Force/Steering Committee (MSTF/SC):</b> <i>(led by government often with support from the coordinating agency, such as UNICEF or another TIG partner)</i>	<b>Coordinating Agency:</b> <i>(often UNICEF or another TIG partner)</i>	<b>Technical Assistance Agency:</b> <i>(led by CDC/DVP in partnership with the implementing and coordinating agency)</i>	<b>Implementing Agency:</b> <i>(identified national partner)</i>	<b>Counseling/Referral Agency:</b> <i>(identified national partner)</i>
<ul style="list-style-type: none"> <li>Garner and maintain commitment for VACS from relevant stakeholders</li> <li>Oversee the VACS planning and implementation</li> <li>Approve MOU/LOI</li> <li>Oversee adherence to ethical standards</li> <li>Review and provide input on all survey materials and qualitative work</li> <li>Provide cultural context to inform VACS survey materials and processes</li> <li>Review and provide input on the findings and draft report</li> <li>Approve the final report</li> <li>Lead the development of the program and policy response</li> <li>Lead the dissemination and launch of the final report</li> <li>Oversee the response</li> </ul>	<ul style="list-style-type: none"> <li>Support the MSTF/SC in coordinating the VACS planning process and implementation</li> <li>Support the drafting, review and clearance of processes and documents, e.g., IRB, MOU/LOI, ethical standards, terms of reference for sub-agreements, etc.</li> <li>Provide technical support on the survey process, referral protocol, qualitative work, survey findings and draft report</li> <li>Support the MSTF/SC in the development of the program and policy responses</li> <li>Support the MSTF/SC in the launch and the dissemination of the final report</li> </ul>	<ul style="list-style-type: none"> <li>Provide technical assistance (TA) throughout VACS planning and implementation</li> <li>Draft a workplan and timeline for VACS implementation in collaboration with the MSTF</li> <li>Draft data sharing agreement (as part of the MOU/LOI)</li> <li>Provide TA for protocol, ethics, pilot test, data collection and data analysis</li> <li>Lead and/or provide TA to train field staff</li> <li>Support report preparation/clearance in collaboration with MSTF/SC and coordinating agency</li> <li>Provide input into the dissemination of data and the program and policy responses</li> <li>Recommend secondary analyses</li> </ul>	<ul style="list-style-type: none"> <li>Prepare protocol for in-country ethical clearance with support from the technical assistance and coordinating agency</li> <li>Recruit all field staff</li> <li>Coordinate study logistics and implementation: pilot test, data collection, data entry</li> <li>Co-lead data cleaning and analysis</li> <li>Support the preparation of the preliminary and final reports</li> <li>Support the dissemination of data and the program and policy responses</li> </ul>	<ul style="list-style-type: none"> <li>Develop a service response/referral plan for respondents who want help in collaboration with implementing, coordinating and technical assistance agencies and MSTF</li> <li>Provide support services to respondents requesting help</li> <li>Provide support in developing a list of social services and civil society organizations providing appropriate services in all regions of the country that will be distributed to all respondents regardless of violence disclosure.</li> </ul>
<p><b>Phase 1, 2, 3, 4</b></p>	<p><b>Phase 1, 2, 3, 4</b></p>	<p><b>Phase 1, 2, 3, 4</b></p>	<p><b>Phase 1, 2, 3, 4</b></p>	<p><b>Phase 1, 2, 3</b></p>
<p>Roles and responsibilities for certain tasks will vary by country and context and articulated during the planning phase. Some examples include:</p> <ul style="list-style-type: none"> <li>Identify and engage the VACS implementing agency</li> <li>Identify and engage an appropriate counseling or referral agency for respondents requesting help</li> <li>Conduct the literature review</li> <li>Identify and engage the qualitative researchers</li> <li>Draft the preliminary and final reports and manage the clearance process</li> </ul>				



### Phase 1: Country Engagement

#### Key outcomes:

- Multi-sector Task Force/Steering Committee convened
- Collaborating agencies identified
- Roles and responsibilities negotiated
- Letter of Intent (LOI) or Memorandum of Understanding (MOU) developed and signed by key partners
- Capacity strengthening of national partners integrated as a component of the process

#### Multi-sector Task Force/Steering Committee convened

The VACS is country-led and driven, and typically a national government requests the VACS through a Together for Girls partner in-country, most commonly CDC, UNICEF or another PEPFAR partner. 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 oversees the VACS planning and implementation, ensures dissemination of the data 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, UN and other development partners and civil society organizations. It is important 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 buy-in.

One of the Together for Girls partner agencies, in many cases the UNICEF Country Office or possibly another Together for Girls partner, depending on the situation, 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.

#### Collaborating agencies identified and roles and responsibilities negotiated

Several other tasks need to be undertaken early on 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, familiarity with the Demographic and Health Survey of the Multiple Indicator Cluster Survey) to ensure technical and logistic capacity to manage survey implementation. In addition, an appropriate agency, endorsed by the government, must be engaged to provide quality referral and support services to respondents who have experienced violence and request assistance during the field implementation. Once the appropriate national and referral agencies 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 to bring these agencies on board, the process should be coordinated across the MSTF/SC, the coordinating agency and the technical assistance agency.

As the technical assistance agency, CDC/DVP plays an active technical assistance role during the period of engagement visit, survey design, approval and implementation. The intensity 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 to these ongoing conversations. In addition, in countries where PEPFAR is active, it is also important to engage the PEPFAR coordinator.

### **Letter of Intent or Memorandum of Understanding developed and signed by key partners**

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

- Roles and responsibilities of the key partners, including drafting of the final report
- Legal requirements regarding age of a minor
- Protection requirements and ethical standards
- Data-sharing agreement between partners, with details including:
  - 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 to datasets?

Reinforcing Together for Girls' emphasis on country ownership and the importance of data, the partnership encourages establishing norms for public access to datasets. Ideally, public access to datasets should be granted one year from completion of data collection, two years at most. This allows for a period for VACS partners to finish writing the final report and for the use of the data in other reports and academic papers. It is also important to note that public access datasets require identifying an agency or partner to prepare the datasets for public use, as well as identifying a place to house the datasets for researchers and others to find and download them.

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

The VACS is one step of a larger, ongoing process toward preventing and responding to violence against children. Thus it is critical that capacity building of the MSTF/SC and the associated national government and non-government partners is incorporated both at the outset and during implementation of the VACS, but also with a view to the longer term.



During the course of the VACS process, the MSTF/SC holds regular meetings (preferably at least once a month, but largely depends on the stage of VACS implementation) to review progress and provide guidance throughout the process. The MSTF/SC meetings are an opportunity to build members' capacity by reviewing the research protocol, receiving reports on field progress, providing input to ongoing data analysis and advocating for policies and prevention/response programming within the relevant sectors.

Examples of other areas where select capacity of members of the MSTF/SC and implementing agencies may need technical assistance and support include:

- Service mapping
- Research with children (qualitative and quantitative) on sensitive topics
- Literature review
- Qualitative research
- Surveillance/monitoring of violence against children
- Data analysis
- Report writing

Stakeholders from the MSTF/SC and their partners may also want to consider conducting study exchanges or regional meetings to learn from their counterparts in countries that have already undertaken the study.



## Phase 2: Preparing for the VACS

### Key outcomes:

- Research protocol developed and submitted to the Institutional Review Board (IRB) for approval
- Response plan/referral protocol developed

### **Research protocol developed and successfully submitted to the IRB for approval**

During the planning phase, the MSTF/SC, the implementing agency, the coordinating agency and the technical assistance agency work together to conduct a literature review and undertake qualitative research as needed to inform the process, review the core questionnaire for cultural relevancy and develop a research protocol appropriate for the country.

The literature review serves both as a part of the IRB submission and better positions national partners to review the research protocol. A strong qualitative component accompanies the VACS. During the planning phase, an agency is identified to take the lead in implementing this research. There are three types of qualitative research suggested at different stages of the survey process. Partners should discuss these options at the outset as a part of the research protocol. These include:

- Conduct qualitative research as part of the preparation phase of the survey process specifically to inform the VACS survey instrument with regard to better understanding the country context and the stated needs of children and/or adults and/or to understand country-specific challenges related to disclosure. This requires the development of a standardized methodology with methodological recommendations, including minimum sample size.
- Conduct qualitative research as a mixed-methods approach to provide qualitative data to describe the context and consequences of violence against children.
- Conduct qualitative research following the quantitative survey to address programmatic issues and serve as a partner piece to the household survey further exploring findings from the VACS.

The informed consent procedure (and ensuring it is in line with ethical standards) for both parents and respondents is a key component of the protocol. This is then submitted both to the IRB of CDC, as the technical agency, and the national IRB.

The aim is to utilize a core questionnaire for the different countries undertaking the VACS to ensure that the findings are comparable across countries and to ensure use of validated data collection tools. However, there may be situations where a country would like to add questions or a module to supplement the core questionnaire, which would be coordinated through the MSTF. In this case, countries should provide written request to the coordinating and technical assistance agencies with a justification for the additional questions.

### **Response plan/referral protocol developed**

To ensure that protection measures are in place for study participants and support is available for respondents and interviewers, the coordinating agency, MSTF/SC, the national agency contracted to provide referral and counseling services and the technical assistance agency



develop a response plan or referral protocol prior to the training of the interviewers and data collection phase of the survey. The national agency responsible for providing referral and counseling services must have the appropriate capacity to provide support services to children and 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 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. A list of social services should be provided to all respondents in the survey. This resource list maps government and civil society health and social services, including mental and psycho-social support as well as clinical services, such as HIV testing for adults and children who have experienced violence. Service providers specific to violence will be embedded in the larger list so that no community member could identify the sensitive nature of the survey just by looking at the list. All services and information provided should take into consideration the unique needs and rights of different age groups among VACS respondents. Interviewers will be trained in the referral protocol and ethics on how to handle sensitive cases involving children and how to refer respondents to the appropriate services.

The response plan/protocol should take into account the ethical issues regarding parental consent if the respondent 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 respondent if *any or all* of the three conditions apply:

- The respondent discloses any kind of violence
- The respondent become upset during the interview
- The respondent requests help

The response plan is only initiated if the respondent agrees to receive help.



### Phase 3: Implementation of the VACS

#### Key outcomes:

- The national government and all partners engaged in implementing the VACS
- Data collection, analysis and report writing successful

This section outlines the activities undertaken during implementation of the VACS.

#### The national government and all partners engaged in implementing the VACS

*Pilot test and training:* The pilot test evaluates how a convenience sample of the target age group of 13- to 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 pilot 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 intensive, classroom-based training lasts for approximately 12–14 days for team leads/field supervisors and 12–14 days for interviewers. The two-day pilot test also gives enumerators practice with interviewing and using electronic data collection.

*Protocol finalization:* Certain factors influence the adaptation and finalization of the questionnaire. Findings from qualitative research undertaken prior to survey implementation (if applicable) can result in adjustments to the questionnaire, as can any issues identified through the training and pilot. The sample design is finalized, and the mapping and listing of sampled enumeration areas is completed. IRB amendments are then submitted to the technical assistance agency and the national/in-country IRBs.

*VACS fieldwork:* Fieldwork for the VACS takes approximately 4–6 weeks, led by the national implementing agency with support from the technical assistance agency and the coordination agency. The MSTF/SC receives regular updates on implementation. It is important to finalize logistical issues (e.g., transport, DSA and 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.

#### Data collection, analysis and report writing successful

*Data analysis and report writing:* During the planning phase, an agency is identified to take the lead in writing the preliminary and final report, with other agencies identified to provide support and coordination.

After data are collected, the implementing agency and the technical assistance agency, with assistance from the coordinating agency, perform sample weighting, quality assurance, 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 program and policy and across sectors.



### Phase 4: Responding to the VACS: Moving from data to action

#### Key outcomes:

- VACS findings and/or Coordinated National Multi-Sector Response Plan developed, launched and disseminated
- Moving from data to action: Coordinated National Multi-Sector National Response Plan implemented, monitored and evaluated to measure impact

#### **VACS findings and/or Coordinated National Multi-Sector Response Plan developed, launched and disseminated**

*The Coordinated Multi-Sector National Response Plan:* The implementing agency, coordinating agency and technical assistance agency provide support and other guidance throughout this process. During the data analysis phase, the MSTF/SC regularly reviews and provides input on the preliminary and final analyses of the survey findings. As a result, the MSTF/SC is in a position to mobilize the different sectors (e.g. health, justice, social welfare, education, etc.) and other development partners to translate the data and findings from the survey into recommendations and policy and program for prevention and response. The MSTF/SC engages each relevant ministry to articulate their priorities, and develops the Coordinated National Multi-Sector Response Plan with support of the coordinating agency.

The process for the launch and dissemination of the final report is defined by the MSTF/SC, with support from the coordinating agency, technical assistance agency and the implementing agency. Given the movement from research into programming, there may be some shifts in participation in the MSTF/SC towards institutions and partners more appropriate to the response phase. In terms of the data, in some cases it may be feasible to launch preliminary findings from the report or to launch both the VACS data and a national, multi-sector response plan with the final report. The final report and/or response plan provides an ideal opportunity to bring increased attention and advocacy for and response to violence against children at the local levels, as well as the opportunity to incorporate interventions tailored to the specific country situation across sectors, including health, social welfare, justice and education.

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 partners can disseminate the report through its networks and make the report publicly available online. They can also identify any advocacy/communications opportunities to share the data with a wider audience.

While the launch of the final report is a significant milestone, it is not the end goal of the VACS. The public visibility of the launch assists in political engagement and hopefully leads to increased support for a coordinated, national, multi-sector response.

#### **Moving from data to action: Coordinated National Multi-Sector National Response Plan implemented, monitored and evaluated to measure impact**

Translating the data into meaningful prevention and response policies and programs is arguably the most important phase of the VACS and is an ongoing process. While each country's response is unique, it is essential that there are efforts to include elements related to costing and tracking performance through monitoring and evaluation.



Investments in coordination through the continued engagement of the MSTF/SC are important to ensure that prevention and response measures are incorporated into programs and that further funding is sought for activities based on the Coordinated National Multi-sector Response Plan. 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. In addition to CDC/DVP 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; and PEPFAR and USAID to support efforts in HIV, gender-based violence and the education, justice and economic strengthening work with vulnerable children and their communities. Ideally, new partners also will be engaged. All efforts to learn from other countries' VACS and VACS response experiences are encouraged.

The VACS generates incredibly rich and important data that have the ability to influence transformative policies and programs for children. The VACS data and response plan provide a solid platform for an advocacy agenda and to promote a multi-sector approach to ending violence against children. It is therefore critical that the MSTF/SC flourishes, for it is through the planning and implementation phase that both the government, through individual ministries, and civil society 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.