





USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

MULTI-COUNTRY COLLABORATIONS SUPPORT ACTING ON DATA TO PROTECT CHILDREN FROM VIOLENCE

Globally, violence against children is a broad and enduring issue in need of a sustained multi-sectoral, data-driven response. With support from USAID's Health Evaluation and Applied Research Development (HEARD) Project, partners accelerate the use of data to strengthen policies and programs aiming to end violence against children. Our focus is to help countries leverage their Violence Against Children and Youth Survey (VACS) data in support of national action plan development and implementation.

Violence Against Children and Youth Surveys (VACS)

The VACS are nationally representative household questionnaires administered to 13 to 24-year-olds in 22 countries to date. VACS measure prevalence and incidence of physical, sexual, and emotional violence experienced among children, adolescents, and young people. The survey also generates critical data on risk and protective factors, consequences of violence, and access to support services. The VACS are led by national governments, with technical assistance from the Centers for Disease Control and Prevention (CDC) and the Together for Girls Partnership, with substantial investment from the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Lessons Learned from Implementing VACS

To inform national action, the HEARD Project commissioned a landscape analysis to document lessons learned from survey implementation at the national level. "Using Data to Inform National Efforts to End Violence Against Children: Country Experiences and Lessons following Violence against Children and Youth Surveys" (2021) is a report of the landscape analysis comprising the first comprehensive review of country experiences in transforming their VACS results into concrete sex- and age-specific improvements for children and young people. The landscape analysis synthesizes the views of 225 stakeholders from across 20 countries, spanning four regions. "The Power of Data to Action" serves as a summary report of the analysis.

Countries where the VACS has been completed

- Botswana Cambodia Colombia Côte d'Ivoire
- El Salvador Eswatini 1 Ethiopia Guatemala
- Haiti Honduras Jamaica² Kenya ¹ Lao PDR
- Lesotho Malawi Moldova Mozambique
- Namibia Nigeria Rwanda Tanzania Uganda
- Zambia¹ Zimbabwe

Partners

- City University of New York Graduate School of Public Health & Health Policy
- East Central and Southern Africa Health Community (ECSA-HC)
- Global Partnership to End Violence Against Children
- LifeLine / Childline Namibia
- LVCT Health
- Maestral International
- PEPFAR
- Project Hope Namibia
- Together for Girls
- UNICEF
- Universidad de los Andes
- University of Edinburgh
- University Research Co. LLC
- U.S. Centers for Disease Control
- USAID's Inclusive Development Hub
- World Vision

Following VACS implementation, nations have worked to initiate various awareness-building activities, and develop response programs and action plans to mitigate violence against children. Through strategic coordination and consultation among actors, we see recognition of the implications and opportunities associated with VACS data, and increasing action among key stakeholders across government agencies, sectors, and civil society.

Supporting Country Efforts to Address Violence Against Children

Kenya

Kenya is one of only two countries globally to have completed two rounds of VACS (the other is Zimbabwe). In 2022, LVCT Health and World Vision Kenya received HEARD Project support to bolster specific aspects of the country's response to VACS results. Partner objectives include creating visibility and public awareness of the findings from the most recent (2019) VACS, facilitating county-level planning on implementing the National Prevention and Response Plan on Violence Against Children (NPRP), and advocating for resources to the most appropriate interventions.

To this end, LVCT Health and World Vision Kenya are convening cross-sectoral workshops at county and national levels. In addition, LVCT Health is carrying out a retrospective qualitative analysis to explore what policy and program efforts stakeholders in Kenya consider most likely to have contributed to the reduction in violence measured between the first and second VACS. This analysis is co-funded by Wellspring Philanthropic Fund.

Namibia

In 2022, Project Hope Namibia (PHN) and LifeLine/ChildLine (LLCL) Namibia received HEARD Project support to amplify specific aspects of the country's response to VACS results, in response to priorities identified by the Namibian Government. LLCL and PHN are respectively focusing on two of the Government of Namibia's key priorities in relation to ending violence against children: strengthening parenting and caregiver programming and making schools safer. LLCL's goal is to consolidate a National Parenting Program in collaboration with relevant ministries and other stakeholders. PHN is focused on responding to and preventing violence in school settings by designing interventions and capacity strengthening interventions for school personnel.

Moldova

USAID Moldova supports the Government's National Child Protection Program (NCPP) and its Action Plan. In June 2022, the Government of Moldova launched a new NCPP, the lead responsibility for which sits with the Ministry of Labor and Social Protection, with numerous Ministries indicated in the Action Plan, including Education, Health, Interior, and Justice. The NCPP follows up on and is informed by the findings from Moldova's 2018 VACS. In late 2022, HEARD facilitated a Governmentled Partner Coordination Roundtable focused on VAC. The Roundtable concluded with partner recommendations on how to advance elements of the Government's Action Plan. Guided by the outputs from the Roundtable discussion, HEARD Project partners look forward to providing targeted support to the government's efforts in implementing their NCPP.

Colombia

HEARD provided direct technical support in 2020-2021 to the Government of Colombia's Instituto Colombiano para Bienestar Familial (ICBF) to develop a National Action Plan (NAP) to identify and fill key programming gaps to end violence against children, with support to costing the plan provided by Maestral International. HEARD also coordinates a core group of international partners working to support Colombia's NAP development and implementation efforts, allowing partners to leverage synergies (i.e., aligned interests and actions) and complement each other's support to Colombia's national response efforts.

In addition, ICBF, University of the Andes, and University of Edinburgh's End Violence Lab implemented an INSPIRE Coordination Course in 2021, which strengthened capacity among a multisectoral group of government and civil society representatives to refine and implement Colombia's NAP, including translation of the plan to sub-national departments. To capture lessons learned from Colombia's data-to-action efforts, HEARD support to University of the Andes focuses on case study documentation of key program response processes, development of an online knowledge hub through the University's IMAGINA research center, and hosting of VACS Research-to-Policy Fellows conducting secondary analyses of Colombia's VACS data.

Honduras

In collaboration with USAID Honduras, the HEARD Project is supporting the government to build on past efforts and to advance a national response to violence against children. Honduras was the first country in the continental Americas to implement a VACS and the first to incorporate modules on migration and gang violence into the VACS. Honduras publicly launched the VACS findings in 2019, and in 2021, the National Response Plan to Prevent Violence Against Children based on the VACS and rooted in INSPIRE strategies (NRP), was released. Technical cooperation continues among core partners to determine next steps.

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The Implementation Science Collaborative (ISC) is the output of USAID's Health Evaluation and Applied Research Development (HEARD) Project. The ISC champions and facilitates the use of data to improve health interventions, practices, programs, and policies in low and middle-income countries.