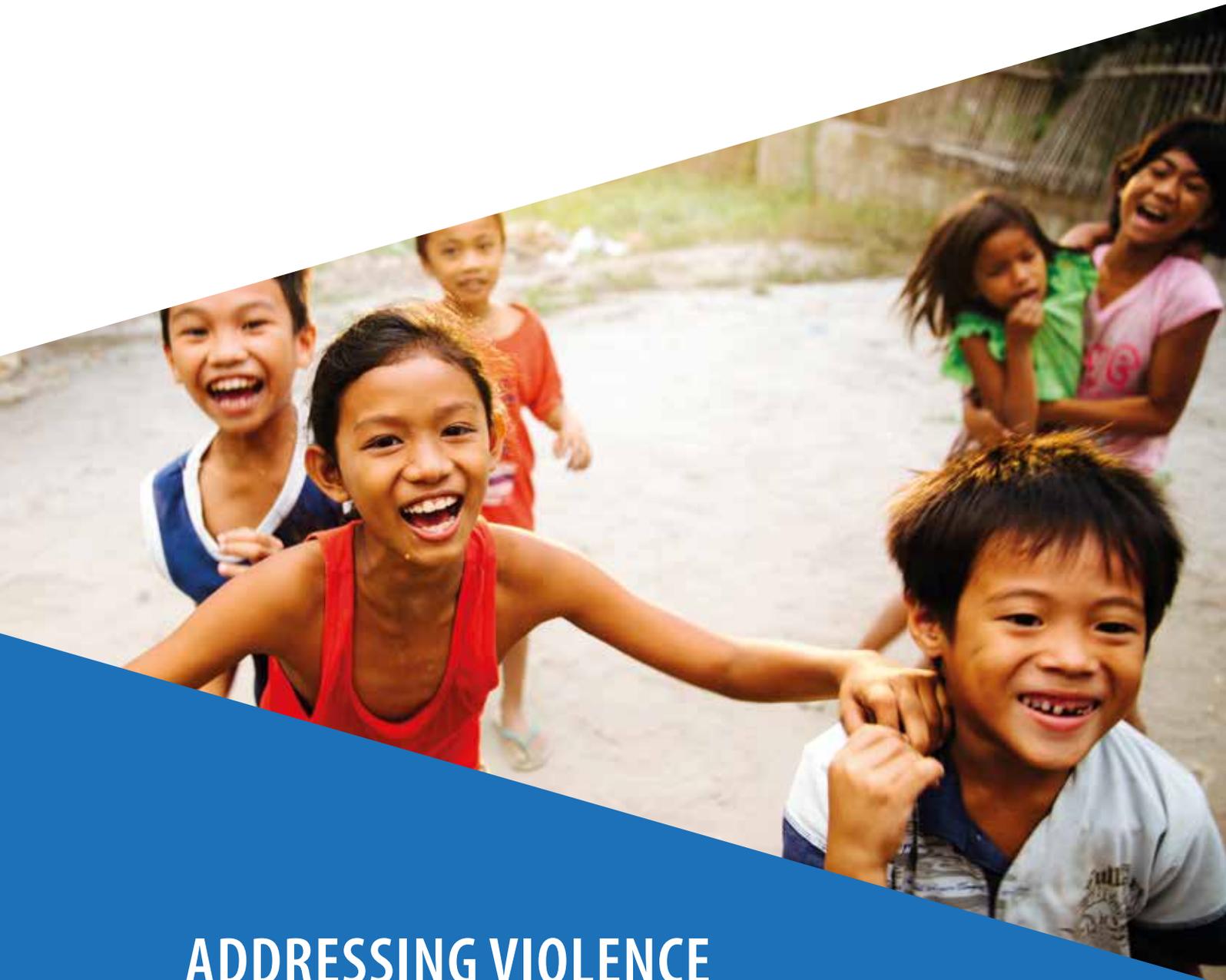




**UNIVERSITY OF
CAMBRIDGE**
Institute of Criminology
Violence Research Centre

**Evidence for
Better Lives** 
A global cohort study to promote the well-being of children



ADDRESSING VIOLENCE AGAINST CHILDREN

Mapping the Needs and Resources in
Eight Cities across the World

Evidence for Better Lives Consortium

Addressing Violence against Children: Mapping the Needs and Resources in Eight Cities across the World

Evidence for Better Lives Consortium

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Photos not owned by the VRC are Creative Commons. Cover: Avel Chuklanov. Chapters 1-4: Evgeny Nelmin, Fiona Graham WorldRemit, Mi Pham, Sander Don. Kingston (KingstonPharaoh, Stacey-Ann Burke); Koforidua (Nkansahrexford); Cluj-Napoca (Marius Spita, Flore de Préneuf, World Bank); Worcester (BBC World Service, Andrew Shiva); Tarlai (Drsaeed90, Caroline Suzman, World Bank, Karan Bhatia); Ragama (Robin Noguier, Eddy Billard, Aidan Jones); Hue (Larm Rmah); Valenzuela (Avel Chuklanov, Patrick Roque, Austin Nicomedez).

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List of Abbreviations

CCTV	Closed Circuit Television
EBLS	Evidence for Better Lives Study
GDP	Gross Domestic Product
GDSSCP	General Directorate for Social Services and Child Protection
ICT	Islamabad Capital Territory
IEC	Information, Education, and Communication
INSPIRE	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
IPV	Intimate Partner Violence
LMICs	Low- and Middle-Income Countries
MOH	Medical Officer of Health

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NBS-VAC	National Baseline Study on Violence against Children
NCPA	National Child Protection Authority
NGOs	Non-Governmental Organisations
SES	Socio-Economic Status
SDGs	Sustainable Development Goals
p-IPV	Prenatal Intimate Partner Violence
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAC	Violence Against Children
WHO	World Health Organization

FOREWORD

“Many who live with violence day in and day out”, wrote Nelson Mandela in the foreword to the influential World report on violence and health in 2002, “assume that it is an intrinsic part of the human condition. But this is not so. Violence can be prevented.”

Since then, international organisations, national and local governments, and civil society actors across the world have stepped up efforts to address violence more effectively. They are united in the belief - expressed in Goal 16 of the 2030 Sustainable Development Goals (SDGs) - that addressing violence and promoting peaceful and inclusive societies are at the root of sustainable development.

The Sustainable Development Goals have added urgency to realising a right expressed 30 years ago in the UN Convention on the Rights of the Child: the right of every child to live free from physical and emotional violence, neglect, abuse and exploitation. Amongst others, they led to the creation of the Global Partnership to End Violence against Children in 2016. As a broad public-private collaboration, it includes United Nations agencies, governments, industry, regional bodies, civil society, young people, advocates and champions. It is focused on one goal: making the world safe for children. To complement the Global Partnership to End Violence Against Children, ten agencies with a long history of child protection work - including UNICEF, UNODC and WHO - launched a package to prevent violence against children (VAC). Called INSPIRE, it comprises seven evidence-supported strategies designed to help countries and communities to eliminate violence against children.

We are seeing the emerging signs of progress in all regions of the world. Change is already starting to take place in schools, in neighbourhoods, cities, and entire nations. Yet achieving a significant reduction of violence remains a grand challenge. We know enough to take action. However, further success depends on high quality evidence and interdisciplinary research that can help decision-makers to find optimal solutions that work in their societies, based on research that tracks the experiences of children and families in their countries. The Evidence for Better Lives Study is an outstanding example for an initiative that combines research excellence, capacity building, and policy impact with a focus on low and middle income countries.

The first ideas for the Evidence for Better Lives initiative began to take shape in September 2014 at the First Global Violence Reduction Conference in Cambridge (UK), jointly organised by the University of Cambridge and WHO. In December 2015, a group of researchers, philanthropists, and representatives from WHO, UNICEF, UNODC Office of Research - Innocenti, and the Global Partnership to End Violence against Children identified three priorities that have remained at the heart of EBLs: to launch a pioneering multicentric birth cohort study focussed on low and middle income countries; to focus on medium-sized cities and to collaborate with international, national and local stakeholders to support sustainable city-wide change; and to contribute to capacity-building by creating an interdisciplinary network of research teams that encourages mutual learning.

As such, the Evidence for Better Lives Study is a critical partner in the efforts by international organisations to achieve the Sustainable Development Goals (SDGs) related to the well-being of children. Over several years now, the EBLs consortium has steadily built up a strong network of researchers, practitioners, and policy-makers dedicated to ending violence against children.

We welcome this report on Addressing Violence against Children: Mapping the Needs and Resources in Eight Cities across the World and the Evidence for Better Lives study of which it is part. The report builds on the INSPIRE framework. It charts the resources currently available to address violence against children in eight medium-sized cities worldwide, identifies major gaps, and proposes strategic priorities to help cities develop the capacity to address violence against children. By doing so, it provides a unique insight into the differences, and similarities, in the strengths and limitations across cities. Also, by highlighting women's well-being and exposure to violence during pregnancy, the report makes a critical contribution towards linking SDG goals, in particular those addressing good health and well-being (Goal 3), gender equality (Goal 5), sustainable cities and communities (Goal 11), and peace, justice and strong institutions (Goal 16). The report will be an invaluable tool for decision-makers in the cities and their countries, and we hope its findings will promote deeper and continued engagement, across sectors, with violence prevention.

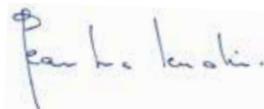
We look forward to continuing our fruitful collaboration with this consortium, and to partnering to make the world safe for every child, wherever they may live.



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EXECUTIVE SUMMARY

Goals

Protecting children from violence and creating conditions that allow young people to grow up in safe and healthy environments are core concerns of the Sustainable Development Goals, launched by the United Nations General Assembly in 2015. Cities play a major part in these efforts. Their capacity to address violence against children can be supported with evidence on the conditions that put children at risk, the factors that enhance resilience, and the strengths and limitations of existing provisions.

Methods

The research for this report was conducted by an interdisciplinary consortium of 14 universities led by the University of Cambridge. It comprises two main elements that complement each other:

1. A foundational survey based on convenience samples of at least 150 pregnant women in each study site (N = 1208 in total). The results provide initial data on the exposure of pregnant women to violence as a key risk factor even before the child is born. They also highlight the profile of risks that need to be addressed, in each city, from the perspective of the expectant mothers' experiences.

This report aims to identify needs and resources for addressing violence against children in eight cities in middle-income countries, namely Kingston (Jamaica), Koforidua (Ghana), Worcester (South Africa), Cluj-Napoca (Romania), Tarlai (Pakistan), Ragama (Sri Lanka), Hue (Vietnam) and Valenzuela (Philippines).

2. A needs and resources expert assessment based on interviews with 56 local stakeholders. The results summarise, for each city, the strengths and resources, the key challenges and gaps, and policy recommendations made by the experts.

In order to map the needs and resources in each of the eight cities of EBLs, we adopted the 'INSPIRE - seven strategies to end violence against children' framework. INSPIRE is a set of evidence-based strategies designed to help national and local governments to achieve the SDGs related to ending VAC. It is the result of the collaboration among 10 international agencies including the WHO, UNICEF, UNODC and the World Bank.

Findings and Recommendations

The foundational survey and the expert assessments of the needs and resources in each city provide valuable initial insight, from different perspectives, that can serve as a basis for future action to address violence against children. We summarise key findings in ten points.

1. **Exposure to violence of pregnant women and their unborn child is prevalent.** The foundational survey provides initial empirical data on exposure to violence among the participating pregnant women. Results show that 54% of the study participants had been victims of physical violence in their family home when they themselves were a child; 57% perceive gangs and fighting in the streets as a problem in their community; and 30% experienced intimate partner violence during their current pregnancy. The small sample size in each city and the non-representative samples limit the generalisability of findings. However, they suggest that addressing violence against children and their mothers should be a high priority in efforts to create safe and healthy environments for children. The envisaged long-term birth cohort study, based on a larger and more representative sample, could provide valuable insights into at-risk groups in each city, the effects of adversities on child well-being, the gaps in service utilisation, and the risk factors that should be prioritised.
2. **Cities differ in the challenges they face and the resources they have.** Policies to address violence against children benefit from an evidence-based understanding of the neighbourhood, family and individual risks in a city, as well as the strengths and limitations of the services they deliver. The foundational survey provided initial insights into the variation in the most salient risks such as community disorder, poor mental health or lack of social support networks. The expert interviews gave an indication of the strengths and resources that policy-makers can build on, and the gaps and challenges that should be addressed.
3. **Better enforcement of laws is the backbone of addressing violence against children.** A salient challenge emerging from the expert interviews was the perception that laws to protect children and their mothers were in place, but that they were insufficiently implemented. This suggests that limitations in the law enforcement system and the political will to implement existing laws are major obstacles to advancing the reduction of VAC.
4. **Information, education and communication campaigns should address harmful norms.** The expert interviews suggest that addressing harmful norms and values should be one of the priorities in many cities. This is supported by the foundational survey. It shows that large proportions of mothers endorse harmful parenting norms. For example, around 40% of expectant mothers believe that spanking is a sign that parents love their children. Cities offer unique opportunities to combine information and education campaigns via mass media with more proximal efforts in the communities. This may include events in public spaces, endorsement by community leaders and religious figures, and active support in public health clinics, in schools or in the workplace.

5. **Creating safe spaces for children should be a priority in urban planning.** In some study sites, over 80% of expectant mothers live in neighbourhoods where street violence makes the environment of their daily lives unsafe. Similarly, experts in many cities saw the reduction of access to drugs and alcohol and the creation of safe spaces for children as a policy priority. Addressing street violence and problems associated with drugs, alcohol and gangs effectively is a core component of strategies that aim to address violence against women and children.
6. **Addressing concentrated disadvantage and social exclusion in urban spaces is essential.** Many experts emphasised the need to integrate the prevention of VAC into strategies that address upstream societal risks such as gender inequality, spatial segregation, poverty, poor housing, unstable and disruptive family environments, or unreliable and corrupt state agencies, including the police. The findings of the survey show that in some study sites a substantial proportion of participants had no access to basic goods and sanitation.
7. **Cities could play a pioneering role in disseminating effective parenting support.** Evidence-based and culturally adapted parenting support emerged as one of the top priorities for addressing VAC in all sites. The medium-sized cities in EBLs provide great opportunities for adapting evidence-based parenting interventions to local needs. They are also ideally suited for learning how such programmes can be mainstreamed into existing services and supported by community leaders, so that a population-wide culture change can be achieved.
8. **Cities need accessible and professional response and support systems.** Local experts in all cities perceived significant gaps in the effectiveness of systems for recording and reporting child abuse, provision of respite and foster care capacity, as well as social care support and monitoring. This includes the strengthening of victim support units, commission bodies, shelters for abused victims and counselling services. Also, rehabilitative intervention for perpetrators is a conspicuous gap in some sites.
9. **Life-skills training for children should be integrated into the education system.** In many study sites the respondents in the expert interviews and members of the site teams perceived the lack of quality life-skills training for children of all age groups, from nursery to secondary school, as an important challenge. Strengthening and implementing behaviour management systems that effectively support the development of social and emotional skills was widely seen as an important priority.
10. **Strengthening the institutional capacity of urban polities is critical.** Experts in many sites noted the lack of sustained long-term funding and planning, a lack of capacity for high-quality implementations, high turnover of personnel and a lack of training in the delivery of professional services rooted in a strong organisational culture. Improving the institutional capacity of local government agencies is essential for accomplishing effective city-wide reductions in VAC. One element could be partnerships with local research institutions that have a detailed knowledge of local service delivery systems and an understanding of cultural and political sensitivities. They could provide critical support for a more knowledge-based approach to the reduction of violence against children and their mothers. This could include the dissemination of knowledge on evidence-based policies, tailored information on emerging challenges that should be prioritised, analyses that track the delivery of services, and evaluations of new programmes.

1. INTRODUCTION: THE SUSTAINABLE DEVELOPMENT GOALS AND THE EVIDENCE FOR BETTER LIVES STUDY

The Evidence for Better Lives Study (EBLS) is an interdisciplinary research initiative by a consortium of researchers across the world that are united in the goal to find better and more effective approaches to a reduction in violence against children. It is designed to make a substantial contribution to the SDGs, launched by the United Nations General Assembly in 2015, which include the call on the global community to end violence against children and adolescents by 2030, and to promote their health and well-being (UN General Assembly, 2015). This is reflected in several of the 169 targets associated with the SDGs:

- Target 4.a aims to provide education facilities “that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all”;
- Target 5.2 aims to “eliminate all forms of violence against all women and girls in public and private spheres”;
- Target 11.7 aims to see that cities and human settlements are designed to “provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities”;
- Target 16.1 calls to “end abuse, exploitation, trafficking and all forms of violence against and torture of children”;

EBLS includes eight medium-sized cities in middle-income countries across the world, namely Kingston (Jamaica), Koforidua (Ghana), Worcester (South Africa), Cluj-Napoca (Romania), Tarlai (Pakistan), Ragama (Sri Lanka), Hue (Vietnam) and Valenzuela (Philippines). This report presents findings of the foundational stage of EBLs, conducted in 2018 and 2019. It includes two main components that complement each other:

- The first component is a survey of 150 expectant mothers in each EBLs site who are contacted again for a short assessment approximately three months after birth. It provides initial data on the extent to which mothers and their unborn child are exposed to violence. The results also provide initial information on the salient protective factors in each site, and the risk factors that need to be addressed from the perspective of the expectant mothers’ experiences.
- The second component comprises a needs and resources assessment based on expert interviews in each study site. The needs and resources assessment is designed to map out current provision of services to prevent all forms of VAC, and to promote children’s healthy development across the first six years of life. The results summarise, for each city, the strengths and resources, the key challenges and gaps, and policy recommendations made by the experts.

The Costs of Violence against Children

The experience of violence, abuse and neglect is a crucial threat to children’s health and well-being. It is estimated that each year around one billion children worldwide experience some form of interpersonal violence including corporal punishment, maltreatment, bullying, sibling or peer violence, trafficking or sexual abuse (Hillis, Mercy, Amobi, & Kress, 2016).

The manifestations of violence change as children grow older (Finkelhor 1995). Intimate partner violence (IPV) against the expectant mother victimises the child even before it is born (Murray et al., 2018; Do et al., 2019). In the first years of life, common forms of victimisation are corporal punishment and neglect by parental authority figures. During school years they are more likely to include school-based violence, while wider peer networks play a more important role during mid- and late adolescence.

VAC is a substantial burden for society, especially in low and middle income countries (Walker et al., 2007). Symptoms correlated with victimisation include poor mental health, in particular symptoms of depression and anxiety; behavioural problems such as aggression; poor physical health including a higher risk of obesity and cardiovascular disease; poor educational outcomes, including delayed language development; a higher risk of school dropout and low educational attainment; social consequences such as higher isolation, distrust and unstable relationships and high-risk and norm-breaking behaviours like delinquency, substance and alcohol use (MacMillan, 2001).

Economic costs are also high. For instance, in South Africa, the costs of VAC are estimated to amount to 6% of the country’s GDP (Fang et al., 2017). Both in human terms and in economic costs, this is a burden that Low- and Middle-Income Countries (LMICs) cannot afford.

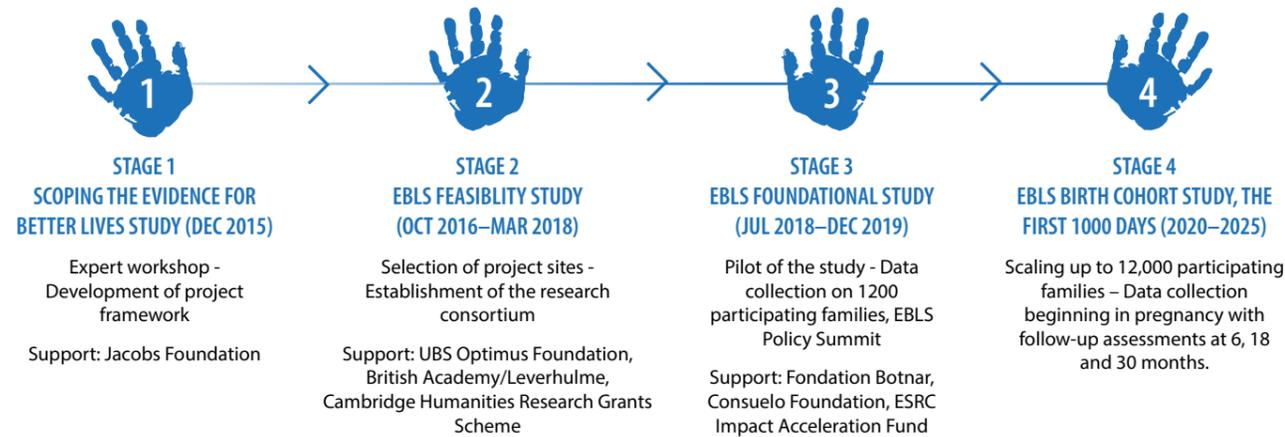


The Development of the Evidence for Better Lives Study

EBLS originates in recommendations from the 2014 conference “Global Strategies to Reduce Violence by 50% in 30 Years” which was jointly organised by WHO and the University of Cambridge (Krisch, Eisner, Mikton & Butchart, 2015). Its development includes four

stages (see figure 1). An initial scoping exercise (December 2015) was followed by a feasibility study (October 2016–March 2018) and the current foundational study (July 2018–December 2019). The full study is expected to start in 2020.

FIGURE 1. FOUR STAGES IN THE DEVELOPMENT OF EBLS



Supported by insight gained during the foundational stage, the full stage of EBLs aims to realise a multicentric birth cohort study on the development of 12,000 children born in 2021 in middle income countries in all major regions of the world, using innovative ways to better understand how children of the 21st century can reach their full potential, and how VAC can be reduced. It has three main pillars:

- Innovative basic research that advances knowledge on the causes and consequences of violence and child well-being in low and middle income countries;
- A policy impact initiative focused on supporting city-wide change in the study sites;
- A capacity building strategy aimed at promoting knowledge exchange and supporting early career academics.

Innovative Basic Research

The flagship research element of the main EBLs stage will be a birth cohort study of 12,000 children born in 2021, comprising 1,500 families in each city. Data collection waves are planned in the third trimester of pregnancy and at ages 18 and 30 months of the child. The study will focus on the link between exposure to violence and other adversities, resilience and the developing psychosocial functioning of children. It will pay attention to the intergenerational transmission of violence, the role of fathers in children’s upbringing, and the influence of neighbourhood characteristics from social

networks to environmental toxins. It will also collect information on how parents use services provided by the health sector, civil society actors and religious and traditional institutions and it will examine whether protective factors such as parental well-being or access to high quality childcare contribute to better developmental outcomes in the first years of life. The foundational survey with 150 participants in each city has created the bases for launching such a multicentric project.

Policy Impact

Throughout the main stage of the research initiative, the EBLs consortium aims to further support a process of cross-cutting and city-wide system change, based on a public health approach (Skeen & Tomlinson, 2013). It will build on the partnerships with government agencies and civil society stakeholders initiated during the foundational stage. Findings emerging from the EBLs birth cohort study will help to provide advice, based on robust evidence in each site, on how to advance locally adapted prevention policies

and services to families with young children. The partnership with key global agencies such as the Violence Prevention Unit of WHO and the Global Partnership to End Violence against Children will be pivotal to the success of EBLs and will also facilitate uptake of our findings. The needs and resources assessments conducted as part of the present foundational study lay the basis for this policy impact strategy.

Capacity Building

EBLS aims to strengthen the institutional capacity to better address VAC. Each consortium partner in the participating cities will work to become a centre of excellence with capability in research, monitoring and evaluation of violence prevention, providing longitudinal research on early child development and psychosocial health. An important component of the capacity building strategy is an international network of established and early career scholars that was initiated in 2018. It will develop a shared methodological,

substantive and policy-related understanding of early child development and strategies to support and protect children. This capacity-building activity will be further expanded and strengthened through, for instance, exchange programmes between consortium universities, joint analyses and publications, methodological training programmes and continued scientific collaboration.

THE EVIDENCE FOR BETTER LIVES STUDY AND THE UN SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The original motivation of the Evidence for Better Lives Study is to advance knowledge that can help achieve SDGs related to addressing VAC. However, by tracking the lives of 12,000 children born in different cultures, alongside material circumstances and family networks, EBLs has the potential to contribute to a range of interconnected SDGs. Questions that the EBLs birth cohort study can also help to answer include the following issues:



- How do parents access public health advice and what factors influence their literacy in relation to supporting a healthy development of their child?
- What factors are associated with the risk of accidents in early childhood and how can they be addressed? How can obstacles to better implementation of the UN Convention on the Rights of the Child be overcome?



- How do parenting practices in different cultures support the development of emotional and cognitive skills in the first years of life?
- What childcare arrangements provide a supportive learning environment and how can the quality of professional childcare be improved?
- What are the effects of excessive media utilisation by parents and children on child development?



- What factors explain active engagement of fathers in the upbringing of children and how can it best be supported?
- How does the social environment influence the early development of emotional and moral skills in girls and boys?



- How does spatial segregation and income inequality contribute to inequalities in exposure to violence and other childhood adversities?
- What can be done to support parents of small children in poor neighbourhoods?



- How can urban spaces be improved to provide safe environments that meet the needs of children?
- How much do social networks in urban communities contribute to better child and family well-being, and how can urban policies strengthen community cohesion and supportiveness?



- How can police services, child protection agencies and civil society actors develop effective partnerships to provide the best support to victims of child maltreatment and IPV?
- How can obstacles to better implementation of the UN Convention on the Rights of the Child be overcome?

The EBLs Study Sites

The Evidence for Better Lives Study involves eight middle-income countries across the world: the Philippines, Vietnam, Romania, Pakistan, Sri Lanka, South Africa, Ghana and Jamaica. The study sites include medium-sized cities with a population of between 100,000 and 800,000 inhabitants. Cities of this size are ideally suited for understanding how policies at the city and neighbourhood levels influence child development.

How were the study sites selected?

In selecting the partner institutions we aimed to establish a network of leading experts with extensive policy impact experience, while also considering a good mix of disciplinary backgrounds. Members of the EBLs consortium have extensive experience in using cutting-edge research to provide high-quality policy advice and support on issues related to public health, early childhood development, health literacy, child protection, mental health, violence prevention, urban planning, parenting support and education. At the same time, the selection of study sites considered pragmatic factors. For example, the extensive fieldwork entailed in a cohort study meant that sites had to be geographically close to the partner universities. Initial policy support also played an important role.

Where are the study sites located?

Figure 2 shows the location of the study sites. All WHO regions are represented and the sites capture significant variation in social, cultural and religious backgrounds. Table 1 shows a selection of core national indicators. The information shows substantial variation in the national contexts of the sites. For example, the average per capita income in Ghana and Pakistan is substantially lower than per capita income in Romania, which in the World Bank classification is at the upper end of the 'upper middle income' group. Also, the countries vary substantially in gender and income inequality. For example, South Africa is characterised by a very high degree of income inequality as measured by the Gini index, while Pakistan, Vietnam and Romania all have comparatively low levels of income inequality.

FIGURE 2. LOCATION OF THE EBLs STUDY SITES



A Brief Profile of the EBLs Study Sites

The study sites vary in their economic and political role within each country. Some are important national or regional centres that host crucial political, educational or economic institutions like ministries, universities or major industries. Kingston, for example, is the capital and largest city of Jamaica; Cluj-Napoca is the second largest city of Romania with a concentration of universities and a diversified economic basis; the ancient city of Hue in Vietnam is the capital of the Thien-Hue province and a major economy in the country. Other study sites represent urban territories that are part of larger cities: Tarlai in Pakistan, for example, is a satellite city in the Islamabad Capital Territory, some 15 kilometres outside Islamabad itself and populated by a predominantly disadvantaged population. Also, Ragama in Sri Lanka is not a city but a cluster of urban settlements served by the Ragama Teaching Hospital.

- **Kingston, Jamaica:** Kingston, the capital of Jamaica, is one of the 14 parishes or units of local government that comprise the country. Most of its population is of African descent. The main national economies are tourism and trade of commodities. Kingston is relatively wealthy in comparison with the rest of the country. In 2016, Jamaica was ranked among the 10 countries in the world with the highest mortality rates from homicide. The child population is highly exposed to physical and sexual violence. Local statistics suggest that sexual intercourse with a person below the age of consent was the most prevalent sexual offence. While girls are more likely to be victims of sexual assault, boys are more likely to be victims of murder. Pregnant women are more likely to experience physical abuse by a male partner than women who have never been pregnant. The research team in Kingston is led by Prof Susan Walker, Director of the Caribbean Institute for Health Research, University of the West Indies.
- **Cluj-Napoca, Romania:** Cluj-Napoca is the second-largest city in Romania, located 324 kilometres from the capital, Bucharest. It is a municipality governed by an elected city mayor. Thanks to nine universities and a knowledge-based economy, Cluj is relatively prosperous. Among the eight EBLs sites, Romania reports the highest GDP per capita. Recent retrospective research suggests a high prevalence of VAC. Data describing the prevalence of IPV at pre-natal stages are not available in Romania. Cultural norms and values make physical violence unacceptable, but attitudes against other forms of violence are more lenient. Service to support victims are available, but they are not part of a multi-sectorial policy. The research team in Cluj-Napoca is led by Prof Adriana Baban, a health psychologist at the Babes-Bolyai University.
- **Tarlai, Pakistan:** Tarlai is an urban settlement located about 10 kilometres south-east of Islamabad. It is a semi-urban area mainly populated by migrants from other regions. Administratively, Tarlai is one of the 50 Union Councils of the Islamabad Capital Territory. Its population is predominantly low and lower middle class, with irregular incomes, low literacy levels and limited access to public resources. Traditional gender roles are part of the local culture. Prohibition of corporal punishment at home is still to be achieved in this region. Culturally, harsh punishment is highly accepted as a strategy to discipline children. Child marriage remains prevalent in Pakistan with its associated consequences (dropping out of school, early pregnancy and early exposure to IPV). The research team in Islamabad is jointly led by Prof Assad Hafeez and Prof Siham Sikander from the Health Services Academy in Islamabad.
- **Ragama Region, Sri Lanka:** EBLs is based in the Ragama region, located in the Western province, only 15 kilometres from Colombo, the commercial capital and largest city of the country. Ragama is a multi-religious, multi-ethnic and multi-cultural region with a strong presence of Buddhists and significant numbers of Christians and Muslims among its population. When compared with the rest of Sri Lanka, Ragama is recognised as a relatively wealthy region. Economic and health indicators are above the national averages. Contextual violence, including armed conflicts and terrorism, are part of the Nation's recent history. The prevalence of violence against women and children seems as high as in the other EBLs sites but representative, updated evidence is missing. No national data is available for IPV during pregnancy. The research team in Ragama is led by Prof Asvini Fernando, Paediatrician and Associate Professor at the Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka.
- **Worcester, South Africa:** Worcester is a city about 120 kilometres northeast of Cape Town. It serves as the administrative capital of the Breede Valley municipality. Its economy is mainly based on agriculture and employment for many low-income families is seasonal. Compared with most other cities in the Western Cape Province, informal housing, overcrowding, abuse of alcohol and drugs, exposure to pesticides and violence are higher in Worcester. Substantial proportions of young people in South Africa are victims of sexual violence. Although corporal punishment in schools has been banned since 1996, national statistics suggest that the practice is still prevalent. Almost 40% of the women in the perinatal stages report IPV. South Africa's apartheid history has contributed to this culture of violence. The research team in Worcester is jointly led by Prof Mark Tomlinson and Prof Catherine Ward, from Stellenbosch University and the University of Cape Town respectively.

- Hue, Vietnam:** The city of Hue is the capital of the Thua Thien Hue province, one of the 58 provinces comprising Vietnam. The Communist Party of Vietnam articulates all major political and social organisations at central and local levels. The two most important economic activities in the city are manufacturing and commerce. Its culture is regarded as conservative, with traditional family values influenced by Buddhism and Confucianism. The population of Hue has a high adult literacy rate. Almost half of the young population has access to college/university education. Compared with other EBLs sites, Hue reports lower rates of homicide and lower rates of child physical discipline. The prevalence of violence against women is similar to other Asian countries, but physical aggression during pregnancy is scarcely reported. The research team in Hue is led by Prof Vo Van Thang, Medical Doctor and Director of the International Institute for Community Health Research-ICHR, Dean of the Faculty of Public Health, Hue University of Medicine and Pharmacy.
- Valenzuela, Philippines:** Valenzuela is one of the 16 cities that configure Metro Manila, the National Capital City of the Philippines. Elected every three years, the mayor of Valenzuela is the final authority over fiscal issues. Barangays, neighbourhood-level administrative units, serve as primary local planning and implementing units of policies and programmes. Valenzuela is the economic and industrial centre of the Philippines, with a wide range of small- and large-scale manufacturing industries. A high proportion of the population has access to primary education and services. As in most of the EBLs sites, violence against women and children is highly prevalent. Notably, in the case of children, boys seem to experience more violence than girls do. Among women, mothers are significantly more likely to be exposed to violence than women without children. The research team in Valenzuela is led by Prof Bernadette Madrid, Paediatrician and Director of the Child Protection Unit of the University of the Philippines Manila, Philippine General Hospital.

TABLE 1: THE STUDY SITES AND SELECTED NATIONAL SOCIO-ECONOMIC INDICATORS

	Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
City Population	670,000	140,000	97,000	325,000	110,000	780,000	355,000	620,000
Main Religion(s)	Christian (Protestant)	Protestant Pentecostal Catholic Christian Muslim	Various Christian Denominations	Romanian Orthodox Calvinist Catholic	Muslim	Buddhist Christian Muslim	Buddhist Confucian/Taoist	Christian (Catholic)
Language(s)	English Patois	Akan	Afrikaans Xhosa	Romanian Hungarian	Urdu	Singhalese	Vietnamese	Tagalog
WHO Region	The Americas	African Region	African Region	European Region	Eastern Mediterranean	South-East Asia	Western Pacific	Western Pacific
End Violence 'Pathfinder Country' ¹	YES	NO	YES	YES	NO	YES	NO	YES
GDP pc at purchasing power parity ²	\$8,690	\$4,490	\$13,090	\$25,150	\$1,550	\$12,470	\$6,450	\$10,030
% Population Ages 0-14 ²	23%	39%	29%	15%	35%	24%	23%	32%
Life Expectancy at Birth ²	76	64.4	63.6	75.2	66.5	75.3	76.3	69.3
< Age 5 mortality rate per 1000 live births ²	15.3	58.8	43.3	9.0	78.8	9.4	21.6	27.1
Health Expenditure as % of GDP ²	5.9%	5.9%	8.2%	5.0%	2.7%	3.0%	5.7%	4.4%
Income Inequality, Gini index (x 100) ²	45.5	43.5	63.0	35.9	33.5	39.8	35.3	40.1
Gender Inequality (x 100) ²	41.2	53.8	38.9	31.1	54.1	35.4	30.4	42.7

Sources:
 1. Global Partnership to End Violence against Children, <https://www.end-violence.org>
 2. World Bank Indicators, <https://data.worldbank.org/indicator>

The INSPIRE 'Seven Strategies to End Violence against Children' Framework

The analyses and recommendations in this report are informed by the 'INSPIRE – seven strategies to end violence against children' framework. INSPIRE is a set of evidence-based strategies designed to help national and local governments to achieve the SDGs related to ending VAC (World Health Organization, 2016). It is the result of the collaboration among 10 international agencies including the WHO, UNICEF, UNODC and the World Bank.

INSPIRE is also an important foundation for the Global Partnership to End Violence against Children, a public-private collaboration that includes United Nations agencies, governments, industry, regional bodies and civil society representatives. In 2019, the End Violence against Children Partnership started to pilot the concept of 'Pathfinding Cities' as a way to galvanise action in urban contexts.

INSPIRE currently encompasses a package of three primary resources:

- a document describing a set of seven strategies derived from a review of what works for tackling VAC aged 0-17 years (World Health Organization, 2016);
- an implementation handbook that provides recommendations on how to put the strategies into action (World Health Organization, 2018);
- a set of indicators to monitor the implementation and the impact of the seven strategies in a given community (United Nations Children's Fund, 2018).

The Seven INSPIRE Strategies

The core of the INSPIRE approach are seven key strategies (World Health Organization, 2016).



IMPLEMENTATION AND ENFORCEMENT OF LAW

This strategy targets the legal system to prevent violent behaviours and hold perpetrators to account. It also targets laws aimed at reducing the factors that can trigger victimisation or perpetration of violence. This includes laws banning corporal punishment at home and in schools, laws oriented to reduce the excessive use of alcohol and laws that limit youths' access to weapons. Justice and law enforcement systems play an important role here.



NORMS AND VALUES

This strategy focuses on strengthening norms and values that support non-violent, gender-equitable relationships to reduce the acceptance of VAC and women. This can include sensitisation campaigns, often supported by mass media. It can also comprise interventions to accelerate the enactment of laws and policies to reduce IPV, as well as promote the reporting of violent incidents in households.



SAFE ENVIRONMENTS

Creating and sustaining safe streets, and other physical environments where children can spend time free of violence are crucial steps. Safe environments involve public spaces, but also other institutional areas such as orphanages, police stations and alternative care facilities aimed at protecting at-risk and vulnerable children.



PARENT AND CAREGIVER SUPPORT

This aims to reduce harsh parenting practices and to support families, parents or caregivers in learning positive and supportive child-rearing skills. This can include group-based skills training for parents, parenting support delivered through home visits, tip sheets or helplines for parents of children with challenging behaviours. Parenting and caregiver support is generally provided by the social welfare and health sectors.



INCOME AND ECONOMIC STRENGTHENING

Research shows that improving families' financial security and stability can contribute to reducing child maltreatment and IPV. In the context of INSPIRE, some of the proposed approaches involve cash transfers, including those that integrate gender equality training and loans.



RESPONSE AND SUPPORT SERVICES

Improving access to good quality health, social welfare and criminal justice services can reduce the impact of violence. This includes medical care for injuries, legal assistance and counselling for those who have been victims of crime.



EDUCATION AND LIFE SKILLS

This strategy aims to improve access to gender-equitable education, social-emotional learning and life-skills programmes in safe school environments. Examples include ensuring enrolment/attendance for both boys and girls and skills training for non-violent conflict resolution.

INSPIRE also comprises two cross-cutting strategies to boost the impact of the seven strategies, namely 'multisectoral actions and coordination' and 'monitoring and evaluation' (World Health Organization, 2016):

- **Multisectoral actions and coordination.** Any action aimed at ending VAC can be more effective if implemented as part of a multisectoral plan involving governmental (e.g. education, health, justice and social welfare) and non-governmental actors (e.g. community leaders, faith-based organisations, academic institutions and NGOs).

- **Monitoring and evaluation.** Reliable information about the impact of programmes is critical to setting priorities, measuring efficacy and maintaining political and financial support (Moon et al., 2010). In the INSPIRE framework, monitoring and evaluation are therefore key activities. INSPIRE emphasises two sources of data as essential for monitoring: administrative data routinely collected by public agencies and population-based surveys. These allow policy makers to understand the magnitude of the problem and track the implementation process.

2. VIOLENCE AGAINST PREGNANT WOMEN AND THEIR UNBORN CHILDREN

A FOUNDATIONAL STUDY IN EIGHT CITIES

Exposure to violence has severe consequences on human development. Individuals exposed to violence are more likely to suffer mental health problems, to attempt suicide, to drop out of or underperform at school, to be unemployed in adulthood and to experience a host of health problems including communicable and non-communicable disease (Devries et al., 2011; Hillis, Mercy, Amobi, & Kress, 2016; Norman et al., 2012; United Nations Children's Fund, 2015). More specifically, exposure to violence at prenatal stages has been linked with neurodevelopmental disorders and lower intellectual functioning of the unborn child (Murray et al., 2018). Likewise, early exposure to violence has also been associated with a pattern of further victimisation and perpetration of violence later in life (Hughes et al., 2017; Till-Tentschert, 2017; Whitfield, Anda, Dube, & Felitti, 2003). In fact, individuals who have been victimised during childhood are reported to be more likely to become abusive parents or repeatedly victimised as adults (Dubowitz & Bennett, 2007; Skeen & Tomlinson, 2013).

Effective strategies to address violence against children and violence against mothers should ideally be based on comprehensive and accurate epidemiological data. These data should describe the prevalence of different types of violence as well as their specific risk factors. However, no existing data currently allow such a comparative assessment. Even if some multi-country studies collect data on exposure to violence (Ghana Statistical Service, 2011), most of the current evidence is cross-sectional and focuses on specific

age groups or types of violence (e.g., child maltreatment, exposure of women to domestic violence). To address this gap, the EBLs planned main study will involve a longitudinal survey permitting cross-comparative analyses among countries from different regions of the world. The foundational study, reported here, has served as a pilot of that ambitious endeavour. During 2019, the foundational study recruited 150 pregnant women in each of the eight study sites. Data was collected using standardised methods by fieldworkers who received standardised training.

In this chapter, we will describe the pilot's data representing 1,208 pregnant women who completed the EBLs survey. We start with a description of the methods used to collect the data, providing details of the strengths and limitations of our findings. In the second section, the report presents some preliminary results of the EBLs Foundational Study. Data describe exposure to violence in three different areas: violence perpetrated by parents or household members throughout the mother's childhood; violence in the proximal neighbourhood; and violence perpetrated by intimate partners during pregnancy. We then report data that help to map out the variation of the particular needs and resources to address violence in these eight very different cultural contexts. The presentation of this section follows the structure of the INSPIRE framework.



Methods

A total of 1208 women provided consent to be included in the EBLS study. At the baseline interview, 98% were in the third trimester of their pregnancies (i.e., weeks 29 to 42) with ages ranging from 18 to 48 years. Additionally, 30% of the mothers in the sample indicated their current pregnancy as their first. While Cluj-Napoca (51%) and Ragama (42%) reported the most substantial proportion of first-time mothers, in Koforidua and Tarlai, less than 20% of the women were new mothers. Table 2 describes the access of the EBLS participants to formal education. On average, women in Cluj-Napoca reported having passed 13 grades in the educational system: five years more than women in Tarlai and Koforidua.

TABLE 2: SOCIODEMOGRAPHIC AND REPRODUCTIVE CHARACTERISTICS OF EBLS PARTICIPANTS

Study site	Number of participants	Weeks pregnant Mean (SD)	Age Mean (SD)	First pregnancy (%)	Grades passed in education system Mean (SD)
Kingston (Jamaica)	152	34 (3.0)	26 (5.6)	27%	10 (1.0)
Koforidua (Ghana)	150	34 (3.7)	30 (6.3)	19%	8 (4.3)
Worcester (South Africa)	150	34 (3.2)	27 (5.9)	35%	10 (1.8)
Cluj-Napoca (Romania)	150	33 (3.3)	30 (4.6)	51%	13 (1.9)
Tarlai (Pakistan)	150	32 (3.6)	27 (5.1)	12%	8 (4.7)
Ragama (Sri Lanka)	152	32 (2.8)	30 (5.5)	42%	12 (1.4)
Hue (Vietnam)	150	33 (2.9)	30 (5.1)	29%	11 (2.4)
Valenzuela (Philippines)	154	33 (2.9)	28 (6.0)	25%	11 (2.6)
Total	1208	33 (3.3)	28 (5.7)	30%	11 (3.2)

Note: SD= standard deviation.

- **Timing.** The baseline data were collected between January and July 2019, during the third trimester of pregnancy (gestation week > 29 weeks). A follow-up data collection process, approximately two to six months after the mother has given birth, is under way.
- **Study measures.** At the baseline, participants were invited to provide information on their mental and physical health, attitudes towards violence, adverse childhood experiences, prenatal intimate partner violence, community characteristics, substance abuse, social/community support and pregnancy-related beliefs. Follow-up measures involved data on new-born's health and well-being, and the mother's memories of the birth.
- **Translation.** The questionnaire was translated into nine languages, namely Tagalog (Filipino), Vietnamese, Sinhala, Tamil, Urdu, Afrikaans, IsiXhosa, Romanian and Twi. The translation protocol was based on WHO translation guidelines.
- **Data collection mode.** The questionnaire was administered through a mix of computer-aided personal interviews (CAPI) and computer-assisted self-interviewing (A-CASI); the latter was used for the more sensitive items (i.e., IPV, adverse childhood experiences and substance use). In all study sites, interviews were conducted by trained female fieldworkers in settings that guaranteed confidentiality for the participants.
- **Ethical considerations.** The study was approved by the School of Social Sciences (18/180) and the Human Biology Research Ethics Committee (HBREC.2018.27) at the University of Cambridge. It was also approved by the Ethics Boards of all recruiting sites and universities involved in the project. Informed consent was obtained from each study participant before data collection.
- **Recruitment.** The selection of participants in the eight study sites was based on convenience sampling. Pregnant women were eligible for the study if they were registered in the selected public or private clinics/hospitals and if they satisfied the following three criteria: 1) being in the third trimester of their pregnancy (i.e. weeks 29-40), 2) being aged over 18 years when they signed the informed consent form and 3) having their main residence within the study area. In most study sites, trained female fieldworkers approached expectant mothers directly at local health services, when they were attending antenatal check-ups.
- **Participation Rates.** Between January and July 2019, 1,208 pregnant women agreed to be included in the EBLS study. They represented 79% of the eligible women who were invited to participate.

Limitations of the Foundational Survey

Because the foundational survey was based on a convenience sample, there are limitations to the extent to which its findings can be generalised to the wider population in the EBLS sites. With 150 participants per site, the samples were relatively small, meaning that the estimated prevalence rates have low precision and may differ substantially from the true rate in the population. For the convenience sampling strategy, site teams selected medical

practices, health clinics or hospitals that provided health check-ups for pregnant women. The teams then contacted women who were eligible for the study according to the established criteria until the target sample size of 150 participants was reached or, in some sites, slightly surpassed. While such an approach yields valuable information, it does not result in a representative sample that allows for generalisation to the wider population.



Results of the EBLs Foundational Study

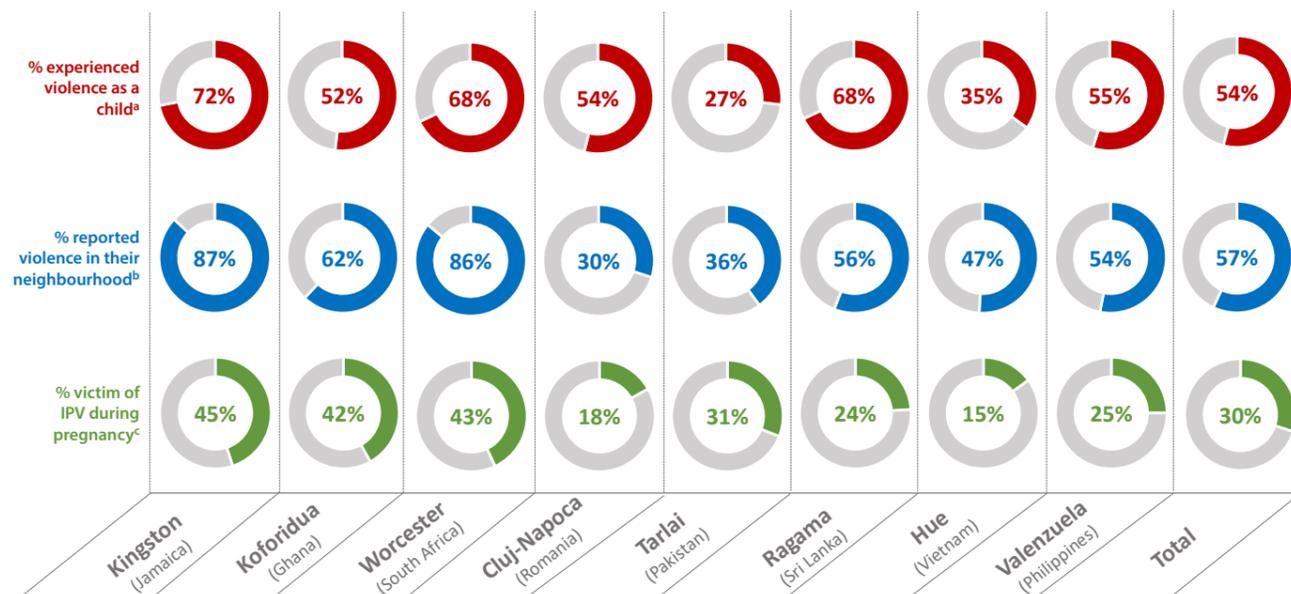
THE PROBLEM: EXPOSURE TO VIOLENCE

The EBLs Foundational study provides an initial estimation of the exposure to violence in samples of pregnant women in eight LMICs. More specifically, our findings provide estimates of exposure to violence on three levels:

- the extent to which the expectant mother had experienced violence when she was a child. This may include abandonment, spanking, slapping, kicking, hitting with an object by a parent, guardian or household member before she was 18 years old;
- the extent to which an expectant mother currently witnesses gangs and fights in her neighbourhood;
- the extent to which an expectant mother has experienced or currently experiences psychological, physical or sexual violence from her intimate partner.

As shown in Figure 3, overall, 54% of the participants remembered having been victims of violence (e.g., spanking, hitting with an object, slapping) at home before the age of 18. There was substantial variation across participants in the study sites. The rates were highest in Kingston (72%), Worcester (68%) and Ragama (67%), while participants in Tarlai (27%) and Hue (35%) were least likely to report having experienced physical violence during childhood.

FIGURE 3: EXPOSURE TO VIOLENCE: SELECTED INDICATORS



Note: a. % respondents who experienced abandonment, spanking, slapping, kicking, hitting with an object by a parent, guardian or other household member (<18 years); b. % respondents who report 'gangs' or 'fights and arguments' in their neighbourhood; c. % respondents who experienced psychological, physical or sexual violence by their partner in the six months before the interview.

These initial prevalence rates are broadly in line with findings reported in international literature. For instance, Devries et al. (2010) estimated that the global prevalence of intimate partner violence ranged between 11% and 64%. Moreover, the UNODC index on homicide, a well-accepted and robust proxy for the comparison of levels of violence across countries, suggests that whereas rates

of homicide in Jamaica (57 per 100,000 inhabitants) and South Africa (35.9 per 100,000 inhabitants) remain among the highest in the world, Romania (1.5 per 100,000 inhabitants) displays rates of homicide respectively 24 and 38 times smaller (The World Bank, 2019). This seems consistent with the overall trends and variations in exposure to violence observed in the EBLs study.

Also, a high proportion of the pregnant women in this study, namely 57%, reported that they were exposed to various forms of violence in their neighbourhood. This included gangs, fights and arguments in public spaces. There were substantial differences between the study sites. In Kingston and Worcester, over 80% of pregnant women reported violence in their neighbourhoods. The lowest proportion of women who reported exposure to this type of violence was found in Cluj-Napoca, but even there, 30% of women reported the presence of some street violence.

Finally, a substantial proportion of study participants stated that they had experienced psychological, physical or sexual violence from their intimate partner during the six months preceding the interview. Across the study sites, 30% of women reported exposure to IPV during pregnancy. More specifically, we found the largest proportion of violence during pregnancy among respondents in Kingston (44%) and Worcester (41%), where more than two out of five women reported some level of victimisation. In contrast, levels of victimisation were lower among the study participants in Hue (14%) and Cluj-Napoca (18%).

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The Needs and Resources in the EBLs Sample: Preliminary Findings

The empirical findings produced by the EBLs foundational study help to analyse a number of risk factors that should be addressed in order to prevent exposure to violence and promote healthy development. In this section, we report data using the structure suggested by the INSPIRE framework, focusing on five out of the

seven strategies: norms and values; safe environments; parent and caregiver support; income and economic strengthening; and response and support services. For each strategy, three indicators describing the needs and resources for addressing violence against children are presented.

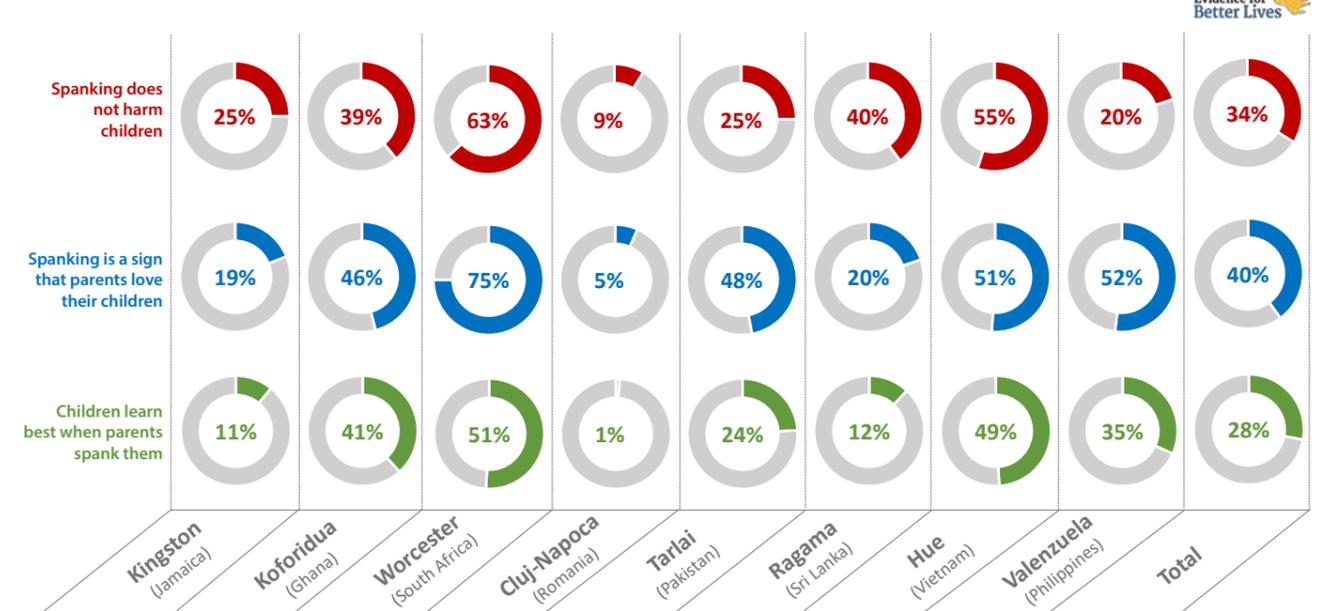


NORMS AND VALUES

Norms and values that support violent relationships can contribute to increased acceptance of violence against children and women. For instance, attitudes supporting the use of corporal punishment are highly correlated with overall levels of violent discipline against children (Cappa & Khan, 2011). Furthermore, individual beliefs supporting the instrumental role of corporal punishment seem to be the strongest predictor of actual child physical punishment (Chiocca, 2017; Holden, Brown, Baldwin, & Caderea, 2014).

Figure 4 displays three examples of beliefs supporting spanking across the EBLs sites: 1) spanking is harmless, 2) it is a sign of parental love and 3) a strategy to support children's learning.

FIGURE 4: NORMS AND ATTITUDES RELATED TO CORPORAL PUNISHMENT



Note: % respondents who 'somewhat agree' or 'strongly agree' with the statement.

A third of the mothers in the EBLs sample (34%) believed that spanking does not harm children. While the highest rates of support were observed in Worcester (63%), Hue (55%) and Ragama (40%), participants in Cluj-Napoca (9%) were least likely to agree with the statement.

Consistent with the previous results, a high percentage of mothers supported the idea that spanking is a sign of parental love. Overall, 40% of the participants agreed. The highest rates were observed in Worcester (75%), Valenzuela (52%) and Tarlai (48%). Once again, the lowest rates of support were displayed in Cluj-Napoca (5%). The study assessed participants' agreement with the statement: children learn best when parents use corporal punishment. Across the study sites, 28% of the women agreed with the statement. Compared with the first two indicators, the instrumental role of spanking on child learning saw the lowest rates of endorsement across the sites. As observed in Figure 4, half of the participants from Worcester (51%) and Hue (49%) displayed favourable attitudes towards spanking. In Cluj-Napoca, Kingston and Ragama, the support of this belief was marginal.

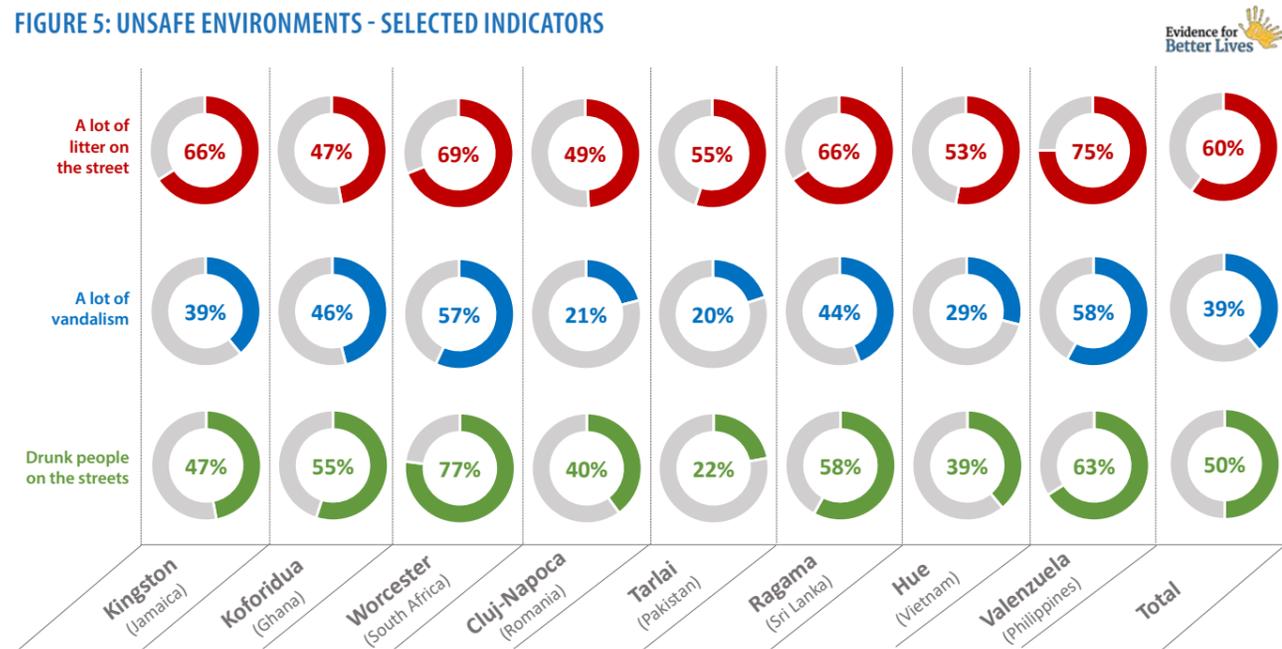


SAFE ENVIRONMENTS

The INSPIRE scheme reinforces the importance of living in safe environments for human development. Safe environments are those characterised by low levels of contamination, the absence of sources of psychological distress (e.g., vandalism) and the availability of services that ensure the protection of children, such as police stations, alternative care facilities and protected green areas. In the EBLs questionnaire, respondents were asked to report their perceptions about the safety of the physical spaces where they live and might perform routine tasks, such as shopping, accessing local services or leisure activities.

Figure 5 displays three items of the EBLs questionnaire that help to describe the environments where participants live, that is, 1) litter on the streets, 2) vandalism, and 3) presence of people under the influence of substances (i.e., alcohol).

FIGURE 5: UNSAFE ENVIRONMENTS - SELECTED INDICATORS



Note: % respondents who 'somewhat agree' or 'strongly agree' with the statement.

Across the EBLs sites, 60% of participants reported problems with litter on the streets surrounding their households. The highest rates were observed in Valenzuela (75%) and Worcester (69%). Variation across the rest of the sites is not as high as observed in other indicators. In fact, around half of the participants consistently reported that litter was a problem in their proximal environments. The presence of vandalism was reported to be lower for all sites (39%) but still ranged from 20% for Tarlai to 58% for Valenzuela. A third measure of (un)safe environments used is the presence of drunk people in the street. Half of the EBLs participants reported this to be a problem present in their neighbourhoods. However, variation was wider here, with Tarlai (22%) and Hue (39%) reporting lower values, and Valenzuela (63%) and Worcester (77%) observing the highest prevalence.



PARENT AND CAREGIVER SUPPORT

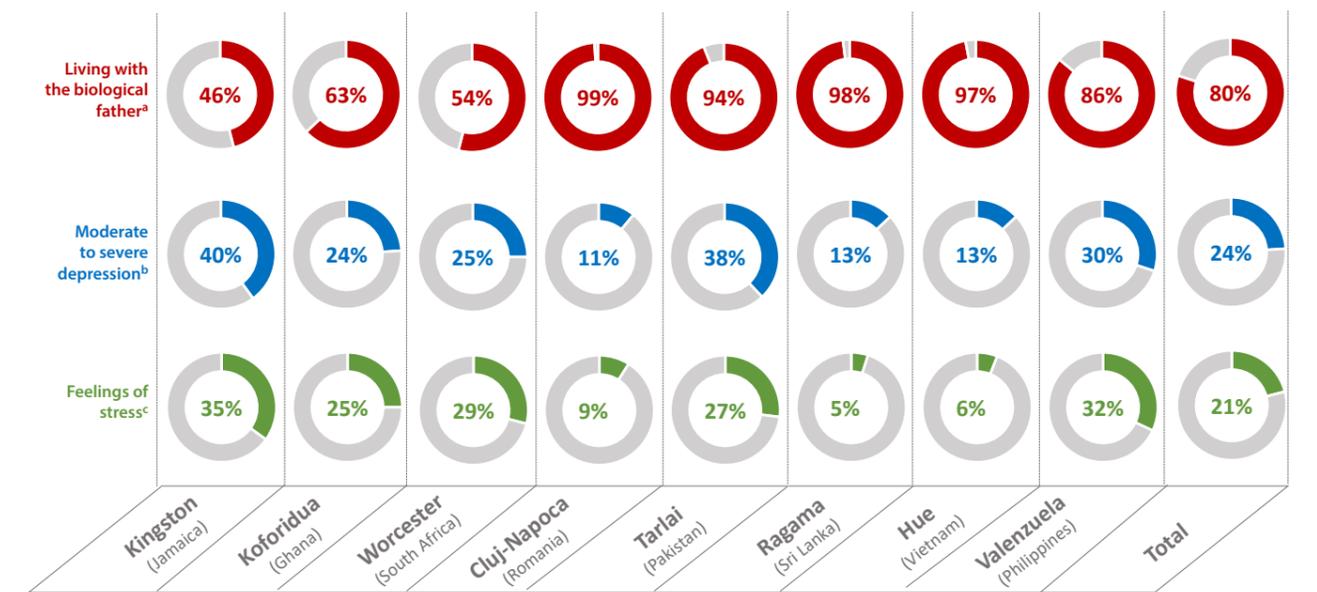
Becoming a parent can be a challenging experience, especially for more vulnerable individuals. Support from family members, the community and welfare and health services can play a vital role in a child's healthy development (Walker et al., 2016; World Health Organization, 2016). At the early stages of pregnancy, social support has been found to protect women and, subsequently, the baby against the harmful effects of stress and depressive symptoms (Kildea et al., 2018; Ward, Sanders, Gardner, Mikton, & Dawes, 2016).

Figure 6 describes three markers representing the needs of social support reported by the EBLs participants: 1) single motherhood, 2) subclinical symptoms of depression, and 3) feeling of stress in day-to-day life.

The first indicator, in Figure 6, describes the percentage of participants who reported living with the biological father of the baby during the current pregnancy. As stated in the literature, children with single mothers display increased risk regarding physical and psychological health status, as well as family distress and economic deprivation (Richter & Lemola, 2017; Scharte, Bolte, & Study, 2012). In the EBLs sample, a vast majority of expectant mothers declared cohabiting with the father of the baby (80%). While cohabitation seems normative in most of the sites, Kingston, Worcester and Koforidua reported a large proportion of single parent households.



FIGURE 6: NEEDS OF SUPPORT DURING PREGNANCY



Note: a. % respondents who declare to cohabit with the biological father of the unborn child; b. % respondents that would need treatment (Base on PHQ9); c. % respondents feeling nervous and 'stressed' more than half the days in the past month

In EBLs, mothers' mental health was assessed with a set of validated scales reporting appropriate psychometric properties. The Patient Health Questionnaire (PHQ9) was used to detect the prevalence of moderate to severe depression (Kroenke, Spitzer, & Williams, 2001). Results suggested that overall, 24% of respondents reported symptoms of depression with the highest prevalence displayed in Kingston (40%) and Tarlai (38%).

Finally, mothers were requested to report their self-perceived levels of stress. Figure 6 describes the percentage of expectant mothers who declared feeling nervous and 'stressed' more than half the days in the past month. In total, 21% of the participants reported those feelings. In Ragama, Hue and Cluj-Napoca, less than 10% of the mothers reported experiencing feelings of stress. Kingston (35%) registered the highest rates of self-perceived stress, followed by Valenzuela (32%) and Worcester (29%).



INCOME AND ECONOMIC STRENGTHENING

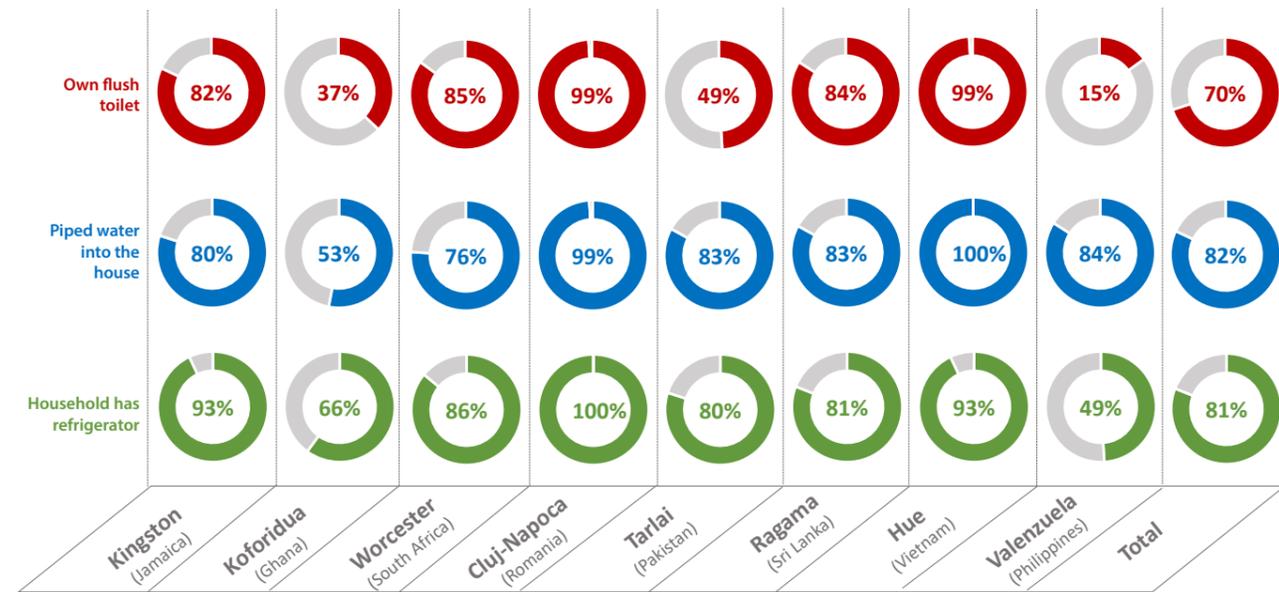
The EBLs survey collected valuable information describing household characteristics, including sanitation and access to essential goods. These items were taken from the Demographic Health Survey, which serve as a proxy for the prevalence and intensity of poverty (ICF, 2017).

In this section, the reported access of participants to basic goods, such as their own flush toilet, pipe water and access to a fridge in the house, provide information on the access of expectant mothers and their children to basic levels of sanitation. This is relevant since sanitation is an essential resource to lower the odds of childhood mortality and the risk of diarrhoeal disease, a major hazard to child health in LMICs (Günther & Fink, 2010).

As observed in Figure 7, over 70% of expectant mothers reported living in a household with their own flush toilet. However, there were sizable differences among sites. Koforidua, Tarlai and Valenzuela reported the lowest access, with the latter having only 15% of the households owning a flush toilet. On the other hand, in Cluj-Napoca, Hue and Worcester the access was much higher, with the first two registering 99%.

At the same time, most of the participants reported having access to drinking water in their homes (82%). Only Koforidua (53%) and Worcester (76%) reported rates lower than the overall mean. For access to a fridge in the house (81% overall), the findings suggest that every household in Cluj-Napoca had a fridge, whereas in Valenzuela (49%) this was true for only half of them.

FIGURE 7: ACCESS TO BASIC GOODS AND SANITATION



Note: % respondents who reported to have access to this goods in the household.

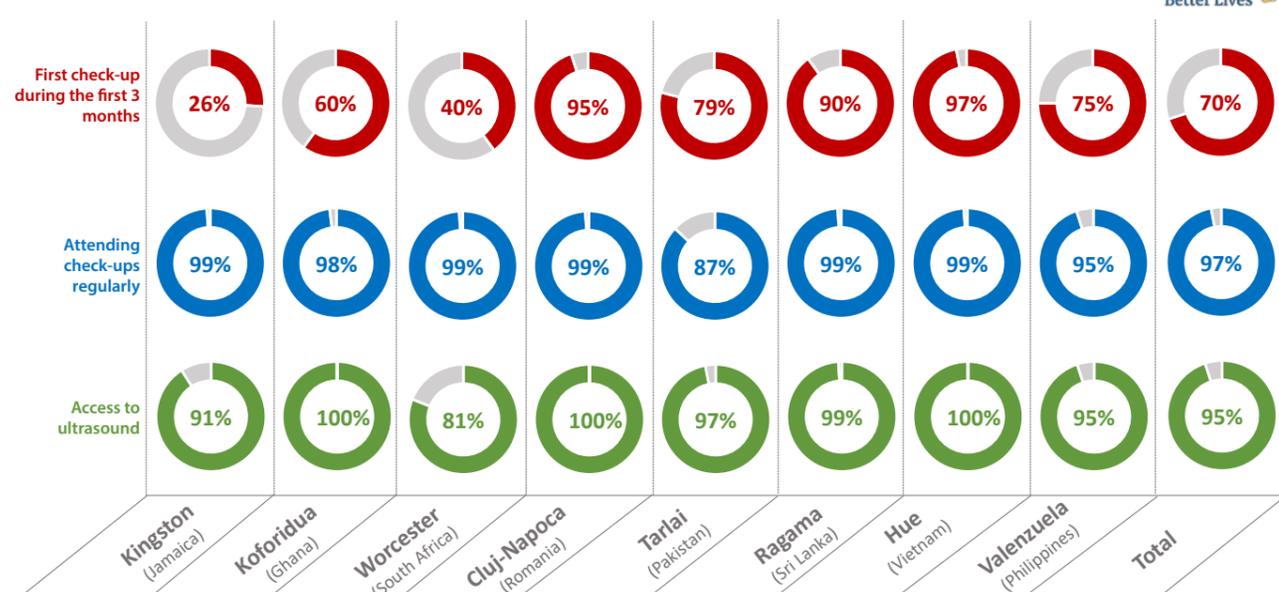


RESPONSE AND SUPPORT SERVICES

Public services such as health care, social welfare and justice can play an essential role not only in dealing with the consequences of exposure to violence but also preventing victimisation and promoting public health. In terms of access to health care during perinatal stages, data reported by the World Health Organization (2019) indicate that in LMICs, less than a half of all births are assisted by skilled medical personnel. What is more, 94% of all maternal deaths are registered in those countries. In regard to EBLs participants, Figure 8 describes the access of EBLs participants to 1) early check-ups, 2) regular check-ups, and 3) ultrasound tests. Data suggest that women had high levels of access to the health services during their pregnancies; however, it must be taken into consideration that the recruitment of participants was carried out in hospitals and health services in the selected cities.

Overall, 70% of the women in the sample had their first check-up within the first three months of their pregnancies. Kingston (26%) and Worcester (40%) report the lowest rates of attendance in the first 3 months across the sites. In addition, data suggest that those who had access to health services report high compliance with regular check-ups (97%) during pregnancy. In this case Tarlai shows the lowest rates, but still registers 87% for these regular check-ups. As a third indicator, women were asked to report their access to routine ultrasounds. Women in the EBLs sample reported a very high access, with only Worcester (81%) and Kingston (91%) scoring lower than the overall rate (95%).

FIGURE 8: ACCESS TO BASIC HEALTH SERVICES DURING PREGNANCY



Note: % respondents who reported access to this service during pregnancy.

Conclusions

In this chapter, we have described initial findings from the EBLs foundational study that help to map out needs and resources for the prevention of violence in our targeted sample. It is important to emphasise that the foundational survey was primarily designed as a pilot exercise to demonstrate that a large-scale comparative birth cohort study can be conducted. It therefore does not yield representative data for each city.

Despite these limitations, the findings have the advantage of capturing trends using standardised instruments and procedures. These findings, triangulated with the risk and resource assessment in the next chapters, can inform future research and action.

To summarise, the following paragraphs provide some initial conclusions:

- **Norms and values.** Based on the three indicators described in this chapter, beliefs supporting spanking were salient across EBLs study participants. Except by pregnant women in Cluj-Napoca, women from the rest of the sites reported high levels of agreement with beliefs condoning physical discipline. Non-violent strategies for upbringing children seem not yet sufficiently endorsed, nor stimulated.
- **Safe environments.** Littering, vandalism and the presence of people under the effect of alcohol were consistently recognised as problems in neighbourhoods inhabited by EBLs participants. Those in Cluj-Napoca and Tarlai reported the safest levels. Future efforts should target a better understanding of the extent to which unsafe environments, in general, and pollution, in particular, affect the health of pregnant women and their children.

- **Parent and caregiver support.** Whereas most of the respondents indicated living with the father of the child, half of the mothers in Kingston and Worcester reported being single mothers. Mothers in Kingston also reported the highest prevalence of depression and self-perceived stress. The most favourable conditions were reported in Hue and Ragama.

The EBLs planned main study would contribute to understanding the sources of the observed variation as well as epidemiological data on the range of risk factors that predict these outcomes. A more complete description of the household structures and social network supporting pregnant women is needed.

- **Income.** Access to sanitation in the EBLs sample (e.g., own flush toilet, drinking water and a owning a refrigerator) was used as an initial indicator of socio-economic status. While participants in Cluj-Napoca and Hue reported almost full access to the selected services, Koforidua and Valenzuela reported the lowest levels across sites. A complete description of the level of poverty and its impact on child development is yet to be analysed.
- **Response and support services.** EBLs participants reported information on their access to health care during pregnancy. Compared with the other indicators, access to skilled perinatal health services was reported at a high standard. As noted in previous pages, this is likely to be related to our strategy to recruit participants in the study. More data regarding access to services such as welfare, justice, mental health services or health visitors would help to build a complete perspective of the needs and resources in each study site.



3. ADDRESSING VIOLENCE AGAINST CHILDREN

POLICY NEEDS AND RESOURCES

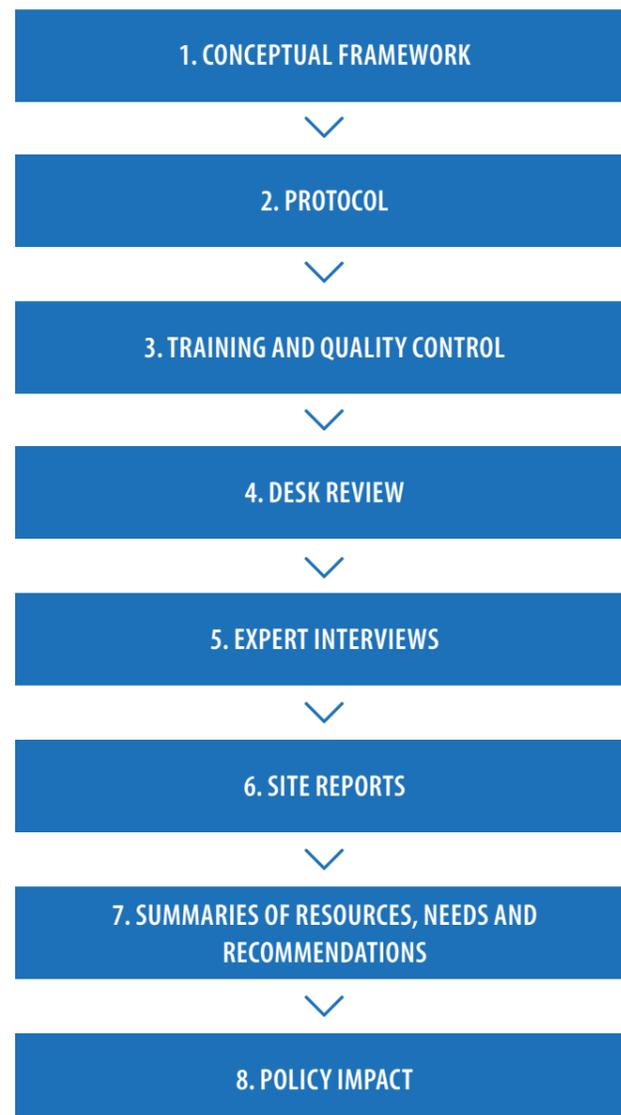
The EBLs needs and resources assessment had five main goals:

1. Provide an initial overview of the main resources in respect of policies, programmes and agencies in each city according to the INSPIRE framework on violence prevention;
2. Tentatively map out, in each site, major gaps and challenges that limit the ability to address VAC more effectively;
3. Identify priorities that may become a basis for future policy development;
4. Comparatively assess similarities and differences between the study sites;
5. Develop a framework for encouraging and monitoring city-wide policy change over several years and across all study sites in the future.

To achieve these goals, the EBLs consortium developed a pragmatic approach that draws on various models for conducting needs and assets assessments (Green, 2013; WHO, 2018; Hawkins & Catalano, 1992). An eight-step procedure, as illustrated in figure 9 was used.

- **Protocol.** A coordination team developed a detailed protocol for the planned research. It defined the aims, methods, data collection instruments, procedures and expected outputs. The protocol was discussed and approved by the EBLs consortium.
- **Training and Quality Control.** Once the protocol was approved, the coordination team delivered a training session for the researchers from the eight sites who were in charge of data collection and analysis. In all study sites, researchers were largely responsible for undertaking the desk reviews, conducting the expert interviews and writing up the findings. In order to ensure comparability, the coordination team monitored the progress of reporting.
- **Desk reviews.** The first of the two main components of the research was a desk review. It involved the collection, synthesis and critical appraisal of published and grey literature on the prevalence of VAC and their mothers, current needs, resources and challenges related to preventing VAC and IPV in the EBLs site. This comprised a review of the current legislation, reports by international organisations and governmental agencies, website contents by public or private sector agencies, other technical reports or previous local research documenting the existing resources needed to address risks of VAC and IPV. Searches were conducted to identify governmental resources such as legislation and demographic data, academic papers describing empirical findings and technical reports providing comparative data. When searching for literature on the prevalence of violence, we prioritised the information reported by international surveys (e.g. Demographic Health Survey or the Multiple Indicator Cluster Surveys). Such data facilitated cross-country comparisons. Searches were conducted in each site between September and November 2018.
- **Expert Interviews.** The second main component of the research was semi-structured expert interviews (Barriball, 1994; Rabionet, 2011). The interviews allowed for clarifications of findings obtained via the desk review. In addition, they provided more in-depth descriptions of the needs, resources and challenges for prevention of violence in the EBLs cities. One-to-one semi-structured interviews were conducted to explore perceptions and opinions of the experts using a set of pre-specified topics and follow-up probes. An interview schedule was provided by the coordinating team to facilitate the collection of information and to produce comparable findings.

FIGURE 9: EIGHT-STEP PROCEDURE



Examples of the questions suggested to the site teams for guiding the interviews included:

- What are the common forms of VAC in [city] generally? What social problems influence risks of VAC? What social factors in [city] might protect children from violence?
- In your opinion, what are the main strengths of the child protection system and service for prevention of VAC in [city]?
- Could you please comment on the accessibility of services and support for children from violence in [city]? Generally, do you believe that current services and support meet children's needs for prevention of, or response to, VAC?
- How about children's mental health care for victims of violence? Is it comprehensive? How well do those mechanisms function?
- Are there community education programmes in [city] that remove common barriers to disclosure and help-seeking and promote change of norms among service providers?

- How do the Government and civil society organisations coordinate on national level child protection policy, legislative, or programming areas? What are the strengths for this partnership? How well are the communities engaged in addressing vulnerabilities of prevention of VAC and child protection?
- What are the most important system-level barriers that need to be addressed to support better services for prevention of VAC and exposure to violence during pregnancy in [city]?

In each city, the EBLs team identified key local stakeholders involved in the planning and/or implementation of services to prevent VAC and IPV. A non-probabilistic sample of 56 stakeholders in total was recruited across the eight EBLs sites. Recruited participants represented governmental (e.g. high-level civil servants, senior technical advisers, local leaders and local/national politicians) and non-governmental sectors (i.e. international agencies, NGOs and community leaders) as well as programme planners and implementers. Each participant was informed about the aims of the interview before this was conducted. Participation was voluntary. More detailed information on expert interviews is presented in table 3.

TABLE 3: OVERVIEW OF EXPERT INTERVIEWS

Site	Number of interviewees	Professional Roles & Sectors of Expertise
Kingston (Jamaica)	6	Senior policy representative of the Violence Prevention Alliance, policy representative of the Child Protection and Family Services Agency, senior child protection specialist, senior specialist on child education, leader for investigation of sexual offences and child abuse, senior policy representative of Bureau of Gender Affairs.
Koforidua (Ghana)	9	Domestic violence and victim's support specialists, mental health specialists, social welfare specialist, health practitioner, religious leader.
Worcester (South Africa)	6	Government representatives in public health, education and social development, NGO senior policy representatives on family violence and child protection, and child protection unit of police services.
Cluj-Napoca (Romania)	7	Mental health specialists on child protection, domestic violence and victim's support specialist, NGO senior policy representatives, urban planning specialist, criminal justice specialist.
Tarlai (Pakistan)	5	NGO senior policy representative on child protection, policy representative, legal services advisor, Ministry of Health representative, senior technical advisor.
Ragama (Sri Lanka)	8	Legal services advisor, forensic medicine specialist, paediatrics specialist, mental health specialist, child protection and police services specialists.
Hue (Vietnam)	11	Regional government and Culture Division policy representatives, medicine and disease control senior specialists, maternal and reproductive health specialists, mental health specialists, child protection specialists, community leaders, women's affairs policy representatives.
Valenzuela (Philippines)	4	Social welfare and development senior policy representative, social welfare specialist, child and women's protection health specialist, police services specialist.

Site Reports. A key goal in the study was to summarise information so that the findings could be compared across the study sites. The site reports presented in this document therefore comprise the same sequence of sections that are described in table 4.

TABLE 4: SITE REPORTS: SEQUENCE OF SECTIONS

Site	Content
Introduction	A brief overview of the economic and social structure, and the political administration of the study site, including a summary overview of selected social and political indicators at national level.
Violence against Children and their Mothers	A summary of available information, usually at national level, on the prevalence of VAC and mothers.
Laws and National Policies	An overview of the current legal background and the distribution of competencies in areas relevant for child protection and prevention policy.
Current Provisions	A summary of the resources and programmes in the site, structured along the themes of the INSPIRE framework.
Key Challenges and Gaps	An overview of the major gaps and challenges identified through the expert interviews and the desk reviews, structured in line with the themes of the INSPIRE framework.
Policy Recommendations	Core recommendations that emerged from the study and the assessments by the informants, structured along INSPIRE themes.

Summaries of Resources, Needs and Recommendations. In a final step, the information provided by the experts in comparative overviews was synthesised. Thematic analysis was applied to synthesise qualitative information from interviews. These overviews are based on four steps: First, two members of the research team extracted themes found in site reports that related to the resources, the current gaps and challenges, and the recommendations for taking action. Second, we grouped similar themes and arranged them in a list format following the INSPIRE framework. Third, these lists were sent to the site research teams who were asked to score each theme by importance or urgency. The scoring reflects the assessment of each site team, based on the results of the desk review and expert interviews. Fourth, the findings were summarised in six tables (tables 6 to 11). These tables represent a synthesis of the site-specific profile of needs and resources using different sources of information, not just the expert interviews.

Policy Impact. A draft version of the local Needs and Resources Assessment reports was presented at the EBLs Stakeholders Summit held in Manila, the Philippines, in November 2018. The event convened an international network of EBLs researchers, senior policy-makers across the sites and technical experts from WHO and UNICEF. The main objective of inviting a stakeholder from each site was to discuss policy recommendations and engage them in potential initiatives to improve resources. The recommendations discussed in the Manila Summit were subsequently included into the final sites' Needs and Resources Assessment reports and integrated into the current document.

Strengths, Gaps and Recommendations – An Overview

Our overview of findings is based on two steps. In a first step, the themes mentioned in the sections on strengths and resources, challenges and gaps, and key recommendations were listed, simplified and arranged by INSPIRE categories. In a second step, each EBLs site team scored each theme by priority, with scores reflecting the assessment by each site team on the basis of expert interviews and desk reviews. For the scoring exercise, site teams were instructed to use the following criteria:

TABLE 5: SCORING SYSTEM FOR THE SYNTHESIS OF RESULTS IN TABLES 6 THROUGH TABLE 11

Domain	Score	Meaning
Resources and Strengths	2	The law, strategy or service is widely implemented/enforced in the city and available to most in the target group
	1	The law, strategy or service is implemented/enforced to a moderate extent in the city and available to some of the target group, or it may be provided by organisations on limited basis
	0	The law, strategy or service does not exist in this site or is only implemented on a very small scale
	N/A	The law, strategy, or service is not relevant in this site/context
Gaps and Challenges	3	Critical challenges/gaps that need to be addressed as a priority (select a maximum of 10)
	2	An important challenge/gap that should have some priority
	1	A less important challenge in this context/site
	0	Not a gap/challenge in this site, not relevant
Recommendations	3	Recommended as a top priority in the site (select a maximum of 10)
	2	An important recommendation that should be prioritised
	1	Remaining priorities
	0	Not a recommendation for this site

To facilitate the interpretation of the findings a colour-coding scheme is used whereby different colours represent the strength of the endorsement of each theme. Furthermore, within each INSPIRE domain, themes are arranged in descending order by the overall level of endorsement across all eight sites (computed as a sum score). The results are displayed in Table 6 through Table 11. They show important emerging general patterns that are relevant for addressing VAC in the cities.

Building on the Resources and Strengths of Cities

The summaries in Table 6 and 7 show that cities included in EBLs have considerable resources and strengths in some strategic areas covered by the INSPIRE framework. Recognising these strengths is vital for further progress. For example, the city of Hue in Vietnam has a cluster of strengths in respect to awareness and information, education and communication campaigns, and community engagement; Valenzuela in the Philippines has a strong portfolio of strategies for creating safe urban environments; and Ragama in Sri Lanka has a strong system of parenting support as well as of response and support services.

Recognising these strengths is important. They are often the consequence of policy learning that has resulted in sustainable public services respected by the population. Building up the capacity to transform these services on the basis of local evidence and expertise is likely to be more effective than introducing new programmes from the outside. Also, the particular strengths of each study site may, over time, lead to clusters of specialist knowledge that could accelerate change and learning in other sites.

However, the detailed site reports also shows that the capacity of cities to take action varies. In some study sites like Valenzuela (Philippines) or Cluj-Napoca (Romania), city authorities take the main responsibility for managing public affairs. This may include the administration of local health units, child protection, community health care, specific law enforcement roles, and – in the case of the Philippines – the right to raise taxes and pass local laws (e.g. Yilmaz & Venugopal, 2013). Other study sites have more limited city-wide

governance structures and more restricted autonomy at the level of municipalities. Ghana, for example, has a centralised governance structure with comparatively little devolution of fiscal autonomy, decision-making and service delivery to sub-national units (Cities Alliance, n.d.).

To be successful, strategies to address VAC need to take into account the interplay of national, regional and local decision-making processes and variation in the extent to which cities have the capacity to take action. Furthermore, the findings from site reviews underscore the importance of understanding the networks of stakeholders that influence policy change that benefits children and their families. Often, non-state actors like religious institutions, NGOs, traditional leaders or respected residents of the neighbourhood are the first port of call for victims. In Koforidua, traditional stakeholders play a crucial role. In Vietnam, communes play a critical role in local service delivery, as does the Women's Union, which is the active representative to protect women and child's rights toward gender equality from the grassroots level. It is also important to recognise that strategies to address VAC need to consider the locally relevant actors (e.g. social cohesion, family values religious beliefs and cultural diversity) that intervene in the case of domestic violence and/or child maltreatment. These system-level differences may also interact in important ways with differences in the local needs of the community and with cultural practices and norms related to childrearing, education and justice.



TABLE 6: RESOURCES AND STRENGTHS - INSPIRE THEMES

Resources and Strengths		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Implementation and Enforcement of Laws	UN Convention on the Rights of the Child ratified	2	2	2	2	1	2	2	2
	National Child Protection Law	2	2	1	2	1	2	2	2
	National Child Protection Authority	2	1	1	2	1	2	2	2
	National guideline for case management of child victims of abuse	1	0	0	2	1	2	2	2
	Corporal punishment in schools prohibited	1	1	1	1	2	1	2	2
	Global Partnership to End Violence against Children active	2	0	0	1	0	2	0	2
	National action plan to address VAC	1	1	0	1	0	1	2	1
	National safe schools action plan	1	0	0	1	1	0	2	1
	Parental corporal punishment prohibited	0	1	0	1	0	0	2	1
Norms and Values	City-wide awareness campaigns on child protection	1	1	0	1	0	2	2	1
	Information, education and communication (IEC) campaigns for practitioners (e.g. teachers)	1	1	0	1	1	1	2	1
	City-wide awareness campaigns on domestic violence.	0	1	0	1	0	1	2	1
Safe Environments	Crime prevention in public space: CCTV, street lights	1	1	1	2	2	1	1	2
	Effective control over sale of alcohol to minors	1	0	1	1	2	2	1	2
	Safety wardens around schools and playgrounds	1	0	1	2	0	1	1	2
	Programmes to address child labour and exploitation	1	1	1	1	1	2	1	1
	Supervised child-friendly spaces	0	1	0	2	0	1	1	1
	Curfew on minors	0	1	0	0	N/A	0	0	2
Parent and Caregiver Support	Regular home visits by Family Health Workers	1	1	2	1	2	2	1	1
	Parenting support programmes for parents of children with disabilities and/or special needs	1	1	0	1	1	1	2	0
	Universal positive parenting support programmes	1	1	0	1	0	1	1	1
	Parenting support and counselling for vulnerable families	1	1	0	1	1	1	1	1
Income and Economic Strengthening	Unconditional financial support schemes for poor families	0	1	2	2	2	2	2	1
	Conditional (e.g. linked to school attendance) cash transfer/financial support programmes	2	1	0	2	0	1	1	2
	Housing provision for families living in informal settlements	1	0	1	1	0	1	1	2
	Microenterprise livelihood training	1	0	0	1	0	1	1	1
Response and Support Services	Police units for child maltreatment and domestic violence	1	2	2	0	1	2	2	2
	Temporary shelter for child victims of neglect and abuse	2	0	1	2	1	2	1	2
	Specialised child protection units in hospitals	0	0	2	0	1	2	0	2
	Helpline for child maltreatment victims	1	0	2	1	1	2	2	1
	Shelters for abused women and their children	1	0	1	1	2	0	1	1
	Support and counselling services for IPV victims	1	1	1	1	1	1	1	1
	Neighbourhood-level child protection desks	0	0	0	0	0	1	0	1
	Interventions for perpetrators of VAC	0	0	0	0	0	1	1	0
Education and Life Skills	Parental involvement strategy in schools	1	0	0	2	1	2	2	2
	Life-skills training in primary schools	2	1	2	1	0	1	1	1
	Life skills strategy in nurseries and kindergartens	1	0	0	1	0	1	2	0
	Classroom management skills training for teachers	1	1	0	1	1	1	2	1

Note:
 2 Law, strategy or service is widely implemented/enforced in city and available to most of the target group.
 1 Law, strategy or service is implemented/enforced to a substantial but limited extent in the city.
 0 Law, strategy or service does not exist in this site or is only implemented on a very small scale.
 N/A Law, strategy or service is not relevant in this site/context.

TABLE 7: RESOURCES AND STRENGTHS - CROSS-CUTTING STRATEGIES

Resources		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Multisectoral Actions and Collaboration	Interagency steering group to coordinate action	2	2	0	1	0	2	2	2
	Multisectoral training in child protection and violence prevention for practitioners	1	1	0	1	0	2	1	1
Monitoring and Evaluation	Reporting system on child protection cases	2	1	1	2	0	2	2	1
	National survey on VAC (past 10 years)	2	1	2	2	0	0	1	2
	Reporting system and statistics on domestic violence cases recorded by all agencies	1	1	0	1	1	1	2	1
	National survey on IPV (past 10 years)	2	1	0	2	0	0	1	0

Note:
 2 Law, strategy or service is widely implemented/enforced in city and available to most of the target group.
 1 Law, strategy or service is implemented/enforced to a substantial but limited extent in the city.
 0 Law, strategy or service does not exist in this site or is only implemented on a very small scale.
 N/A Law, strategy or service is not relevant in this site/context.

TABLE 8: GAPS AND CHALLENGES - INSPIRE THEMES

Challenges and Gaps		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Implementation and Enforcement of Laws	Insufficient and partial implementation of laws	3	3	3	3	3	3	2	2
	Low awareness of laws and rights among vulnerable groups	2	3	2	3	3	3	3	1
Norms and Values	Limited ability to address cultural acceptance of harmful norms	3	3	2	2	3	3	2	3
	Lacking ability to overcome cultural barriers to disclosing VAC or IPV to support services	2	1	2	1	3	2	2	2
Safe Environments	Lacking structured after-school activities	2	3	3	2	1	2	3	1
	Few child-friendly protected areas	2	2	2	1	2	2	3	1
Parent and Caregiver Support	Lacking age-graded parenting support system with universal, selective and indicated layers	3	2	3	3	2	3	2	3
	Lacking training of health workers in non-harmful approaches to parenting	2	2	2	2	3	2	3	2
Income and Economic Strengthening	Lacking income strengthening programmes for vulnerable families	2	2	2	2	2	2	2	2
	Lacking microfinance programmes combined with gender equity training	2	2	2	0	2	2	3	1
Response and Support Services	High barriers to accessing services, long waiting lists, overburdened child protection system	3	3	3	3	1	1	1	0
	Lack of specialist shelters for victims of abuse	3	3	2	2	2	0	3	0
	Lacking screening instruments	1	3	1	2	2	3	2	0
	Lacking case management and referral protocols	1	3	2	1	3	0	2	1
Education and Life Skills	Lacking programmes for teachers and education personnel to life skills in the school system	2	2	2	2	3	2	2	3
	Lacking approaches to addressing violence on social media and the internet	1	2	1	2	2	3	3	3
	Limited life skills support and quality control in early childcare and preschool systems	2	2	2	2	2	2	3	3

Note:
 3 A critical challenge/gap that needs to be addressed as a priority (select not more than a maximum of 10 fields)
 2 An important challenge/gap that should have some priority.
 1 A less important challenge in this context/site.
 0 Not a gap/challenge in this site, not relevant.

TABLE 9: GAPS AND CHALLENGES - CROSS-CUTTING STRATEGIES

Challenges and Gaps		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Institutional Capacity	Lack of continuous funding for programmes	3	3	3	3	3	2	3	2
	Lack of capacity for high-quality implementation and community engagement	3	2	2	3	2	2	2	2
	High personnel turnover, insufficiently trained personnel	3	2	3	3	2	2	2	2
	Lack of training on referral processes, interagency coordination, and evidence-based strategies	2	2	3	2	2	2	3	2
Multisectoral Actions and Collaboration	Lacking co-ordination with strategies that aim to address 'upstream' societal risks	2	2	2	2	3	3	2	3
	Lacking or insufficient multi-sectorial collaboration at national level	2	2	1	2	3	3	2	0
	Lacking integration of local services	1	2	1	2	2	0	2	3
Monitoring and Evaluation	Lacking academic partnerships to develop and evaluate programmes, assess barriers to service utilisation, identify locally salient risk-factors	1	2	1	0	3	3	3	3
	Absence of reliable information on recorded cases and functioning of the child protection system	2	3	3	1	3	0	2	2

Note:
 3 A critical challenge/gap that needs to be addressed as a priority (select not more than a maximum of 10 fields)
 2 An important challenge/gap that should have some priority.
 1 A less important challenge in this context/site.
 0 Not a gap/challenge in this site, not relevant

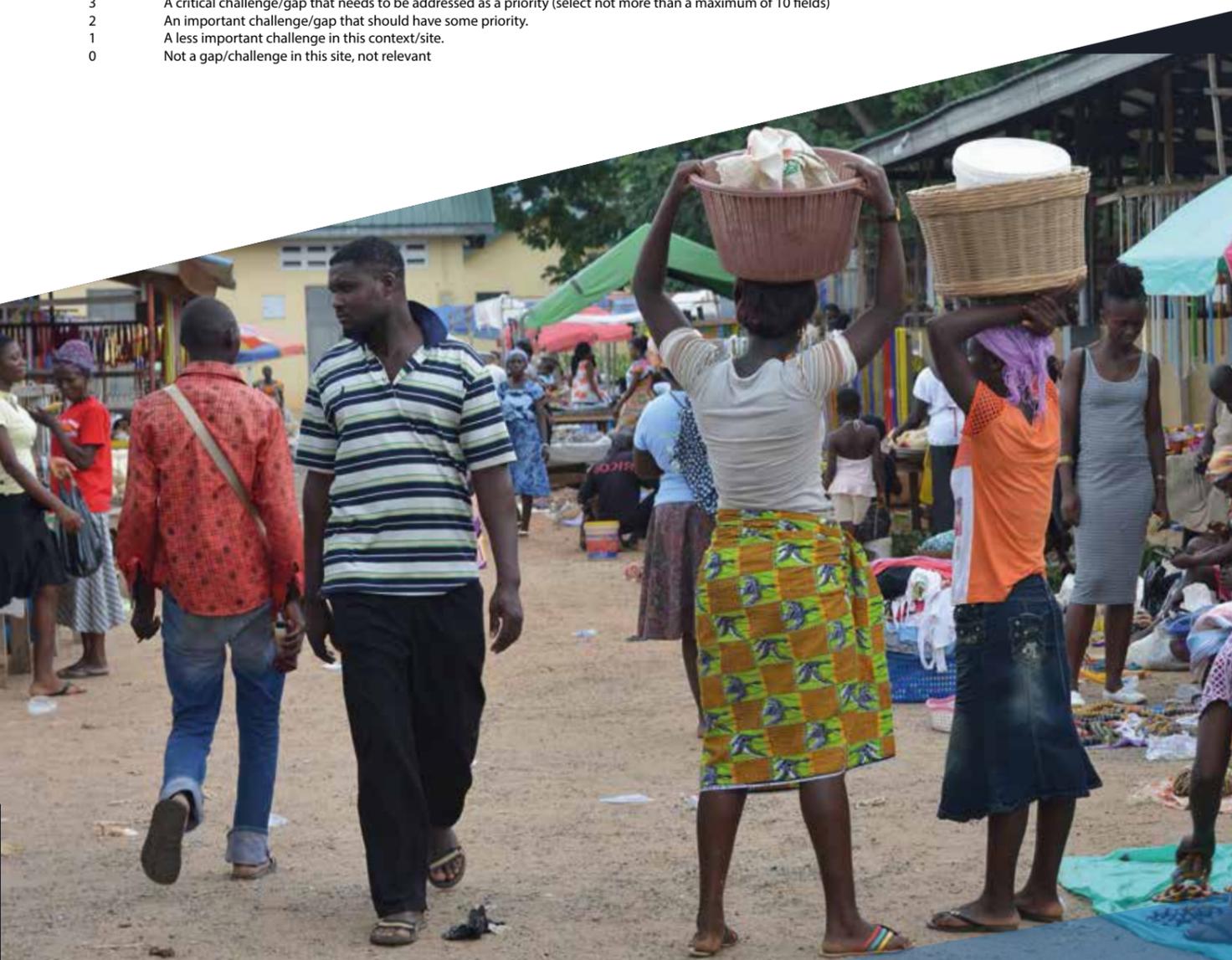


TABLE 10: RECOMMENDATIONS – INSPIRE THEMES

		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Implementation and Enforcement of Laws	Improve implementation and enforcement of existing laws	3	3	3	2	3	3	2	1
	Reform legislation to develop unambiguous laws that address gaps and challenges	1	2	0	1	2	0	1	1
Norms and Values	Intensify public education on VAC, addressing cultural beliefs and attitudes	3	3	2	1	1	3	3	2
	Raise community awareness on the consequences of corporal punishment	2	2	2	1	3	3	3	1
	Programmes to combat norms that support violence against women and children	1	2	2	1	2	2	2	3
Safe Environments	Reduce the availability and use of alcohol and/or other drugs	1	3	3	1	1	3	3	1
	Create child-friendly areas and safe playgrounds	2	1	2	1	2	3	3	1
	Enforce laws that regulate children's presence in public space	0	1	1	0	1	1	2	1
Parent and Caregiver Support	Identify and promote positive disciplinary practices found to be effective	2	3	3	3	1	3	1	1
	Expand the reach of evidence-based parenting programmes	3	2	3	3	0	1	2	3
	Promote and disseminate culturally adapted parenting and caregiver support systems	2	2	3	1	2	2	1	2
	Focus support on vulnerable families with multiple risks	1	3	2	1	1	2	1	2
Income and Economic Strengthening	Provide income-strengthening programmes and legal aid services for abused women	3	3	2	2	2	3	1	2
	Promote gender equality and provide economic support to victims	1	2	1	1	1	3	2	2
	Disburse funds strictly according an individual's need and not by political party affiliation	1	3	1	1	1	1	2	0
Response and Support Services	Implement a more child-friendly, effective and evidence-based judicial system	3	3	1	1	1	3	1	0
	Create a more integrated response system	3	3	2	2	3	0	1	2
	Develop and adapt service and case management guidelines	1	3	1	1	3	0	1	1
	Improve prevention, rehabilitation, and treatment for perpetrators	1	2	3	1	1	2	1	1
Education and Life Skills	Scale up interventions that improve behaviour management in preschool and school settings	3	2	3	2	1	3	1	2
	Introduce well-implemented life-skills courses as part of the national curriculum	0	1	1	2	3	1	3	3
	Provide quality guidance and counselling services to pupils and students	1	3	2	1	2	2	3	1
	Provide better services and support for preschool children	2	2	1	3	1	2	2	1
	Promote the safe use of social media through school-based programmes	1	2	0	1	1	2	2	1
	Provide training to promote positive classroom management	2	1	2	1	1	2	1	2

Note:
 3 Recommended as a top priority in the site
 2 An important recommendation that should be prioritised
 1 Remaining priorities
 0 Not a recommendation for this site

Table 11: Recommendations – Cross-Cutting Strategies

		Kingston (Jamaica)	Koforidua (Ghana)	Worcester (South Africa)	Cluj-Napoca (Romania)	Tarlai (Pakistan)	Ragama (Sri Lanka)	Hue (Vietnam)	Valenzuela (Philippines)
Institutional Capacity	Capacity building across the system	3	1	1	2	3	2	3	3
	Increase human resources so that rapid quality support can be given to victims	3	1	3	3	3	1	2	1
	Make evidence-based programmes available to individuals exposed to family violence	1	1	2	3	3	1	3	1
	Strengthen the training of officials and practitioners of all sectors dealing with VAC	2	1	1	3	1	1	2	2
	Develop a city-wide action plan	0	1	1	2	1	1	1	3
	Conduct a community readiness assessment to implement evidence-based programmes	0	1	1	1	1	1	1	2
	Use technological innovations to further the reach and penetration of programmes	1	1	1	1	1	1	1	1
Multisectoral Actions and Collaboration	Adopt a data-driven collaborative approach among departments and agencies	3	1	3	2	1	1	1	3
	Find synergies in addressing interrelated issues (e.g. poverty, housing, mental health, nutrition)	1	1	3	1	1	1	3	1
	Promote public-private partnerships to meet needs across the INSPIRE framework	2	1	0	1	3	1	3	1
	Create a city-wide multisectorial task force that brings all stakeholders under a common vision	0	1	0	1	3	1	1	3
Monitoring and Evaluation	Conduct a baseline study of VAC and IPV, shared risk factors, and utilisation of services	1	1	0	3	1	2	3	3
	Establish partnerships with academics to inform policy and provide training to professionals	2	1	1	3	1	1	1	3
	Collect epidemiological data to understand locally relevant adversities and risk factors	2	1	0	2	1	1	1	3

Note:
 3 Recommended as a top priority in the site
 2 An important recommendation that should be prioritised
 1 Remaining priorities

Cities Differ in the Challenges they Face and hence their Priorities

Site reviews and summaries in Table 8 and 9 throw the diversity of the challenges that cities in the EBLs study face into sharp relief. Thus, the priorities of Worcester in South Africa with its extreme polarisation between poor and rich, serious gang problems exacerbated by widely available firearms and drugs, a large population of migrant workers, and the historical burden of apartheid, are very different from those of Hue in Vietnam where communist influence has limited spatial segregation, basic public services are widely available and where strong grassroots organisations promote norms like gender equality.

These differences require particular attention for policy programming. For example, the site team in Koforidua in Ghana perceives a particular cluster of needs around the functioning of the response and support services for child protection. In contrast, strategies related to the promotion of life skills are a particular priority in Valenzuela.

4. SYNTHESIS AND CONCLUSIONS

ADDRESSING VAC IN EIGHT CITIES

Cities are sites of progressive change as they facilitate the cross-fertilisation of ideas, attract talent and expertise, and provide a testing ground for innovative practices. Cities are also core actors for achieving the SDGs (Van der Heijden, Patterson, Juhola & Wolfram, 2018). This is expressed, for example, in the inclusion of a standalone urban goal in the SDGs (SDG Goal 11, “Make cities and human settlements inclusive, safe, resilient and sustainable”) and the New Urban Agenda adopted globally in 2016 (Valencia et al., 2019).

The results of the EBLs foundational study are a step towards answering these questions. They are based on an exploratory survey among 150 pregnant women in eight medium-sized cities and a needs and resources assessment through expert interviews. This concluding chapter synthesises the information presented in previous chapters, as well as in the site summaries. It organises the main findings by the INSPIRE framework, which has been used across this report.

Addressing violence, making cities safe and liveable spaces for all are at the heart of this urban agenda. This requires answers to questions like: What is the level of exposure to violence in a city and its communities? What are the risk factors for VAC and their mothers? What is needed to significantly reduce levels of VAC across entire cities? What resources do cities have? What are the gaps? How can they develop cost-effective strategies that respond to their needs?



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Better enforcement of laws is the backbone of addressing violence against children

The United Nations Convention on the Rights of the Child (UNCRC) requires that governments “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” (United Nations, 1989).

In all study sites, legislators have embedded principles of the UNCRC in national laws relating to, for example, child protection. Legislation in all sites also prohibits corporal punishment in schools, while the situation is more varied with respect to parental corporal punishment. In four sites it remains permissible for parents to physically punish their children (Sri Lanka, Pakistan, South Africa, and Jamaica). Furthermore, significant gaps remain in the extent to which countries have developed and adopted national action plans to address VAC at home, in schools, on the streets and in institutions.

The most important challenge highlighted by experts in all sites was the perception that existing laws were insufficiently implemented and enforced (Table 8). Insufficient and partial implementation of laws and a lack of awareness of their legal rights among victims and vulnerable groups are seen as a significant priority challenge in all sites, and as one of the top priorities in six out of the eight sites. This suggests that limitations in the law enforcement system and the political will to implement existing laws are major obstacles to advancing the reduction of VAC.



**NORMS AND
VALUES**

Information, education and communication campaigns are an underutilised strategy to address violence against children

A priority challenge in all study sites is the limited ability to address norms and values that support, justify and perpetuate harmful practices against children, and against their mothers. The pilot survey suggests that substantial proportions of pregnant women endorse harmful norms. For example, 40% of study participants believed that spanking a child is a sign of love, with substantial variation between the study sites; support for corporal punishment was widespread among participants in Koforidua, Worcester, Hue, and Valenzuela, while participants in Kingston, Cluj-Napoca, and Ragama expressed less for corporal punishment by parents.

In most cities, Information, Education and Communication (IEC) campaigns either are absent or only implemented on an ad-hoc basis, often depending on initiatives by civil society stakeholders and with limited funding. An exception is Hue in Vietnam, where community awareness and educational programmes have long been used to achieve public health goals (e.g., Laverack and Huy Dap, 2003). Also, the country's strong socio-political organisations such as the Women's Union are effective channels for engaging citizens in public health messages related to parenting and children's rights.

Multichannel strategies are essential for IEC campaigns to achieve effects on actual behaviours (World Health Organization, 2001; Cofie, De Allegri, Kouyate & Sauerborn, 2013). Cities offer unique opportunities to combine IEC campaigns via mass media with more proximal efforts in the communities. This may include events in public spaces, endorsement by community leaders and religious figures, and active support in public health clinics, in schools or in the workplace.



**SAFE
ENVIRONMENTS**

Creating safe urban spaces for children – free of street violence, gangs, drugs and alcohol – should be a priority in urban planning

Findings from the foundational survey suggest that many expectant mothers are concerned about the safety of urban space in their communities. There are large variations between sites in the extent to which the safety of public space is a source of concern. In Worcester and Kingston over 80% of study participants report that street violence, drugs or the presence of gangs affect their life, while this is the case for less than 40% in Cluj-Napoca and Tarlai. Similarly over 60% of participants in several cities observe either a lot of litter, a lot of vandalism or drunk people in the streets (Kingston, Worcester, Ragama and Valenzuela).

Street violence and associated disorder in public space, as well as the lack of safe child-friendly areas also emerge as core concerns and recommendations in the expert interviews. In many study sites (Hue, Ragama, Worcester, Koforidua) experts considered reducing the availability of drugs and alcohol and to create urban spaces that are safe for mothers and children a priority.

Policies aimed at creating safe public spaces for mothers and children could benefit from more conclusive evidence on the detailed areas within a city that are perceived as unsafe. It would also be useful to better understand the specific needs that parents with children at different ages have. In addition to surveys, data based on modern information technologies may help to identify streets and neighbourhoods where children are exposed to increased risk, and to optimise the availability of safe spaces.



**INCOME AND
ECONOMIC
STRENGTHENING**

Addressing concentrated disadvantage and social exclusion in urban spaces is essential

The foundational survey provided initial insights into levels of economic disadvantage experienced by pregnant women in the eight study sites. Three measures indicative for access to sanitation showed substantial differences between the study sites. For example, more than 50% of respondents in Koforidua, Tarlai and Valenzuela had no own flush toilet in their home, and more than 20% of study participants in Kingston, Koforidua, and Worcester had no piped water in their house. In Cluj-Napoca and Hue, in contrast, 99% of participants had access to flush toilets and piped water.

Needs and resources assessments revealed that many experts emphasise the importance of strategies that address upstream societal risks such as gender inequality, spatial segregation, poverty, poor housing, unstable and disruptive family environments, or unreliable and corrupt state agencies. Also, experts in most sites considered lacking microfinance and income strengthening programmes a substantial gap.

Further analyses will have to examine the extent to which poverty increases the risk of exposure to violence in the study settings, and whether income strengthening strategies may also help to address VAC.



**PARENT AND
CAREGIVER
SUPPORT**

Cities are uniquely placed to play a pioneering role in promoting and disseminating effective parenting support

Across the study sites, experts considered the lack of parenting support a priority challenge. Similarly, all sites nominated evidence-based and culturally adapted parenting support as one of the top priorities for addressing VAC (see Tables 10 and 11).

The medium-sized cities in EBLs provide great opportunities for adapting evidence-based parenting interventions to local needs. They are also ideally suited for learning how such programmes can be mainstreamed into existing services and supported by community leaders so that a population-wide culture change can be achieved. The research team of EBLs includes world-leading experts in the dissemination of prevention programmes during the first years of life, and it comprises expert teams in each site that are highly respected and who understand the local political structures and the relevant stakeholders. Furthermore, the basic research conducted as part of the main EBLs study could provide valuable information about parenting practices that need to be tackled, the social groups that have the highest need for services, and the obstacles that might need to be addressed to improve access to parenting support (e.g. Lundahl, Risser & Lovejoy, 2006; Lundahl et al., 2008).



**RESPONSE AND
SUPPORT
SERVICES**

Cities need accessible and professional response and support systems for victims and – a conspicuous gap at present – rehabilitative treatment for perpetrators

The quality and capacity of response and support services varied between sites. Experts in several sites perceive long waiting lists and the lack of resources required for a professional child protection system as major priorities.

There are broad similarities across the sites with regard to the recommendations suggested by local experts. One commonality is to improve the effectiveness of systems for recording and reporting child abuse, provision of respite and foster care capacity, as well as social care support and monitoring. Also, experts observed gaps in the availability of victim support units, shelters for abused victims, and counselling services. Access to victim support is often restricted or unavailable, with a limited number of undertrained or overworked staff. Even more concerning, victims are frequently unaware of the existing services and because of this, are not able to make use of them.

At an indicated level of intervention, a further recommendation is to increase the provision of rehabilitation and reintegration of victims and their families. For instance, the services available for victims, such as shelters or free hotlines, should become more easily accessible. Specialist training should also be made available to professionals working with victims and their families so that they are better equipped to provide high-quality care.

An important gap that requires attention across all sites is the lack of interventions for perpetrators of VAC (e.g. parents, siblings, adult acquaintances, strangers or peers) when cases become visible in the response and support system. Six out of the eight study sites had no interventions for perpetrators at all, and two had only some small-scale programmes. Punitive interventions by the justice system should only be seen as a last resort. However, perpetrators of VAC often have multiple needs including poor mental health, a history of childhood victimisation, substance abuse problems and non-violent offending, or precarious occupational and educational situations (Farrington, Gaffney and Tofi, 2017). Findings of hundreds of studies show that rehabilitative interventions can be highly effective (Lipsey and Cullen, 2007).



**EDUCATION AND
LIFE SKILLS**

Cities should build life-skills training for children and behaviour management training for educators into the education system from pre-school onwards

In many study sites the respondents in the expert interviews and members of the site teams perceived the lack of quality life-skills training for children of all age groups, from nursery to the secondary school, as an important challenge. Strengthening and implementing behaviour management systems that effectively support the development of social and emotional skills was widely seen as an important priority. High quality provision that promotes life skills from the early years through kindergarten, primary schools, and secondary schools was seen as a priority in several of the EBLs sites (e.g. Beelmann & Lösel, 2006).

Strengthen institutional capacity and adapt cross-cutting strategies supported by research evidence

The INSPIRE framework identifies two cross-cutting goals, namely 'multisectoral actions and coordination' and 'monitoring and evaluation'. In the present analyses, a third cluster of cross-cutting goals emerged. In particular, experts in many sites noted the lack of sustained long-term funding and planning, a lack of capacity for high-quality implementations, high turnover of personnel and a lack of training in the delivery of professional services rooted in a strong organisational culture. These issues can be broadly summarised as a lack of institutional capacity (Chaskin, 2001). The backbone of institutional capacity is made up of strong organisational cultures, good management practices and effective communication networks (Grindle and Hilderbrand, 1995). Strengthening the institutional capacity of urban polities to set and achieve goals relating to the well-being of children through knowledge, skills, systems, and institutions is critical for accomplishing effective city-wide reductions in VAC.

In this vein, multisectoral collaboration between public health, law enforcement, urban planning, and education actors can be critically important. It can be especially effective in cities where various agencies operate under one authority (e.g. a municipal government) and where resources are available to support the implementation of action plans. However, cross-cutting strategies such as a city-wide action plan or establishing a city-wide multisectoral task force are not a top priority in the majority of sites. Possibly, implementing ambitious multisectoral action plans can be challenging in contexts

that lack the institutional capacity to translate such plans into action that benefits children and their families. This may be especially the case in contexts where resources are already strained and where different government levels (i.e. nation, province, municipality and borough) are responsible for taking action. Hence, approaches that focus on delivering an effective strategy within one sector (e.g. primary care, child protection services, urban planning and schools) may, at times, be more realistic and more likely to lead to results that are felt on the ground. Nevertheless, even in contexts where multiple decision makers influence policy for women and children, it is critical to find local solutions that can increase intersectoral coordination and effectiveness.

In most sites, finally, policy experts expressed a need for high quality and locally relevant empirical evidence for addressing VAC. This includes better data to evaluate trends in the extent of VAC and in families, information systems that track the delivery of services and allow quick responses to emerging challenges, and evaluations of new programmes. In many instances meeting this need requires collaborations with academics who have a detailed knowledge of local service delivery systems and an understanding of cultural and political sensitivities. They are also reliable and trusted partners of local and national decision-makers, and who can help establish a more knowledge-based approach to the reduction of VAC and women.

Conclusions

Protecting children and adolescents from violence and creating conditions that allow young people to grow up in safe and healthy environments are core concerns of the SDGs. International organisations including UNICEF, UNODC, WHO, as well as the Global Partnership to End Violence against Children, have therefore stepped up their efforts to better address violence in all forms. Similarly, national and local governments across the world are increasingly committed to taking action and providing the financial, legal and organisational means to address violence as part of their public health, education, justice and urban planning policies.

Cities are playing a growing part in these efforts. Their violence prevention goals can be supported with robust evidence on the conditions that put children at risk, the factors that enhance resilience, the strengths and limitations of existing provision and an understanding of policies and programmes that have been found to be effective elsewhere.

The present document aims to contribute to these goals. It is, to our knowledge, the first attempt to comparatively understand and assess the gaps, challenges and strengths of violence prevention provision in cities in middle-income countries based on the INSPIRE strategies as an organising framework. Through its survey of 150 pregnant women in each city it has also provided initial evidence for the necessity of linking efforts to address violence against women, VAC in families and in schools, alongside violence in the community.

The findings reported here should be seen as a first step towards long-term engagement with policy-makers and stakeholders in each study site. In the coming years, EBLS aims to further strengthen the combination of innovative basic research, policy impact strategy and capacity building that define its long-term goals.

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The Site Reviews

1. KINGSTON, JAMAICA (POP 670,000)

CARENE LINDSAY, SUSAN WALKER, ELIZABETH WARD

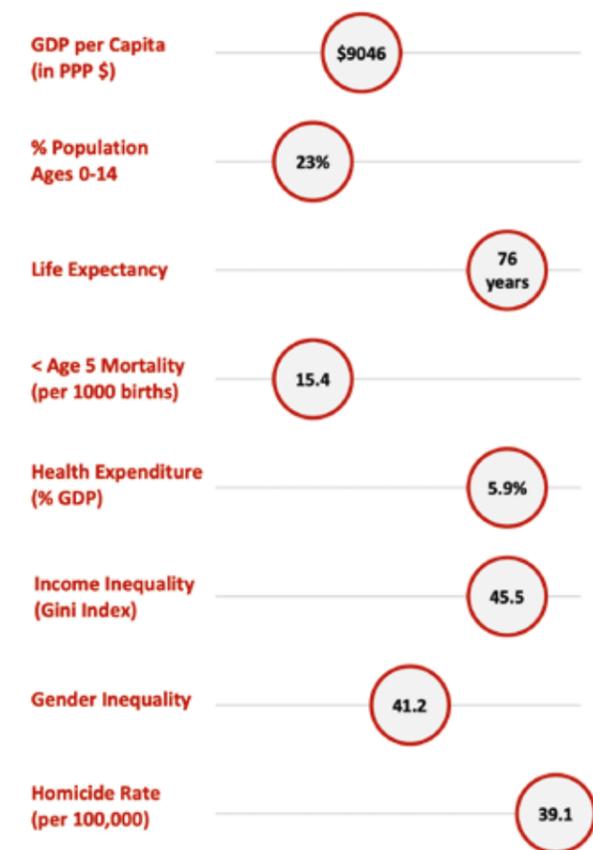
Kingston is the largest city and capital of Jamaica with a population of 670,000 people (Jamaica Information Service, n.d.b). It is located on the south-eastern end of the island and is bordered by the famous Blue Mountains in the north (Jamaica Information Service, n.d.a). The majority of the population is of African descent, followed by Indians, Chinese, Europeans and Hispanics.

English and “Patois”, an English-based creole with African influences, are the spoken languages. The government administration is decentralised through the Kingston and St. Andrew Corporation, combining Kingston and the parish of St. Andrew.

Tourism is one of Jamaica’s largest sources of economic activity, earning over US\$3 billion in 2018. Kingston is the centre of trade and commerce. Commodities are traded through its seaport, with major exports including bauxite, sugar and coffee.

In Jamaica poverty is measured by a poverty line that indicates the level of consumption needed to maintain an acceptable standard of living at the lowest cost. In 2015, the national poverty prevalence was 21% and 14% in Kingston. Children are among the most vulnerable groups accounting for almost half of those living in poverty (Jamaica Planning Institute, 2018).

National Indicators Jamaica



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

The well-being of Jamaica's children is challenged by the violence they experience at home, at school and in the community.

In 2016, Jamaica was ranked among the 10 countries in the world with the highest mortality rates from homicide (World Bank, n.d.). Sixty-eight of every 100,000 children (0-17 years) are victims of violent crimes including murder, shooting, rape and robbery (Caribbean Policy Research Institute, 2018). Children are also exposed to violence through the victimisation of family members or through witnessing violence in their communities. Recent findings by UNICEF show that almost 80% of children in Jamaica experience some form of psychological or physical violence administered as discipline at home or in schools (UNICEF, 2017).

According to the Jamaica Crime Observatory Integrated Crime and Violence Information System 2011-2015 report on children and violence, twice as many children were victims of sexual assault than adults in Kingston and St. Andrew during the period 2011-2015. Sexual intercourse with a person under age 16, below the age of consent (statutory rape), was the most prevalent sexual offence committed against children.

The types of victimisation differ between boys and girls. Boys were more likely to be victims of murder than girls, while girls were more likely to be victims of sexual assault (Ministry of National Security, 2016). Children from a lower socio-economic background were more likely to witness violence in the community. Men who experienced violence in childhood, such as witnessing their mothers being abused or being beaten, were more likely to abuse their intimate partners in adulthood (Watson-Williams, 2018).

The Women's Health Survey 2016 Jamaica reported that one in four women has experienced physical violence by their male partner and 8% have been sexually abused. It also reported that 5% of Jamaican women experienced physical violence while pregnant and 29% reported lifetime prevalence of emotional abuse. Women who have ever been pregnant were significantly more likely to experience physical abuse by a male partner (30%) than women who have never been pregnant (11%) (Watson-Williams, 2018).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Jamaica is a signatory to seven of the nine core international human rights treaties, including the United Nations Convention on the Right of the Child (UNCRC) and the Convention for the Elimination of Discrimination against Women (CEDAW). Significant progress since then has seen local laws enacted to complement the protection offered by these conventions, while national plans and policies that are aligned to the UNCRC to protect children against violence have been enacted and implemented. Most notable is the Jamaica Child Care and Protection Act (2007). This act imposes a mandatory requirement on citizens to report suspected or known acts of child abuse. In 2016, Jamaica joined the Global Partnership to End Violence against Children, indicating the government's commitment to reduce VAC.

International and local instruments cover children's rights, child prostitution and child protection, human trafficking, child pornography, sexual assault and sexual discrimination. The Bureau of Gender Affairs, with support from UN Women, developed The National Strategic Plan of Action to Eliminate Gender-based Violence, which is awaiting implementation. The Inter-Ministerial Steering Committee, appointed by the Prime Minister, revised the National Plan of Action for an Integrated Response to Children and Violence guided by the INSPIRE strategies and it is awaiting Cabinet approval. Institutions for child protection and gender-based violence have been created through government ministries and agencies.

The Child Protection and Family Services Agency under the purview of the Ministry of Education, Youth and Information is responsible for Jamaica's child protection system. It acts as the coordinating body and monitors the whole sector, including all private and public children's homes, foster care and places of safety. The work of the Child Protection and Family Services Agency, as well as the Office of the Children's Advocate, is governed by the Child Care and Protection Act, among other laws and policies.

The Office of the Children's Advocate is a Commission of Parliament mandated to enforce and protect the rights and best interest of children. It conducts a range of legal, investigative and advisory services on behalf of children and monitors compliance with policies in juvenile correctional and remand centres, as well as police lock-ups in which children are held.

The Bureau of Gender Affairs ensures that gender equality is integrated into all national policies, plans and programmes. It has the mandate to address sexual and domestic violence against women and girls, as well as other concerns. These three institutions work collaboratively to train police officers and healthcare professionals to recognise signs of child abuse, as well as to report all suspected cases to relevant agencies.

Strengths and Resources

The Government, through its ministries and agencies, with the support of international partners, civil society and community-based organisations, provides a wide range of programmes and services responsive to VAC and IPV.



NORMS AND VALUES

Experts interviewed emphasised that there is an existing culture where domestic violence and harsh discipline practices towards children are normalised. Witnesses are encouraged to remain silent about violent experiences they have encountered. The Child Protection and Family Services Agency funds radio and TV advertisements encouraging citizens to report known cases of child abuse and spreading positive messages to prevent violence.

The Bureau of Gender Affairs conducts school initiatives, as well as sensitisation programmes with community and faith-based organisations, to increase awareness of legislation that provides protection to citizens, as well as informing them about their responsibility to respond to violence against women and children.



SAFE ENVIRONMENTS

The high rates of violent crime in some areas of Kingston mean that creating safe public spaces for children is a priority. Initiatives to increase public safety have been established through government ministries. JamaicaEye, an initiative of the Ministry of National Security that creates a national closed-circuit television (CCTV) system to increase the safety of citizens and monitor public spaces, was launched in 2018. The system is designed to provide assistance in events of disaster, acts of criminality and accidents. The Safe Schools Programme, a collaborative effort of the Ministry of Education and the Ministry of National Security, creates safety zones and deploys police personnel as School Resource Officers to volatile schools in order to promote positive discipline.



PARENT AND CAREGIVER SUPPORT

The National Parenting Support Commission provides proactive and reactive parenting education and support. In particular, it works with the Citizen Security and Justice Programme, a crime and violence prevention initiative of the Ministry of National Security, in providing an education programme for parents that helps them identify alternatives to corporal punishment. Furthermore, the Ministry of National Security and the Ministry of Justice provide services such as victim support, restorative justice, skills training and parenting support for at-risk youths.



INCOME AND ECONOMIC STRENGTHENING

Social protection for children, and pregnant and lactating women who live in poverty is provided through the Programme for Advancement through Health and Education, a conditional cash-transfer programme of the Ministry of Labour and Social Security. Beneficiaries must attend scheduled primary healthcare clinics and children aged six to 17 should attend school for at least 85% of school days each month (Ministry of Labour and Social Security, n.d.).



RESPONSE AND SUPPORT SERVICES

A multiagency partnership - including the Centre of Investigation of Sexual Offences and Child Abuse, the Ministry of Justice and Child Protection and Family Services Agency - helps to keep children out of state care through counselling and other interventions with families and abused victims. It also facilitates interviews and counselling of child victims in a caring and sensitive environment. Vulnerable children are cared for through foster care placements and formal institutional organisations such as children's home and places of safety. Children who come into conflict with the law are housed at juvenile correctional centres providing rehabilitation and education.

The Ananda Alert is a rapid response system to report missing children, which includes informing and mobilising the public to help locate them. Additionally, the Office of the Children's Registry operates a 24-hour hotline "1-888-PROTECT", which receives reports of child abuse and refers them to the relevant agencies. Women Incorporated, a non-governmental organisation, offers crisis counselling, referral services and a 24-hour hotline. It also operates the only crisis shelter for battered women.

The Early Childhood Commission (ECC) coordinates all activities, plans and programmes within this sector in addition to supervising and regulating all early childhood institutions to ensure compliance. Its National Strategic Plans offer guidelines to support young children so they can achieve their full potential. The Early Childhood Act stipulates that corporal punishment shall not be inflicted in early childhood institutions; its website provides tips on child safety and links to legislation (ECC, n.d.).



EDUCATION AND LIFE SKILLS

Several approaches have been used to reduce violence in schools and promote the development of life skills. The School-wide Positive Behaviour Interventions and Support programme is a Ministry of Education's initiative, originally developed in the US in the 1980s. The programme was implemented in 2014/2015 with the support of UNICEF Jamaica among 56 pilot primary and secondary schools. The programme was expanded in 2018 to include six schools in Kingston. The programme aims to reduce anti-social behaviour and school violence through a process of positive reinforcement of core values like honesty, respect and responsibility (Nocera & Whitbread, 2014). Another Ministry of Education's initiative, the Health and Family Lifestyle Curriculum, is taught in all schools from early childhood to secondary level education. The curriculum uses the life-skill-based approach and focuses on promoting the development of appropriate values, attitudes and skills among children and adolescents to enable them to live healthy and productive lives.

The Peace and Love in Society programme teaches primary school children in more than 790 schools, island-wide, to choose alternatives to violent behaviour when confronted with conflict. The Child Resiliency Programme is an afterschool programme aimed at building resiliency among at-risk children and their families. Children and Community for Change aims to create an environment for the empowerment of children and parents through community development, life skills and vocational training.

Key Challenges and Gaps

Experts identified several important gaps in the current provision of services.

Implementation and enforcement of laws. Jamaica has a good framework of legislation, policies and action plans to protect women and children against violence. However, implementation is limited due to unavailable financial and human resources, and lack of enforcement of some laws.

Corporal punishment is prohibited in early childhood institutions, children's homes and youth correctional centres under the Child Care and Protection Act (2007). Nevertheless, children remain without full legal protection, as there is no legislation that completely bans corporal punishment against them in primary and secondary institutions or in the home.

Norms and values. Predominant social and cultural norms, such as the "See and Blind, Hear and Deaf culture", and women's beliefs that IPV should remain private, result in underreporting of IPV and VAC. According to a key expert, women tend to shy away from the court system due to its slow pace. Furthermore, some police officers are unwilling to intervene in domestic disputes.

Safe environments. Corporal punishment remains legal in primary and secondary schools, as well as in the home. In early childhood education and primary schools, there is a need for better training of teachers in behaviour management. In low-income communities with a high crime rate, inadequate infrastructure affects the safety of women and children.

Parent and caregiver support. Experts believe that the National Parenting Commission provides positive messages. However, their reach is limited and messages are not standardised to reflect consistent values and attitudes. While there are numerous parenting education programmes that discourage the use of corporal punishment, the number of initiatives that teach parents non-physical discipline is very limited.

Response and support services. Services to prevent VAC are not extensively promoted and there have been no comprehensive assessments of programmes to determine their impact. Lack of trained personnel in government agencies limits the provision of services to children. Training seminars in how to recognise and address domestic abuse and child maltreatment primarily target police and health practitioners with limited reach for teachers, parents and other caregivers.

The Office of the Children's Registry operates a 24-hour hotline to report child abuse. It refers them to the Centre of Investigation of Sexual Offences and Child Abuse, CPFSA and Office of the Children's Advocate. Nonetheless, there is no direct toll-free line to these institutions or any other emergency hotline available to children that can provide rapid response.

Education and life skills. There have been several initiatives to prevent violence in schools and promote life skills. However, the lack of financial resources has prevented their scope and sustainability. Furthermore, there is a lack of structured after-school activities to keep children engaged and supervised in parents' and caregivers' absence, which increases their vulnerability to violence.

Multi-sectoral actions and collaboration. While there is evidence of some collaboration among government ministries and agencies, sensitisation about the respective roles and functions of these organisations remains inadequate. Partnerships with civil society and faith-based organisations may help to expand support services available to women and children.

Monitoring and evaluation. Programmes offered by government and non-governmental organisations need evaluation to identify those that are most effective and should be scaled at a national level.



Policy Recommendations

Response and support services. Resources should be provided to reduce the child-to-officer ratio at the Child Protection and Family Services Agency and to allow the Office of the Children's Advocate to deliver rapid response and good quality services to more children.

The capacity of the Child Protection and Family Services Agency and the Office of the Children's Registry to provide response and support at the first point of contact needs strengthening.

Services for abused women, including increased provision of income-strengthening programmes and legal aid services for women, should be increased.

Parent and caregiver support. Parenting programmes should be based on evidence and need to expand their reach. Messages in parenting programmes should be evaluated and should reflect the same values among governmental and non-governmental organisations.

Education and life skills. Evidence-based interventions developed in Jamaica should be scaled up, such as the 'Irie Classrooms' intervention, which is effective in improving pre-school classroom management, promoting children's social-emotional skills and reducing verbal and physical violence (Baker-Henningham & Walker, 2018).

The National Plan of Action for an Integrated Response to Children and Violence calls for a national awareness campaign to address violence against women and children that is evidence based, targeted to perpetrators and inclusive of victims and community members to effect behaviour change.

Multi-sectoral actions and collaboration. The revised National Plan of Action for an Integrated Response to Children and Violence should be ratified. The plan calls for a data-driven approach with greater collaboration among ministries, department, agencies and civil organisations to develop an integrated approach to VAC. The road map that accompanies the Response to Children and Violence outlines the process to consolidate and coordinate programmes and services to prevent duplication, so limited financial resources can be used more efficiently.

Monitoring and evaluation. Up-to-date annual reports and statistics should be produced. For instance the most recent report from the Office of the Children's Advocate is dated 2012-2013.

Evaluate programmes such as the School-wide Positive Behaviour Interventions and Support, the Child Resiliency Project and the Peace Management Initiative.

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2. KOFORIDUA, GHANA (POP 140,000)

HENRIETA DZOTSI, JOSEPH OSAFO, FRANKLIN GLO-ZAH, PATRICIA AKWEONGO

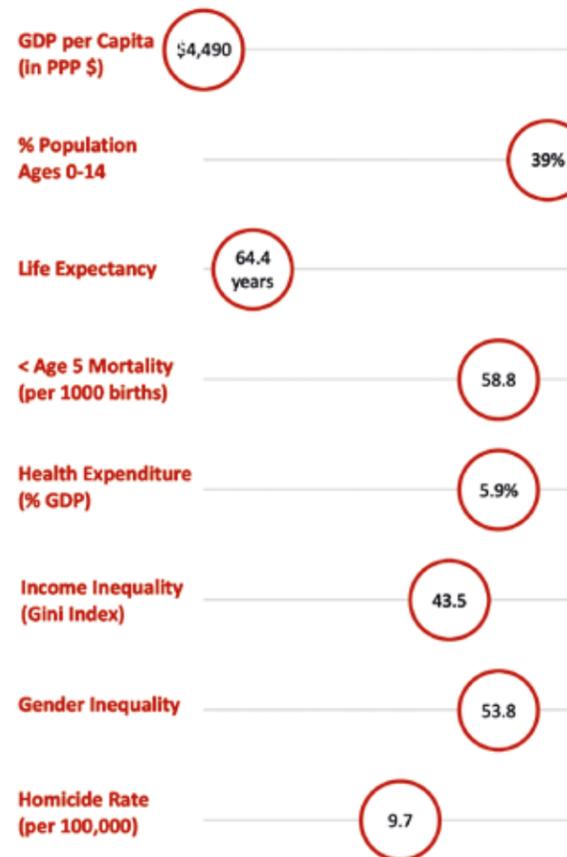
Koforidua is located about 80km north of Accra, the capital of the Republic of Ghana. It is the capital of the Eastern Region, one of the 16 administrative regions of Ghana, and the urban centre of the New-Juaben Municipal Assembly, one of 26 municipalities in the Eastern Region. The current population is around 140,000 (Ghana Statistical Services, 2014).

The city has a very young population. About 41% of the inhabitants are below 19 years of age. Over 90% of people aged 11 years and older is literate and around 66.4% of the population aged 15 and above is economically active (Ghana Statistical Services, 2014). About 38% of children aged 3-5 years do not live with their biological father (UNICEF, 2017).

Ghana's political system is highly centralised. The President of the Republic of Ghana appoints a Regional Minister as the primary head of the Eastern Region. This minister oversees the regional public administration including the police, justice, health and child-protection institutions.

Additionally, traditional stakeholders, including chiefs, queen mothers and elders, play an important role in the community. They can mobilise resources to support the implementation of programmes and projects. In particular, chiefs can provide mediation and arbitration in cases involving disputes over land ownership and violence - i.e. defilement, child neglect and IPV (Campion & Acheampong, 2014; Casey, 2011). However, their authority does not extend to felonies and aggravated offences (Ghana Legal, n.d.).

National Indicators Republic of Ghana



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Violence against Children

In Ghana, corporal punishment of children by parents and teachers is widespread and culturally accepted. Ninety-four per cent of Ghanaian children aged 2-14 experienced violent parental discipline 'in the last month' according to the 2011 Multiple Indicator Cluster Survey - MICS (UNICEF, 2017). Of these, 52% of children were beaten with a cane or other hard object. These were the highest rates of violent parental discipline among all 78 countries in which MICS data were available (UNICEF, 2017). Children in the Eastern Region, where Koforidua is located, experience the highest level of physical abuse at home according to the 2014 Child Protection Baseline Research Report (Government of Ghana – Ministry of Gender, Children and Social Protection, 2014). Around 74% of children in the region reported being beaten by adults 'all the time' or 'sometimes' when they were between ages 2 and 14 (Government of Ghana – Department of Children, n.d.).

Children are also likely to experience violent discipline at school. The use of corporal punishment, especially caning, is deeply rooted in the Ghanaian school system as a way of maintaining discipline and punishing non-compliance. In state education, 96% of teachers reported that corporal punishment was used in their school (Agbenyega, 2006). Furthermore, 34% of children said that they were

beaten by a teacher or head teacher in the past month according to the Child Protection Baseline Research Report (Government of Ghana – Ministry of Gender, Children and Social Protection, 2014).

Some national survey data are also available on child sexual abuse. They suggest that transactional sex (i.e. children having sex in exchange for money or other things they need like shelter, food or clothes) is considered the most widespread form of sexual abuse of children. Around 55% of respondents in a national survey said that this happens either 'all the time' or 'sometimes' in their community (Government of Ghana – Ministry of Gender, Children and Social Protection, 2014). Like in other countries, the perpetrator of sexual abuse is usually a person known to the victim. Official data on child maltreatment are incomplete as a culture of silence on child physical and sexual abuse negatively affects reporting (Boakye, 2009).

Violence against Mothers

Many children in Ghana witness violence in their home. The 2008 Ghana Demographic and Health Survey (DHS), which was based on a sample of more than 12,000 households, included an extensive questionnaire on domestic violence (Ghana Statistical Service, Ghana Health Service & ICF Macro, 2009). The survey revealed that 39% of ever-married women with at least one child had experienced emotional, physical or sexual violence by their husband or partner in the past 12 months prior to the survey (Ghana Statistical Service et al.,

2009, p.314). In the same survey, 5% of women who had ever been pregnant reported that they experienced physical violence during their pregnancy. The survey also showed substantial overlap in children's experience of violence and IPV; women who had witnessed domestic violence between their parents during childhood were substantially more likely to become victims of domestic violence themselves.

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Ghana was the first country to ratify the United Nations Convention on the Rights of the Child (UNCRC) in 1990. As mandated by the UNCRC, Ghana has formulated laws and policies aimed at preventing VAC and IPV. For example, according to the Children's Act (1998) of Ghana, no person shall discriminate against a child on the grounds of gender, race, age, religion, health status, custom, ethnic origin, rural or urban background, birth or other status, socio-economic status or because the child is a refugee. This provision defines child protection as the act of safeguarding the right of all children to a life free from violence, abuse, exploitation and neglect. Also, Article 28 of the 1992 Constitution endorses the protection of children against torture and cruel punishment ("A child shall not be subjected to torture or other cruel, inhuman or degrading treatment or punishment"). However, parental corporal punishment is almost a normative practice that is not condemned by some ethnic groups. Corporal punishment by teachers has been banned in primary and secondary schools for more than a decade now by the Ghana Education Service. However, the practice persists in almost all public schools and even some private schools because this ban has not been confirmed in legislation.

In 2009, the Ministry of Gender, Children and Social Protection formulated the National Policy and Plan of Action on Domestic Violence. This policy is based on principles of prevention, protection, safety and provision of services. The goal is to reduce the incidence of domestic violence, enhance access and improve quality of services to survivors (Institute of Development Studies, Ghana Statistical Services, & Associates, 2016).

Strengths and Resources

In Koforidua, various institutions in the health and justice sectors are mandated to implement policies and programmes aimed at preventing and/or responding to VAC and IPV. These include the Ghana Health Service, which runs hospitals and clinics offering victim support; the Department of Social Welfare, which maintains an office at the Koforidua Central Hospital; the Domestic Violence & Victim Support Unit of the Ghana Police Service; the Commission on Human Rights and Administrative Justice; the Legal Aid Scheme and the Courts. While the hospitals provide physical, social and psychological support to victims, the Police and the Courts ensure that perpetrators are prosecuted.

To some extent, activities are coordinated by the Department of Social Welfare through its Regional Child Protection Committee. It meets quarterly to deliberate on the best strategies to deal with VAC and IPV. It comprises all relevant regional government institutions, faith-based organisations (churches and mosques) and traditional authorities. Apart from national policies and programmes for child protection,

by-laws are made by municipalities and districts. In particular, the Municipal Chief Executive of the New Juaben District, together with traditional rulers (chiefs and queen mothers), formulate by-laws on child protection with sanctions.

Also, various non-governmental organisations in Koforidua provide services and programmes related to VAC. These include: the College for Ama - providing educational opportunities for adolescent girls in deprived areas; the International Child Development Programme - restoring and reviving normal human caring interactions; the Herald Foundation - supporting teenagers and young people in their personal, educational and social development; and World Vision - contributing to the sustained well-being of vulnerable children, their families and the communities in which they live. This is achieved through health and nutrition, water and sanitation, education, food security, micro-enterprise development and Christian Commitments programmes.



NORMS AND VALUES

Local child-protection services strive to introduce training into schools, churches or communities. These services aim to educate communities on positive disciplinary measures in the home and empower women so they can break their cycle of violence – many women have witnessed violence between their parents before becoming themselves victims of violence.

The Domestic Violence & Victim Support Unit of the Ghana Police Service embarks on community sensitisation exercises to educate people on child-protection issues, but the extent of these activities is limited due to scarce resources. The exercises make use of role-play activities aimed at modifying community members' behaviour and altering existing norms in relation to VAC and IPV. They create opportunities for socialisation by organising door-to-door education and exercises to increase awareness of child protection and related services.

The Eastern Region office of the Commission on Human Rights and Administrative Justice is charged with educating the public on human rights. The Commission has a mandate to promote, protect and enforce fundamental human rights and freedoms and administrative justice for all persons, especially the vulnerable citizens in Ghana.

Some faith-based organisations educate congregations on the negative consequences of VAC and IPV.

Similarly, some NGOs, including women's rights organisations, play a role in advocacy for addressing VAC. For instance, in 2017, NGOs in Koforidua formed the Girls' Education Network to improve collaborations between agencies and organisations that work on girls' education within the Eastern Region (Badu-Agyei, 2017).



SAFE ENVIRONMENTS

At the moment there are limited strategies to create safe environments. However, children below 18 years old are prohibited from drinking alcohol. Also, parents whose children are found outside their homes without an adult after 8pm are fined by the local authorities. Some faith-based organisations are engaged in creating safe spaces and playgrounds for children, usually during weekends and statutory public holidays.



PARENT AND CAREGIVER SUPPORT

Currently there are limited resources for offering parents alternatives to the traditional reliance on harsh domestic punishment. The Regional Department of Social Welfare in Koforidua works in partnership with people in their communities to improve their well-being through the promotion of social development with equity for the disadvantaged, the vulnerable, persons with disabilities and the excluded. This Department of Social Welfare has units in major hospitals and at police stations across the region. It provides homes for the homeless, orphaned and abandoned children, and assists in finding fit persons and foster parents to care for children whose mothers are seriously ill, hospitalised, in severe state of depression, or incarcerated in prisons. In addition, the Department carries out statutory functions in the field of Children's Right promotion and protection. It normally engages parents who neglect their children through a mediation process to resolve issues amicably. If mediation fails, parents are compelled to look after their children through the law courts.



INCOME AND ECONOMIC STRENGTHENING

Programmes are in place to support poor and vulnerable families. For example, the Livelihood Empowerment against Poverty was set up by the government in 2008 to provide cash transfer and health insurance to poor households (Debrah, 2013). Another programme is the Microfinance and Small Loans Centre (MASLOC), which provides loans at low interest to individuals who belong to cooperative societies. Despite the fact that these services exist, only one of the stakeholders interviewed was aware of them.



RESPONSE AND SUPPORT SERVICES

The Domestic Violence and Victim Support Unit of the Ghana Police Service in Koforidua handles all violence cases in the Eastern Region and serves as a resource for local violence prevention. It also engages schools and churches to increase parents' and community members' awareness of VAC and IPV. Also, the Eastern Region office of the Commission on Human Rights and Administrative Justice serves as a quasi-judicial institution with mediation functions. It collaborates with other child protection agencies to ensure that children are safeguarded. Faith-based organisations and traditional authorities sometimes serve as a medium for dispute settlement for minor conflicts between spouses, including arbitration in cases of child neglect. Usually, these are spouses who do not want their family or home issues to be heard or handled by governmental institutions or agencies.

In addition, the Koforidua Regional Hospital and other hospitals and clinics within the Municipality support the prevention of VAC and IPV. Hospital staff provide regular sensitisation events at the various outpatient departments, especially at antenatal and paediatric units. These programmes encourage parents to have a more positive approach to children misbehaving or disobeying by suggesting positive disciplinary interventions. Doctors are trained to observe signs of abuse and to report them to the police. Criminal cases are referred to the appropriate actors (like the Domestic Violence & Victim Support Unit).



EDUCATION AND LIFE SKILLS

There are several schools (both state-run and private) in Koforidua, although the state schools are less endowed with facilities and equipment such as computers and comfortable furniture for pupils and students. The constrained learning environment does not make it conducive to establish modules on life-skills training and other useful educational initiatives. There are guidance and counselling coordinators who are responsible for child welfare issues in schools. They serve as liaisons between the students and the agencies that provide child-protection services. The policy of the Ghana Education Service to ban corporal punishment in schools aims to ensure that educational environments are safe, inclusive and enabling.

Key Challenges and Gaps

Implementation and enforcement of laws. The implementation of the legal framework for addressing VAC and IPV in Ghana has not always been effective. For example, the Ghana Domestic Violence Act of 2007 mandates the state to provide a fund to support victims of violence. However, this has not received the necessary attention at the implementation level. Also, the process of finding victim support has remained quite cumbersome. It involves going to a police station to report the incident and pick up a medical form before proceeding to the hospital for medical examination, followed by having to return to the police station to start court procedures.

Norms and values. Social and cultural norms in Ghana discourage disclosure. Victims of rape are stigmatised, while intimate partners are discouraged from reporting violence. Ghanaians would rarely report a neighbour who is involved in VAC or IPV to the authorities. This attitude is defined as "dzi wu fie asem" (mind your own business). Almost 94% of Ghanaians belong to a religious denomination (Ghana Statistical Service, 2013) and strongly believe that God will punish those who commit wrongs against them. This is known as the "fa ma Nyame" (give it to God) syndrome. Also, the prevalence of corporal punishment at home and in schools reflects the deeply held belief that physical discipline is a necessary part of good upbringing. Positive models on alternative ways of parenting and teaching are not yet sufficiently endorsed nor promoted.

Safe environments. There are rules and regulations governing the sale of alcohol to minors (persons below age 18). Companies that produce alcohol are mandated to have visible statements on the bottles and to make it very clear in their adverts that their products are not to be sold to minors. However, places where alcohol is sold usually ignore these messages because they are more interested in profits from alcohol sales. Authorities, on the other hand, have no means of checking on such vendors/buyers. This could well be because they lack the capacity or do not perceive a need to do this. The laws of Ghana prohibit prostitution, but the trade is common to the extent that regular houses in the heart of the city are used as brothels. It is also common to find children involved in prostitution. Many children who should be at school are engaged in child labour by adults who compel them to sell wares on the streets during school hours.

Parent and caregiver support. Generally, there is lack of availability of culturally adapted parenting support systems like Parenting for Lifelong Health. Also, common mental health problems may predispose parents and caregivers to become unsupportive or perpetrate VAC. In this case, parents or child caregivers may require respite care at certain points in time in order to recover from any mental health problems they may be experiencing. However, such services are unavailable in the absence of immediate family support.



Income and economic strengthening. In Ghana, social protection programmes aimed at strengthening families economically are very limited in scope and number. In instances where the programmes exist (for example, Livelihood Empowerment against Poverty and Microfinance and Small Loans Centres), they are usually not without political interferences. There is also lack of transparency in the handling of procedures for the selection of eligible individuals and families. For instance, people stand a better chance of obtaining support from a Microfinance and Small Loans Centre if they are a member of the political party in power when they make their request. In addition, lack of proper record keeping at a national level makes it difficult, if not impossible, to get accurate data on household poverty. Having an individual or family report their assets and income may not be enough to determine their poverty levels; some families may underreport their income in order to be included in the programme. Also, some eligible families may simply be excluded because they live in a remote part of town that is not easily accessible to programme implementers. Finally, even where people are able to access funds, they often complain that the amount is woefully inadequate even for their basic needs.

Response and support services. Availability of shelter is key in the provision of comprehensive protective services for victims of domestic violence (Centre for Gender Studies and Advocacy, 2016). There are instances where abused persons need to be temporarily separated from their perpetrators. However, no shelters exist in Koforidua to cater for victims of domestic violence, which hampers the efforts of supporting agencies. Thus, victims may have to return to the abusive environment.

There is also an inadequate provision of logistics for smooth operations of the various units and departments. Sometimes professionals have to use their own resources to provide transportation to violence victims or suspects. In other instances, victims are asked to secure their own transportation before the required services will be provided.

Another major challenge mentioned by all the stakeholders was the fact that victims are required to make payments at health facilities in order to be examined by doctors for reports to be prepared and used in court as evidence. This cost represents a major problem to victims. It interferes with - and sometimes truncates - the process of responding to cases of VAC.

In addition, inadequate funding of projects and operations poses a major challenge by making it difficult to provide prompt response to cases of VAC and IPV. This also limits the scope of services rendered to victims and the communities at large.

Furthermore, there is inadequate personnel and facilities to assist victims. For example, there is only one counselling centre in the Eastern Region and only one clinical psychologist. After a few counselling sessions, the helping process is terminated. There is no effective follow-up on clients to determine whether they are coping well after their trauma. Likewise, clients who abruptly end their sessions are not followed up, due to the excessive workload of professionals.

Education and life skills. The Ghana Education Service, in collaboration with UNICEF, has drafted National Child Friendly School Standards and developed a code of conduct for teachers. However, a lack of resources has limited the extent to which guidelines have been translated into supportive practices. Also, there is a lack of specific teacher training that allows them to integrate life skills training into the curriculum. In addition, the challenge with guidance and counselling coordinators who are responsible for child welfare issues in schools is that one coordinator serves as a counsellor for about four different schools making it difficult to provide high quality guidance and counselling services to students.

Multi-sectoral actions and collaboration. Access to services can be difficult and collaboration between agencies is limited. In Koforidua, police stations, offices of the Legal Aid Scheme, the Department of Social Welfare and CHRAJ are all avenues for reporting VAC and IPV. However, individuals from remote areas have to travel considerable distances to access these services. Hospitals have paediatric/ children's units but there is not a 'one-stop shop' for child protection and violence prevention. When violence occurs, victims have to move from one agency to another, which is likely to cause further trauma.

Monitoring and evaluation. The government agencies in Koforidua have limited capacity to monitor the extent of VAC, the utilisation of services and the most salient risk factors that need to be addressed. Evidence-based interventions are not currently available and there is a gap in the capacity to implement and evaluate programmes.

Policy Recommendations

Stakeholders engaged in this study made several recommendations.

Norms and values. There is a need to intensify public education on VAC, addressing cultural beliefs, attitudes and demographic characteristics. Education could target gendered and violence-laden attitudes at the community level. This could involve educating and strengthening readiness to support victims who may informally report issues regarding VAC to a colleague, friend or family member.

Safe environments. Strategies should be developed that will aim to create safe environments for children. Enforcement of laws and strict monitoring to ensure that alcohol is not sold to people less than 18 years old are crucial. Also, nightclubs and places meant for adults should be properly regulated to ensure that children do not visit them.

Parent and caregiver support. There is the need to develop and make available culturally adapted parenting and caregiver support systems like Parenting for Lifelong Health to provide practical information to guide parents and caregivers on their duties and responsibilities. This would also provide support to parents and caregivers that will be directly relevant to their mental and emotional well-being.

Income and economic strengthening. More programmes that increase economic security of the family, especially women, should be introduced. This would enhance parents' abilities to care for their children and reduce child neglect and child labour. Also, there is the need to develop a comprehensive method for determining poverty levels and to ensure that funds from poverty alleviation programmes reach people in remote areas. It is also important to ensure that the disbursement of funds is done strictly according to an individual's need and level of poverty and not by their political party affiliation.

Response and support services. Victims should not be responsible for paying a fee at health facilities before they are examined by doctors. They should not have to pay for reports to be prepared and used in court as evidence. This interferes with and sometimes truncates the process of responding to cases of VAC. In addition, projects and operations of state agencies responsible for child protection should be adequately funded to provide prompt responses.

There is also a strong need to increase human resources and offer a conducive working environment so that adequate and quality support can be given to victims. An important dimension of VAC and IPV prevention would be to engage perpetrators in prevention, rehabilitation, and treatment, as punitive approaches dominate Ghana's jurisprudence.

Education and life skills. It would be very helpful to provide training to headteachers and all teachers in schools so that they have alternatives to caning. Also, more school counsellors should be engaged to provide quality guidance and counselling services to students.

Multi-sectoral actions and collaboration. A multi-agency coordinated approach based on solid evidence is lacking in Koforidua. Partnerships between traditional authorities, law-enforcement agencies, faith-based organisations, NGOs, health institutions, schools, victims and even perpetrators could create an effective platform for advocacy. Collaborative community-level networks and response systems should also be strengthened to enhance service delivery.

Monitoring and evaluation. Reliable statistics on cases of VAC and IPV recorded by agencies should be created within the region for easy reference.

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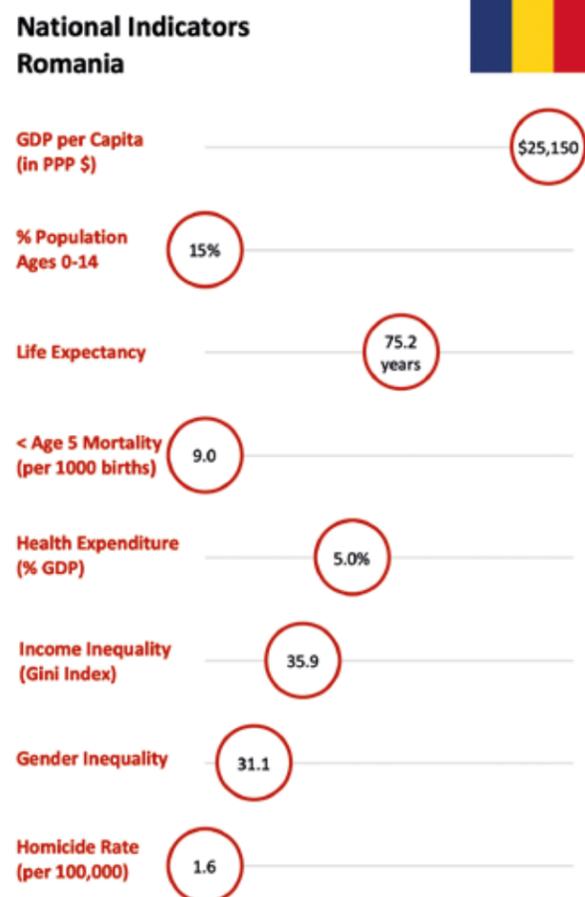
3. CLUJ-NAPOCA, ROMANIA (POP 325,000)

DIANA TAUT, DORIANA SILION, ADRIANA BABAN

Cluj-Napoca (informally known as Cluj) is the second largest city in Romania, with a population of around 325,000 within the municipality and around 411,000 in the metropolitan area. It is located in the north-west of Romania and has become a national cultural and economic hub. Cluj has nine universities; more than 50,000 students, Romanian and foreigners, annually enrol in its universities, making it one of the youngest cities in the country. It has a predominantly knowledge-based economy and is a well-known IT hub.

Cluj is a municipality with an elected mayor and a local Council, whose 31 members represent the main political parties. Each member of the Council is involved in an area, such as urbanism and architectural planning, education, sport and youth, strategic fundraising and community development, minorities and civil society, judicial and public services, health and social protection, etc. Cluj-Napoca is also the capital of Cluj County, one of 41 administrative divisions of Romania.

The municipality is divided into 22 neighbourhoods. The largest neighbourhoods have administrative units such as a town hall office, police department, population evidence bureaux, etc.



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Violence against Children

Child abuse and neglect continue to be serious problems in Romania. According to a report by the National Authority for the Protection of Child's Rights and Adoption (Autoritatea Națională pentru Protecția Drepturilor Copilului și Adopție), there were over 15,000 reported cases of child abuse, neglect and exploitation in 2017 (ANPDCA, 2018a). A study by Save the Children Romania (2013) suggests that 63% of children were beaten by their parents; 18% reported being beaten with a stick; 38% of the parents admitted spanking their children and 20% considered corporal punishment as an effective educational tool.

The Romanian Adverse Childhood Experiences Study (Baban, Cosma, Balazsi, Sethi, & Olsavszky, 2013) revealed that 37% of university students had been subject to corporal punishment during childhood; 27% reported physical abuse at least once in their first 18 years of life, while 24% reported psychological abuse. Sexual abuse was reported by 9% of students.

The health burden of exposure to violence is substantial (Baban et al., 2013). Childhood adversity was associated with a range of risk behaviours in early adulthood. For instance, being subjected to psychological abuse in the first 18 years of life corresponded to a 9 times higher probability to attempt suicide, a 2 times higher probability to use drugs and a 5 times higher probability to run away from home.

The government of Romania has not yet set in place a coherent mechanism to encourage civil society actors to identify child abuse and neglect. In the first quarter of 2016, there were 3,933 cases of abuse, neglect and exploitation of children recorded in Romania, but law enforcement authorities initiated a criminal investigation in only 189 of these cases (United States Department of State, 2017).

Violence against Mothers

Violence against women is also common. It is estimated that 24% of women in Romania are victims of IPV (European Union Agency for Fundamental Rights, 2014). In the Romanian Adverse Childhood Experiences Study young people recalled alcohol abuse (22%), aggressive behaviour against the mother (17%) and divorce of parents (16%) as common sources of family dysfunctions (Baban et al., 2013). In 2017, 15,584 cases of women subjected to family violence were recorded by the police (Romanian Network for Prevention and Combating Violence against Women, 2018).

Romania has no data regarding the prevalence of IPV during pregnancy nor an estimate of the number of illegal child marriages. In 2014, Romania was the country with the highest proportion of teenage mothers (12% of total births of first children in 2015 - Eurostat, 2017). Some possible explanations point to difficulties, especially for women living in rural areas, to access free contraception and educational and reproductive health services, all of which are mostly available in urban settings (World Vision Romania, 2016).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Romania has a solid legal framework relating to child protection, victim rights and domestic violence. It is also one of the 12 pathfinder countries of the Global Partnership to End Violence against Children.

The child protection system in Romania is regulated by the law on The Protection and Promotion of the Rights of the Child. It reflects the ratification, by the Romanian government, of the 1996 Hague Convention on Parental Responsibility and Protection of Children. The law condemns all forms of VAC, as well as physical or other forms of discipline that impact a child's physical, psychological and emotional well-being. In 2018, the National Education Law was amended to explicitly prevent and sanction bullying in educational settings. However, counselling services for bullies are recommended but not enforced and the guidelines for applying these new regulations are missing.

The General Directorate for Social Services and Child Protection (GDSSCP) is responsible for applying child and family protection policies and strategies. Romania has 41 GDSSCPs, one for each county. Their main responsibilities are the implementation of legislation to promote child and family well-being into services. Each regional GDSSCP offers services and centres that victims are referred to by social workers, policemen, teachers and civil servants. Local councils employ a social assistant to monitor and report the cases of abuse in the area and further refer them to the GDSSCP. Although all child protection units function according to the same principles, the service delivery varies substantially between regions due to political and economic disparities.

NGOs are crucial in providing services for victims of abuse. In December 2017 there were 23,009 at-risk children benefitting from daycare centres, from which 8,757 (38%) were provided by private organisations (ANPDCA, 2018b). NGOs play an important role in shaping the public agenda on VAC. For example, in 2013, Federația Organizațiilor Neguvernamentale pentru Copil (Federation of NGOs active in Child Protection Romania) explicitly asked parties and government representatives to develop a national strategy (2016-2020) for child welfare through the allocation of funds in the child protection, health and education sectors.

Romania also has a national system for providing support to victims of domestic violence grounded on specific legislation, such as the law on The Prevention and Fight against Violence in the Family. It allows police officers to issue a temporary on-the-spot restraining order against an abusive individual, when they believe the partner is in danger. This measure is aimed at removing the perpetrator from the home and addressing the housing crisis that many IPV victims are facing, given that the 73 shelters and counselling centres are not enough to accommodate all the women in need (Women Against Violence Europe, 2015). Apart from accommodation, most of these shelters provide free legal and psychological counselling, health care and support for social reintegration.

Strengths and Resources

The expert interviews and the desk review revealed a range of structures and provisions in Cluj-Napoca that address VAC.



NORMS AND VALUES

Stakeholders suggested that some forms of VAC are rooted in traditional views on family dynamics (“parents are parents and children should obey them in all circumstances”). They also included social shame (“children should make parents feel proud”) and personal life decisions (“In Romania you cannot tell your parents you want to be an artist and get away with it. You have to be a lawyer or a doctor.”). These views are common in conservative and religious communities, which maintain the belief that children should always obey their parents, who, in turn, should enforce their authority even by using physical force. Efforts to combat these views are increasingly visible. In 2017, Romania reaffirmed its commitment to prioritise actions to combat VAC by officially launching, together with UNICEF, initiatives meant to raise awareness on VAC as a societal problem. This campaign focused on communicating the message to children and adults that VAC is never normal or acceptable.

Similar initiatives, have been initiated to address childhood bullying phenomenon. The first Court decision in this respect ruled against a youngster accused of bullying a peer, whereas two high-school girls were sentenced to three and six months on probation for cyberbullying.

In the case of IPV, victim-blaming attitudes are not uncommon in Romania (European Commission, 2016), although there are significant attempts to change them. For instance, Cluj-Napoca annually hosts 16 days of activism against gender violence, when flash mobs, symposia and public events take place.

Another example is the Gender Equality Festival, held annually by the Association for Gender Equality and Liberty (Asociatia pentru libertate si egalitate de gen). This aims to raise public awareness and sensitise public opinion against stereotypes surrounding IPV.



SAFE ENVIRONMENTS

Urban planning and policing strategies in Cluj aim to reduce the already low rates of crime in public spaces. The urban planning in Cluj is focused on eliminating poorly lit areas within neighbourhoods and to demolish illegal garages, parking lots and abandoned industrial areas that would encourage anti-social activities. Spatial segregation is also low. The strategy is to reduce it even more by not granting permission for the construction of mono-functional areas like office blocks that are deserted at night or areas only for social apartments. One notable exception is, however, the Pata Rât neighbourhood, located near Cluj-Napoca’s landfill. It hosts around 300 disadvantaged people and Romani groups, who make a living by recycling materials from the landfill. Various NGOs have tried to improve their lives through education and inclusion programmes.

Significant steps have been made regarding children’s safety in public institutions. For example, all state and private schools have security guards employed to prevent and intervene in case of delinquent acts or violent conflicts between children. They also limit strangers’ access to schools and prevent children from leaving schools earlier in the day. Cluj-Napoca strives to increase its number of child-friendly places and currently hosts a good number of educational and entertainment events for children. All neighbourhoods have sufficient playgrounds and child-friendly restaurants.



PARENT AND CAREGIVER SUPPORT

Strategies that provide parenting support and advice across the various stages of child development are limited in Cluj-Napoca. For families assessed as being at risk, the Social and Medical Services Direction (Directia de Asistenta Sociala si Medicala) has begun to provide access to individual and family counselling. However, the outreach of these few programmes is still limited as they are not part of regular service delivery. Parenting programmes are becoming increasingly visible in educational settings. Recently, the Social and Medical Services Direction started a collaboration with Babeş-Bolyai University to implement the WHO Parenting for Livelong Health programme (Cluver et al., 2018) for at-risk-of-exclusion families, with the potential to be scaled up and become part of standard services.



RESPONSE AND SUPPORT SERVICES

In Cluj-Napoca, the child protection services, together with the Police, the Courthouse and NGOs, work to ensure that laws for safeguarding children are implemented. There are several initiatives to optimise the responses of authorities to violence and abuse. Minors can request help in situations such as being subjected to abuse, trafficking and neglect by calling the Child Hotline. Where there is reasonable suspicion of abuse, neglect or imminent danger to the child, (s)he may be taken out of the family and placed in emergency centres immediately. These institutions provide shelter, educational and psychological counselling services for the child while waiting for a decision regarding parental rights and permanent placement.

Given the large number of children and adolescents seeking help because of (cyber)bullying, the Child Hotline introduced the “Stop Bullying” programme focused on providing bespoke counselling.

In Cluj-Napoca, children in vulnerable families are supported by the Fundatia Română pentru Copii, Comunitate și Familie, which provides them daily with a hot meal and homework help in their day centres. Similar programmes exist at the GDSSCP Cluj, called “Și eu pot” (“I can do it too”) and under the municipality’s coordination. The latter offers social and educational support for children between the ages of four and 14 with its mobile unit or through hosting them in the Țara Minunilor day centre.

Counselling services for victims of IPV are also in place, although the facilities for housing victims are scarce. The support of NGOs is crucial in terms of counselling services and shelters. An example of private and non-governmental initiatives is the Atena Delphi Association, which founded the first Rehabilitation Centre and Counselling Centre in Cluj-Napoca for domestic violence victims.



INCOME AND ECONOMIC STRENGTHENING

By law, all Romanian citizens receive a minimum wage as a form of social assistance. Parents who enrol their children in kindergarten get financial aid to make sure they have equal chances (950 lei/month, the equivalent of around 200 Euros). In addition to that, the municipality of Cluj-Napoca gives monthly food vouchers (100 Lei/21.4 Euros) to victims of domestic abuse.

The Municipality is planning to introduce rent subsidies for victims of abuse to counter-balance the lack of shelters and the high costs of renting. Some NGOs assist victims and persons at risk of social exclusion; both Athena Delphi and the Fundatia Română pentru Copii, Comunitate și Familie, give financial aid.

Many students in Cluj choose to volunteer for NGOs such as Fundatia Română pentru Copii, Comunitate și Familie, “Ajungem Mari” (coordinated by the Lindenfeld Organisation) and Preventis - focused on preventing drug use among teens. These organisations rely almost solely on the work of volunteers.



Life-skills education is formally delivered in schools by classes such as “Civic Education”, which follow a common curriculum across the country, but fall short in addressing sensitive topics related to gender issues, for example. There is an increasing interest in anti-bullying and sexual education programmes. In 2016, Save the Children launched a study and an anti-bullying campaign meant to map the extent of the phenomenon and to implement a pilot anti-bullying programme in Romanian schools with outreach to children, parents and educators/teachers. In Cluj-Napoca several schools implement anti-bullying activities, although these are not part of a unified strategy or programme at the local level.

Key Challenges and Gaps

Although Romania, and Cluj-Napoca in particular, have expressed a strong commitment to curb VAC and IPV, there are still many challenges and gaps to address:

Norms and values. While extreme VAC is widely perceived as unacceptable (e.g. beatings, sexual abuse, rape), there is more tolerance of ‘milder’ violence like slapping and yelling, which are seen more like educational tools rather than abusive practices. A similar attitude was observed regarding IPV, which is in line with what the statistical data show: 33% of Romanian participants in an EU survey agreed with the idea that certain forms of control over a partner (denying family contact, money or goods) should not be against the law (European Commission, 2016).

Parent and caregiver support. Currently, throughout the country, there is no screening programme for signs of violence as part of health checks during pregnancy nor is there a comprehensive detection, monitoring and counselling strategy for women at risk or already subjected to IPV. Also, the lack of a streamlined process for recording and tracking children and women benefitting from social services makes administrative work a burden and hampers quality of delivery. Although there are selective parenting programmes available for children with special educational needs (like ADHD, autism spectrum disorders etc.), these are not usually subsidised or covered by public health insurance so most families cover the costs themselves. Finally, the salaries of social workers are below the average national salary, which leads to high turnover, understaffing and poor training.

Income and economic strengthening. Cluj County has little infrastructure to host children and women in need. This problem is pressing in rural areas around the city of Cluj, where there are no shelters. Victims have to rely on personal resources when looking for alternative accommodation. The availability of social housing is also inadequate; there is a long waiting list to receive subsidised rents, while free-market prices are beyond the financial possibilities of those living on low incomes. This leads to overcrowding in improper housing arrangements, which combined with alcohol consumption and unemployment, increase the risk of VAC and IPV.

Response and support services. In numerous situations, social services are invisible to families. Barriers in accessing social services, more crucial in other regions, but also mentioned by the interviewees in Cluj-Napoca, include the following:

- Response structures and funds are insufficient for the needs of families;
- The small number of maternal centres, shelters and emergency child placements raises a question mark on how much support can be offered;
- Lacking identity papers, stable residence or residence in remote areas hinder the prevention and monitoring of cases;
- The shortage of social workers makes the identification and tracking of families problematic;
- Potential beneficiaries often lack information about available services for children and families. Poor literacy is another barrier, especially in people with the lowest SES and highest needs;
- Little follow-up support is provided after the return of children to the family or after counselling services have been provided. Social services do little to address structural factors such as unemployment, marital dysfunctions, health issues and harsh child-rearing practices.

Education and life skills. Children with good social-economic backgrounds and living in large cities have better access to life-skills programmes than children from lower SES or rural areas. Sexual education programmes are missing because of civil society's strong opposition to including such topics in public education curricula.

Multi-sectoral actions and collaboration. Currently, Cluj-Napoca has no comprehensive programmes to address upstream factors associated with family violence, such as alcoholism, unemployment, mental illness or criminal behaviour.

Collaboration between the public sector and NGOs is generally difficult and bureaucratic. Current legislation makes sponsorship lengthy and difficult, whereas the obligation to report the lists of all donors and beneficiaries poses problems of confidentiality and personal data protection. Further, insufficient funding for NGOs makes consistent service delivery problematic and decreases its effectiveness.

Monitoring and evaluation. Increasingly popular programmes, such as anti-bullying or parenting ones are not based on sound empirical evidence and are not always assessed for effectiveness. Stakeholders have few incentives and little training to lobby for evidence-based programmes, while professionals running them have no time or training to implement those that have proven to be effective.

Policy Recommendations

Experts highlighted the importance of bringing together different stakeholders and developing a comprehensive strategy and concrete actions for addressing VAC. The services dedicated to victims of violence should be popularised among target groups while available resources should be centrally coordinated and mapped.

Response Systems. Response systems, in particular the regional Social Services and Child Protection Units, should make evidence-based programme packages available to individuals exposed to family violence. Family violence interventions or parenting programmes aimed at fostering positive parenting and developing warm relationships with children are needed as part of standard service delivery.

Education and Life Skills. Schools should offer life-skills courses as part of the national curriculum. These should be focused on: IPV and sexual education, drug use, emotional management, career and vocational counselling, financial education.

Multi-sectoral Collaboration. Capitalise on the good practices developed by NGOs and support their activity by ensuring a coherent legislative framework, reducing bureaucracy and enhancing absorption of funds so that they can work more effectively in the public interest.

Research. Prioritise the collection of comprehensive and longitudinal epidemiological data to understand the prevalence of IPV and child marriage, and national and regional longitudinal data on risk factors associated with IPV and VAC.

Monitoring and Evaluation. Develop a national and local strategy to monitor victims in the social services' records. Assistance should be integrated and assessed in terms of short- and long-term effectiveness in curbing violence. To date, there are still scarce official local or national data on the effectiveness of different violence-prevention programmes.

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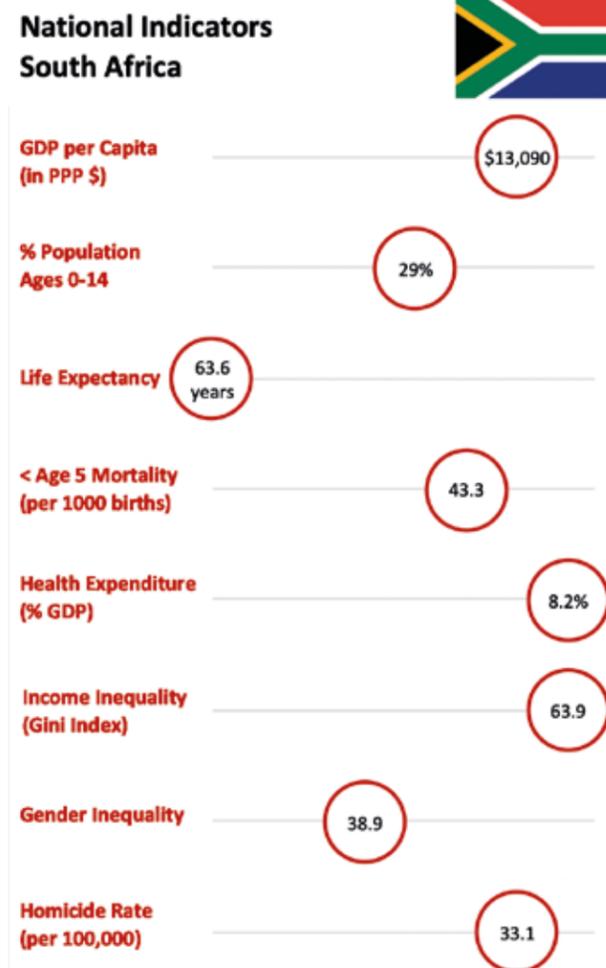
4. WORCESTER, SOUTH AFRICA (POP 97,000)

MARGUERITE MARLOW, CATHERINE WARD, STEFANI DU TOIT, SARAH SKEEN AND MARK TOMLINSON

Worcester is a large town of about 97,000 inhabitants in the Western Cape Province of South Africa (Statistics South Africa, 2012). It is located 120 kilometres northeast of Cape Town and serves as the administrative capital of the Breede Valley municipality.

Worcester and its suburbs rely on agriculture, with many families working on fruit and wine farms. Employment for many low-income families is seasonal, which impacts on creating sustainable livelihoods. A high population of migrant workers and economic migrants from the rest of Africa is present in suburbs, increasing competition for limited resources. According to official population categories, 59% of residents are 'Coloured', 25% are 'Black African' and 14% are 'White'. Afrikaans (73%) and isiXhosa (19%) are the most frequently spoken languages in Worcester.

The residents experience high incidences of poverty and social problems, with high rates of domestic violence, and alcohol and drug abuse (Western Cape Government, 2017). Several risks contribute to the situation. Poorer communities have many illegal alcohol outlets, so that alcohol abuse is common (Gossage et al., 2014); the use of drugs is increasing and contributing to unsafe environments. Gang violence is prevalent in at least one area within Worcester. Many families in Worcester live in informal housing, making them vulnerable to disasters such as fires and community violence. Overcrowding causes a lack of separation of sexually active adults, for instance co-sleeping arrangements make children vulnerable to sexual abuse. Poorer areas tend to have limited lighting and few parks where children can play safely. Furthermore, since Worcester is the centre of an agricultural area, pregnant women are likely to be exposed to pesticides (Western Cape Government, 2004), which can result in neurological damage to the child.



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Despite a fall since the early 1990s, homicide rates in South Africa remain amongst the highest in the world, and interpersonal violence is a major cause of premature mortality and morbidity and one of the most common causes of death after HIV/AIDS (Institute for Health Metrics and Evaluation, n.d.).

Violence against Children

Many children in South Africa experience violence from parents and other caregivers. In the nationally representative Optimus study, 34% of 15-17-year olds reported having ever been hit, beaten or physically hurt by an adult caregiver (Artz et al., 2016). The Optimus Study also identified other forms of child maltreatment as prevalent: one in six young people reported experiencing emotional abuse, while one fifth (21%) reported neglect (Artz et al., 2016). In total, 82% of children had experienced some form of victimisation – either in their family or in the community.

Corporal punishment in schools has been banned in South Africa since 1996. However, evidence from the 2012 National School Violence Study suggests that the practice is still common. Overall, a total of 50% of almost 6,000 secondary school learners surveyed said that they had been caned or spanked by an educator or principal as punishment.

Violence against Mothers

South Africa has one of the highest rates of IPV in the world with important negative effects on mental health, injury, substance use and health – factors that are also associated with a higher risk of poor outcomes for children. Half of women murdered in South Africa are killed by their intimate partner – the highest rate of such murders in the world (Mathews et al., 2004). One in three South African

Also, substantial proportions of young people in South Africa are victims of sexual violence. The Optimus Study's schools survey showed that one in three (35%) children experienced sexual abuse in their lifetime (Artz et al., 2016). This was true for boys (37%) and girls (34%), although boys were more likely to have experienced exposure abuse and girls contact abuse. Both victimisation and perpetration are common among young people: rape dockets show that 40% of victims who report rape to the police are younger than 18 years, with 15% younger than 12 years (Seedat et al., 2009).

women experiences physical IPV in her current relationship (Gass, Stein, Williams, & Seedat, 2010). In high-risk populations, partner violence may affect as many as 36-40% of women during pregnancy and the post-partum period (Hoque, Hoque & Kader, 2009; Mbokota & Moodley, 2003; Groves et al., 2015).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

The Bill of Rights (Chapter 2 of the Constitution) defines the rights of children to education, shelter and health. It is informed by the UNCRC as well as the African Charter on the Rights and Welfare of the Child (the African Charter).

In 2005 South Africa adopted a comprehensive Children's Act, which lays out which children are identified as being in need of protection and the mechanisms for protection, as well as mandating activities to prevent child maltreatment (e.g., parenting programmes). The act is a commitment to fulfilling the rights of children and ensuring their protection. However, the provision of high-quality Early Childhood Development services and adoption services have presented challenges in practice (Parliamentary Monitoring Group Meeting Report, 2013). The Children's Act is currently undergoing the regular review process inherent in South African law, and the Department of Social Development has proposed the prohibition of corporal punishment in the home.

Further relevant legislation includes the Schools Act, which prohibits corporal punishment in schools; the Domestic Violence Act, which lays out the mandate and means for protecting women from IPV; and the Child Justice Act, which lays out standards for humane treatment of children in conflict with the law, including prohibiting the use of caning as a sentence.

Strengths and Resources



NORMS AND VALUES

South Africa's apartheid history has contributed to its culture of violence. In 2010, the Restitution Foundation initiated the Worcester Hope and Reconciliation Process to address the after-effects of colonialism and apartheid. It included workshops with Worcester-based citizens to build social cohesion within the community, including business, youth, civil society and faith communities. Other activities initiated by the foundation with the goal of dealing with the aftermath of colonialism and apartheid focus on awareness campaigns around employment, education, substance abuse and housing. There are also organisations in the community that provide information, education, and communication campaigns on challenges specific to Worcester, but this takes place on a small scale. For example, the organisation Facts about Foetal Alcohol Syndrome in South Africa runs prevention campaigns in schools and communities on the dangers of drinking while pregnant, both at local and national level.



SAFE ENVIRONMENTS

Through the Department of Community Safety, the following policing priorities for the Worcester area were included in their 2015/2016 safety plan: zero tolerance regarding corruption in the police and misuse of police vehicles; identify alcohol and drug hotspots, improve visible policing and increase roadblocks; create awareness of domestic violence through public meetings and promote the use of protection orders; increase safer streets, parks and train stations affected by poor lighting and surveillance; address roaming livestock on roads, causing motor vehicle accidents (Western Cape Government, 2016).



PARENT AND CAREGIVER SUPPORT

Across South Africa, the Department of Health implements the First 1,000 Days campaign to encourage support and well-being of mothers and their children. At a local level, Worcester has some parent and caregiver support programmes, but their reach is limited. Also, various organisations offer day-care and after-school-care centres for young children. Various NGOs provide support to safeguard children's rights, tackle malnutrition and foster education. Families South Africa, for example, promotes family well-being to empower people to build, reconstruct and maintain sound relationships in the family and community. Child Welfare South Africa operates a day-care centre and support groups for foster parents, amongst others. The Worcester branch of the Afrikaanse Christelike Vroue Vereniging (Afrikaans Christian Women's Association) is active in social work, child protection, and Early Childhood Development programmes. The Foundation for Community Work implements home visits through their Family in Focus programme, which supports parents' involvement in their children's development and safety.



INCOME AND ECONOMIC STRENGTHENING

Child support grants available to caregivers with children are one of the key economic strengthening initiatives available to poor families. These programmes are means tested (they are only available to those whose household income is under a certain amount), and are not otherwise conditional. There is no social security system for those who are unemployed, although there are programmes that attempt to address the need for work. For instance, the Community Work Programme of the Department of Cooperative Governance and Traditional Affairs is active in the Breede Valley Municipality. It offers regular part-time work to individuals on an ongoing basis and uses community participation to identify "useful work" in the area, thus aiming to meet both the needs of the unemployed and of employers.



RESPONSE AND SUPPORT SERVICES

The 2005 Children's Act is the basis for child protection in South Africa. It holds educators and other professionals (such as health care workers) legally liable to report cases of abuse. Victims are mostly identified through schools, clinics or the hospital. Cases identified through schools are reported to the District Office of the Western Cape Education Department and certain mandated child protection agencies. Most often, the procedure is taken over by the Department of Social Development. Educators are also trained to provide support at school and to link the child to other services (e.g. further counselling, remedial support, etc.). Through the Department of Health, pregnant women receive screening during antenatal visits for mental health problems and exposure to domestic violence. There is also a screening protocol to identify children who may be victims of abuse. In cases where a patient has been identified as a victim, a referral is made to the health facility's social worker. The social worker then reports the case to the Department of Social Development and notifies the Child Protection and Sexual Offences Unit of the South African Police Service at the police station. The social worker might also refer the parent or child to the psychologist at the local clinic and to the Thuthuzela Care Centre. The Thuthuzela Care Centre, located at the hospital, is a one-stop facility where victims have access to medical care, police, counselling, legal services and follow-up care.

The Child Protection and Sexual Offences Unit of the police will deal with perpetrators. Although limited, there is some provision of treatment and support available to perpetrators in the Worcester community. For example, the organisation NICRO specialises in social crime prevention and offender reintegration, with a focus on human rights, juvenile justice and criminal justice reform. Furthermore, the charity Change Makers aims to address gang-related issues and rehabilitate men who come out of gangs and drugs, through spiritual, emotional and physical development, so that they can live meaningful lives and contribute to the society.



EDUCATION AND LIFE SKILLS

In South Africa, equipping learners with the life skills required for becoming a responsible citizen is recognised as a core goal of good education. Therefore, Life Orientation is one of four compulsory subjects in all schools in South Africa since 2002. It aims to address the skills, knowledge and values that support the personal, social, intellectual, emotional and physical growth of learners. While all learners are reached by the curriculum, implementation quality is not always ideal. There is universal access to education in South Africa. However, pre-school education is not compulsory, and in 2016 nationally only 36% of children attended a pre-school (Statistics South Africa, 2017). In Worcester, various private organisations offer early child development centres and pre-primary schools, but the quality standards are variable.

Key Challenges and Gaps

Various challenges to a more effective policy for addressing VAC emerged from the interviews with the stakeholders:

Implementation and enforcement of laws. The local justice system fails children. Forensic evidence gets lost, the system takes a long time and witness statements are of poor quality. Failures in the system mean that first responders, such as social workers, may choose not to report cases to the police: for instance, one social worker mentioned that if no fresh semen were available when she received a report of child rape, she would not report the case to the police as it would not be prosecuted.

Norms and values. There is an intergenerational cycle of domestic violence and abuse: children grow up in households where they witness IPV among their parents or caregivers and so come to believe that these behaviours are normal. It is very common in certain areas of Worcester to witness daily assault or shootings (especially gang-related crimes), contributing to a "culture of violence". Patriarchal norms encourage the use of violence by men to control women.

Safe environments. Every informant listed substance abuse (especially alcohol misuse) and poverty as the main causes of VAC (and high rates of violence in general). One of the city's violent hotspots – Avian Park – has active gang wars. Chances of being shot or assaulted are high and local organisations are reluctant to implement services in this community.

Parent and caregiver support. Campaigns that focus on the rights of children have had mixed responses. Many programmes highlight what parents are doing wrong, or what they should not do. Messages that focus on empowerment have had better responses. The First Thousand Days campaign, delivered through the Department of Health, is a successful example.

Income and economic strengthening. High levels of unemployment result in stresses that can lead to punitive behaviour towards children, as well as abuse. Due to unemployment, many men are at home during the day, with time on their hands. Employed parents often face long hours of work and travel, leaving children unsupervised.

Response and support services. The system is inundated with children who need safe homes after exposure to violence. Long waiting lists and lack of follow-up create barriers to families accessing services. Although systems for screening are in place, service providers often will not ask about exposure. As one respondent put it: "We prefer not to open that can of worms". Many staff do not have the required training or capacity to deal with complex VAC issues and struggle to keep up with casework. It is clear that there should be greater capacity either in safe foster care situations (including, preferably, with relatives), and in children's homes when no safe family or neighbourhood care can be identified. Similarly, shelters and housing for women are limited, with waiting lists. Children in need of care do receive a placement in foster care, but follow-up is poor. Social workers from Worcester no longer do home visits in certain areas, so families need to travel into town. Children are sent back, after having experienced a trauma, to the community where it occurred. There is almost no post-trauma intervention for children or support for parents and guardians of children exposed to violence. For perpetrators, very few support systems are in place. If the perpetrator is a child, then there are probation services available for juvenile offenders. However, those services are largely investigative, not therapeutic.

Education and life skills. Many adults lack life skills and strategies to deal with conflict, anger and frustration. Currently, the Department of Social Development is not engaging in any real prevention activities. There are organisations in the community that provide prevention (e.g. Facts about Foetal Alcohol Syndrome in South Africa to prevent foetal alcohol syndrome), but this takes place on a small scale.

Multi-sectoral actions and collaboration. The Department of Social Development is central in the response to VAC, responsible for taking over and maintaining any cases identified through the education, health or police sector. While initial responses are in place through this approach, follow-up and support services are lacking. Resources are scarce, and the system is overburdened with referrals and waiting lists. There is a need for more effective communication and action between sectors that deal with VAC, in order to consolidate resources to strengthen follow-up and support services. Importantly, there are also few prevention strategies currently in place, and those that exist function in silos. Both prevention and response efforts would benefit from an integrated and collaborative approach to dealing with VAC.

Monitoring and evaluation. More research on VAC and effective prevention is needed, given the dearth of published studies conducted in the Breede Valley municipality (and the town of Worcester in particular). This includes the need for evaluations of current services, as few, if any, interventions delivered in Worcester are evidence based. Informants expressed a need for research that would identify ways to establish and improve follow-up and support services for victims.



Policy Recommendations

Based on the review and the expert interviews, our recommendations relate to the strengthening of existing services and increasing prevention efforts across different sectors. Importantly, strengthening of follow-up and support services for victims is urgently needed, as well as addressing the limited availability of safe places for women and children. Integrating prevention efforts into existing service delivery offers a more effective and sustainable approach to addressing VAC, especially where there is limited financial and human resources available.

In August 2013, the Western Cape Government adopted an Integrated Provincial Violence Prevention Policy Framework, encompassing a whole-of-society approach to prevention. Key focus areas included:

- Reducing the availability and use of alcohol;
- Developing safe relationships between children and their parents or caregivers;
- Developing life skills in children and teens;
- Promoting gender equality to prevent violence against women and changing cultural and social norms that perpetuate it.

This policy framework resonates with the strategies identified by the INSPIRE framework developed by the WHO. We recommend that the Integrated Provincial Violence Prevention Policy Framework should be implemented and monitored in the Breede Valley municipality, with a specific focus on the following areas:

Implementation and enforcement of laws. While South Africa has excellent laws, implementation needs urgent attention.

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Norms and values. Norms of violence need counteracting, including providing widespread initiatives to support parents to develop warm relationships with their children and use non-violent forms of discipline; and programmes to combat gender norms that support violence against women and children. South Africa has birthed a number of initiatives in this area (for instance, Parenting for Lifelong Health, a programme to support caregivers to provide non-violent discipline for children; Stepping Stones, to promote healthier gender norms; and IMAGE, an economic strengthening programme to prevent gender-based violence). Wider implementation of these and other interventions – especially those that focus on fathers and men – are necessary.

Safe environments. Environmental safety could be improved by attention to housing and town planning that takes child safety into consideration; and by intelligence-driven policing of gangs and community violence. This includes providing alcohol-free zones for social activities; policing of illegal liquor outlets; delivery of substance abuse prevention and treatment programmes.

Education and life skills. More early child development centres would ensure that young children have a safe environment during the day. Incorporating evidence-based life-skills programmes into the school Life Orientation curriculum, and ensuring quality delivery of the programmes, would build resilience in children, including stress management, emotion regulation and problem-solving skills. Although not currently implemented in Worcester, the Western Cape Government implements a Mass Participation and Opportunity Development after-school programme, which provides children in predominantly poor areas with opportunities for development through cultural and sporting activities (Western Cape Government, 2017).

Monitoring and evaluation. Monitoring and evaluation of programmes need to be prioritised, building on established mechanisms for sharing information.

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5. TARLAI, PAKISTAN (POP 100,000)

YASMEEN ANWER, FAHAD ABBASI, SIHAM SIKANDER

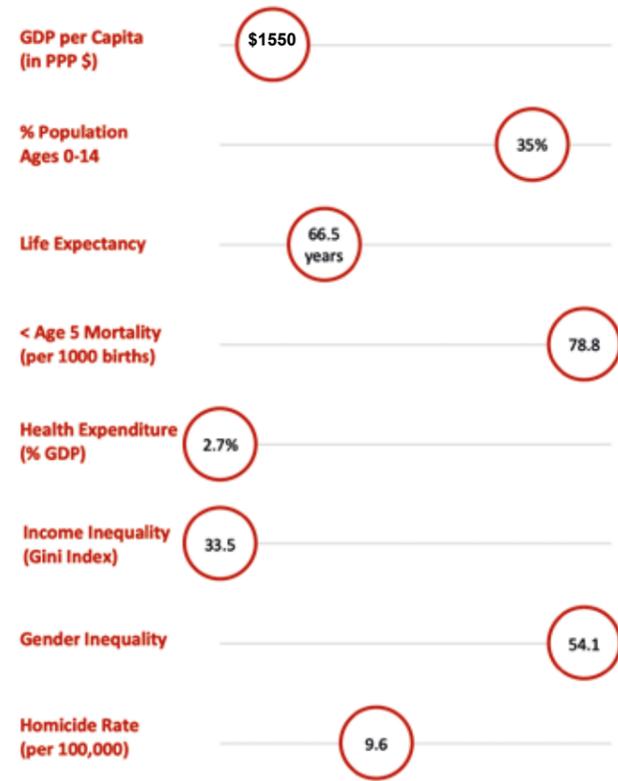
Pakistan is the sixth most populous country in the world with a population of 208 million. Tarlai Kalan is in the Islamabad Capital Territory (ICT). The territory has a population of 2.01 million, which comprises Islamabad (population 1.01 million) as the seat of the federal government and the country's political centre, as well as several urban areas around the capital city. While Islamabad is a planned city with good infrastructure and predominantly middle and upper middle-class inhabitants, the towns and villages outside Islamabad are generally poor and have limited access to modern infrastructure.

Tarlai Kalan is an urban settlement located about 10 km south east of Islamabad. It has evolved from a rural village to a semi-urban area of approximately 100,000-150,000 inhabitants, many of whom have immigrated from other regions of Pakistan.

The population in Tarlai is predominantly low and lower middle class, with irregular incomes (based on daily wages of manual work in most instances), low literacy levels, especially among women, traditional gender roles and the average family consisting of four to eight children.

Administratively Tarlai Kalan represents one of the 50 Union Councils of the Islamabad Capital Territory. A Union Council (UC) is the smallest geographic and political administrative unit. Generally, the population of a UC is around 30,000-35,000, while that of Tarlai is three times more – resulting in over-stretched public sector facilities (including administration, health and education).

National Indicators Islamic Republic of Pakistan



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Violence against children. Parental harsh and violent discipline of children is a widespread practice in Pakistan. The most reliable and representative data for Pakistan come from the 2014 Punjab Multiple Indicator Cluster Survey, conducted by the Bureau of Statistics Punjab in collaboration with UNICEF. It comprised a representative sample of about 41,000 households. Findings showed that 81% of all children aged 1-14 had experienced psychological aggression or physical punishment during the last month, and that 68% of them had been physically punished (Bureau of Statistics Punjab, Planning & Development Department, Government of the Punjab and UNICEF Punjab, 2016). Twenty-seven per cent experienced severe physical punishment (e.g., hitting the child on the head, ears, or face, or hitting the child hard repeatedly). Differences in the use of several forms of physical punishment between social groups are small; it is widespread in households of all education and wealth levels, and in both rural and urban areas. Male children were subjected to physical discipline somewhat more often than female children (70% and 65%, respectively). Thirty-four per cent of the respondents believed that physical punishment was necessary to educate a child properly (Bureau of Statistics Punjab, Planning & Development Department, Government of the Punjab and UNICEF Punjab, 2016). Attitudes supporting physical punishment were equally likely among fathers and mothers, but were more frequently found amongst parents with lower education and rural background.

The findings are in line with other research that suggests that corporal punishment is widespread both in homes and in educational settings across Pakistan, ranging from 60-90% for boys at homes and schools; 37-60% among girls at homes and schools (Khuwaja et al., 2018; SAIEVAC, 2011).

Official statistics of child physical or sexual abuse are not currently available in Pakistan. However, one of the civil society organisations SAHIL, an organisation working on child protection and especially against child sexual abuse, collects annual data on cases of child sexual abuse reported in the news media. In 2017, SAHIL documented 3,445 cases of child sexual abuse reported in Pakistan. Boys were almost as likely as girls to be victims (45% versus 55%), and the most frequent categories of crimes against children were abduction, sodomy and rape (SAHIL, 2017).

Child labour also remains an important problem in Pakistan. The Human Rights Commission of Pakistan estimates 11-12 million children to be labourers, at least half of whom are less than 10 years of age (Human Rights Commission of Pakistan, 2017). 22.5 million children are out-of-schools in Pakistan. Net enrolment rates have not increased over time across Pakistan – in certain areas they have dropped, especially among the poor and rural residents (UNICEF, 2017).

Violence against mothers. In Pakistan, mothers are significantly more likely to experience spousal violence than married women without children. Results from the 2017-18 Demographic Health Survey for Pakistan show that 16% of married women with no child experienced spousal violence. Among women with at least one child the victimisation rate was 36%, rising to 45% for women with five or more children (National Institute of Population Studies Islamabad, 2019). Children in large households hence have a high likelihood of witnessing domestic violence. Further analyses suggest that victimisation rates are higher among women with low education, low socio-economic status, a larger number of children and coming from more traditional and tribal areas with high levels of gender inequality (Iqbal & Fatmi, 2018).

Eleven per cent of women who were pregnant reported having experienced violence. The risk of experiencing violence during pregnancy was highest for the poorest women and those under the age of 20 (National Institute of Population Studies Islamabad, 2013).

Risk factors or structural drivers. VAC in Pakistan is linked to specific structural drivers. For example, child marriage remains a common practice: 32% of girls are married before their 18th birthday (National Institute of Population Studies Islamabad, 2013). Early marriage makes girls less likely to finish school and more likely to experience IPV, at-risk pregnancy and sexually transmitted diseases (UNFPA, 2012).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Pakistan was the sixth country in the world to sign and ratify the Convention on the Rights of the Child (12 November 1990). It has also signed the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography (5 July 2011) and it is signatory of the UN SDGs. The UN SDGs 2030 agenda has been locally translated into The National Vision-2025 Plan (Ministry of Planning Development & Reform Government of Pakistan, 2017). However, prohibition against corporal punishment is still to be achieved across homes, alternative care settings, day care, schools and the juvenile justice system. Of note is Gilgit-Baltistan, one of the regions of Pakistan where prohibition of corporal punishment has been achieved in all these settings.

Legal reforms are needed within existing laws, for example, Article 89 of the Penal Code, Punjab Destitute and Neglected Children Act 2004 (art. 35), the Sindh Children Act 1955 (art. 48), the Khyber Pakhtunkhwa Child Protection and Welfare Act 2010 (arts. 33 and 44) and possibly other provincial laws. All these acts and laws need to be amended/repealed to ensure that no law can be construed as providing a defence for the use of corporal punishment of children. After devolution, all provinces are gradually moving forward with the necessary amendments to the above-mentioned laws. ICT, being under the Federal government, moved forward by passing the ICT Child Protection Act in May 2018. For ICT the next step is to establish a child-protection advisory board, under this Act, that will implement laws and build child-protection centres across ICT. Under the ICT Child Protection Act, corporal punishment has become prohibited in schools, child-care institutions and within the juvenile justice system, albeit not in homes (Global Initiative to End all Corporal Punishment of Children, 2018). However, it is currently unclear to what extent the prohibition of corporal punishment at schools is effectively enforced.

Strengths and Resources



NORMS AND VALUES

In Pakistan the belief that harsh child discipline is necessary remains widely accepted, especially in families with low levels of education. Families remain highly conservative in their outlooks. Various NGOs have been actively engaged in promoting and protecting children's rights in Pakistan and in addressing the norms and attitudes that promote VAC. For example, UNICEF Pakistan has developed participatory initiatives to introduce the concept of "positive masculinities". The aim is to involve men and boys to discuss the concepts that define gender roles and gender identity. Also, recent legislative changes - such as the 2018 ICT Child Protection Act, which includes the prohibition of corporal punishment outside the family context - reflect a gradual shift in the norms and values. However, existing campaigns are generally on a small scale and hardly reach populations with low education. More concerted multisectoral efforts are needed across the nation and ICT. In Tarlai Kalan, no prevention strategies specifically aimed at addressing norms and values are currently in place.



SAFE ENVIRONMENTS

According to official figures, the overall crime rate of the Islamabad Capital Territory is low, but no figures are available for Tarlai Kalan (Islamabad Capital Police, n.d.). Several policies contribute to maintaining safety in public space. These include the strict prohibition of alcohol sales and the enforcement of laws regarding drugs and firearms. In order to improve the safety and protection of disadvantaged children, the planned Child Rights Committees are to map out areas of particular concern in ICT, with a specific focus on street children and child labour. However, the authorities in Tarlai Kalan currently lack the capacity for a population-wide strategy that creates safe streets and other public environments for children and youth.



PARENT AND CAREGIVER SUPPORT

In Pakistani society, parenting and child rearing are generally considered a family/personal matter. Outside interference is met with scepticism, especially if this is driven by the non-governmental agencies. These are viewed as pushing a western agenda and imposing alien norms. Also, few if any evidence-based interventions that support parenting have been adapted and tested in Pakistan. However, several NGOs within the ICT work to support parents, especially mothers. One such example is Rozan, an Islamabad-based NGO working on issues related to emotional and psychological health, gender, violence against women and children. It also covers the psychological and reproductive health of adolescents. The NGO also has a regular programme that sensitises the Law Enforcement Personnel to work humanely and sensitively with victims and survivors of violence (both women and children). There is also a special programme to educate men regarding violence against women. Similarly, the non-profit organisation Sahil provides a training programme for frontline nurses and health workers that includes advice on how to address parenting issues.



INCOME AND ECONOMIC STRENGTHENING

The minimum wage per month in ICT is \$100. The Benazir Income Support Program, which is a government-run program, provides quarterly financial support to households/families whose income is below the poverty line (< \$21 per day). Overall the government allocates 2.3% of the GDP on education and 0.9% on health, which is insufficient to address the needs of women and children in Pakistan. UNICEF has piloted an initiative to provide economic support to vulnerable families using conditional cash transfers in a few districts across Pakistan. This initiative has supported 170,000 children. In Tarlai Kalan there are currently no strategies in place that support vulnerable families with the goal of reducing exposure to violence or other adversities, such as child labour.



RESPONSE AND SUPPORT SERVICES

The planned National Child Protection Centre ICT is emerging as the main hub of campaigns under the new Child Protection Act. This centre is currently focusing on street children and beggars. A helpline has been set up to respond to calls from and about children who need protection. The centre also plans on mapping ICT for identifying "hotspots" where child protection is urgently required, provision of temporary shelters, counselling, referral and rehabilitation mechanisms (in line with the Child Protection Act 2018). Islamabad police has also established women and child protection centres at police stations of Islamabad to check incidents of violence against women. No data are available on beneficiaries from Tarlai. There are a few shelters like the government-run Dar-ul-Aman (meaning a "place of protection"), which provides short-term refuge to victims of violence within ICT. Data on the receipts of these from Tarlai Kalan are not available.



EDUCATION AND LIFE SKILLS

The Ministry of Federal Education & Professional Training has recently developed the National Educational Policy Framework. This framework envisages enrolling 25 million out-of-school children and providing quality education. It also focuses on teacher-training programmes, developing their skills, establishing smart schools across the country, using technology to overcome the shortage of teachers (Ministry of Federal Education and Professional Training, 2018). The Ministry is working with UNFPA to revise the national curricula and update the training of teachers, ensure that enrolled children complete their education, incorporate Life Skills Based Education (LSBE) within curricula, and use technology to improve implementation of educational reforms. LSBE in Pakistan was tried out in 12 districts across Pakistan (ICT was not included) from 2006-2010 by World Population Foundation Pakistan with some success (Svanemyr, Baig, & Chandra-Mouli, 2015). NGOs like UNFPA and UNICEF have been playing their role to improve the quality of trained teachers, to support the government implement LSBE programmes, to advocate educational reforms and to promote child-friendly schools.

Within ICT the number of out-of-school children is substantially lower compared to other provinces. The Federal Directorate of Education and ICT-Private Educational Institutions Regulatory Authority are responsible for overseeing the state and private sector schools, respectively. There are several state and private schools in and around Tarlai Kalan ICT.

Key Challenges and Gaps

Despite the gradually improving legislation, policies and support of NGOs, there are challenges in the way of improving the conditions of children in Pakistan, protecting them against adversity and safeguarding their rights. Inadequate financial and human resources is one of the major challenges. Other major challenges that were highlighted include the following:

Implementation and enforcement of laws. There are several ambiguities in the existing laws. Stakeholders are either completely unaware or partially aware of the recent developments in the legislative scenario across provinces and regions of Pakistan, including the capital city and its recent Child Protection Act.

Norms and values. There are deeply ingrained attitudes, cultural norms and values about violence against women and children. There is a scarcity of awareness of human rights among populations - especially among women.

Safe environments. The lack of a coordinated system to help support law-enforcement agencies is a serious issue. There is also a lack of implementation structures and mechanisms across sectors - this hampers a consolidated response to the needs of women and children.

Parent and caregiver support. There is a deficiency of structures and networks to provide evidence-based, culturally appropriate interventions.

Response and support services. The gaps in this sector need to be addressed so legislation can be implemented to meet the needs of vulnerable citizens.

Education and life skills. Swifter implementation of life-skill-based programmes across the education sector is needed to meet the targets of the recent national educational policy framework.

Multi-sectoral collaboration. A lack of multi-sectoral collaboration/coordination (e.g., health sector, NGOs/civil-society, police, judiciary and education sector) across all INSPIRE domains is a major challenge.

Monitoring and evaluation. Absence of information systems and reliable data on violence against women and children is a big problem. There is a scarcity of published scientific evidence on VAC, especially information regarding how it impacts long-term child development.



Policy Recommendations

More efforts to bring together all the relevant sectors (public, private/civil society, etc) are urgently needed.

Establishing a technical advisory board with all stakeholders (e.g. National Commission of Rights of Children, UNICEF, academia, education sector, law enforcement agency, civil-society, etc) could be the way forward under the stewardship of the Ministry of National Health Services. This forum could potentially highlight opportunities to bridge gaps in existing practices and policies.

Reforms in legislations are required to develop clear, unambiguous laws that could address gaps and challenges.

Robust research needs to be carried out to help address modifiable risk factors, e.g. understanding how mental disorders and alcohol/drug abuse are linked to behavioural issues among parents and children.

There is a need to renew efforts to adapt/develop feasible, acceptable and culturally appropriate community-based strategies/programmes (with special emphasis to include fathers and men in general) to protect children, women and vulnerable individuals. Appropriate technological innovations are required to further the reach and penetration of such programmes.

Strategies need to be devised to help sensitise existing services/structures to respond and coordinate initiatives across all sectors and stakeholders.

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6. RAGAMA REGION, SRI LANKA (POP 780,000)

CHATURIKA DESHANIE, ASVINI D. FERNANDO, ARUNASALAM PATHMESWARAN, SHOHBABI RANDENI

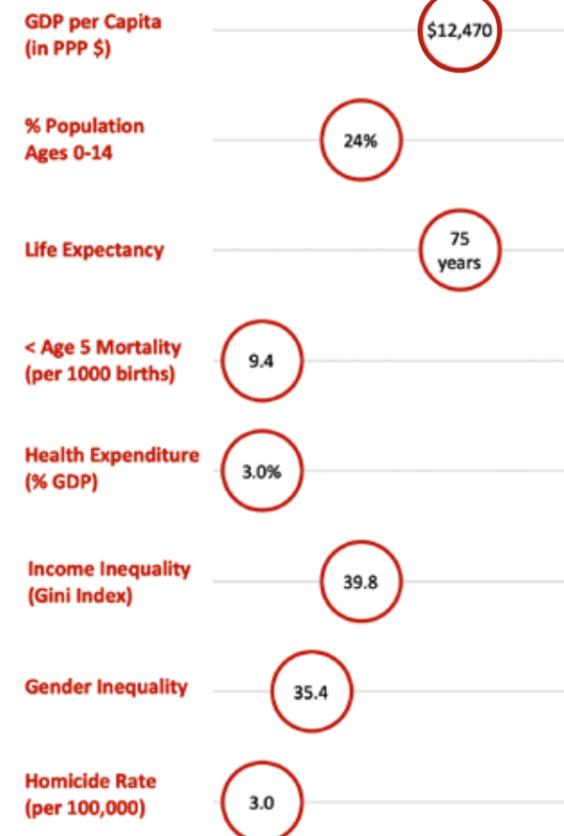
The study site in Sri Lanka includes the town of Ragama and four surrounding urban areas (Gampaha, Ja-Ela, Mahara, Wattala) with a total population of about 780,000 in 2016. The areas are part of the Gampaha District, one of the 25 districts of Sri Lanka. The Colombo North Teaching Hospital, the largest hospital in the district, and the Faculty of Medicine of the University of Kelaniya are situated in Ragama. Sri Lanka is divided into nine provinces and 25 districts. Provinces have substantial political powers relating to, amongst others, health, education, and social services, while districts are the main administrative units. The administrative units at the local level are the municipalities, urban councils and local councils (Pradeshiya Sabhas). Ragama and its suburbs are administered by four Pradeshiya Sabhas (Gampaha, Ja-Ela, Mahara, Wattala), which have a role to play in the provision of health services.

The majority of the population in the Gampaha district is Sinhalese (91%), with Moors (4.2%), Tamils (3.5%) and Malays (0.5%) as minorities (Registrar General's Department, 2016). Literacy rates were 98% in females and 99% in males (Department of Census and Statistics, 2017).

Overall, economic and health indicators for the Gampaha District tend to be above national averages. For example, the Poverty Head Count Index was 2% in the Gampaha District compared to the national figure of 4.1% in 2016 (Ministry of National Policies and Economic Affairs, 2016). Similarly, the unemployment rate in the Gampaha District was 3.6% in 2016, while the national figure was 4.4% (Department of Census and Statistics, 2017).

Sri Lanka provides free health services to all and primary healthcare is available for each member of the population within a two-kilometre radius (WHO, 2017). In the Gampaha District there is one tertiary care Referral Centre (Colombo North Teaching Hospital, Ragama), and 12 other government health institutions providing in-patient maternal and child care. There are 15 Medical Officer of Health (MOH) areas in the district that provide public health services. All this contributes to excellent health indices, the best in the region. For example, the neonatal mortality rate in the Gampaha District was five per 1000 live births in 2016, comparable to that of developed countries (Save the Children, 2017).

National Indicators Democratic Socialist Republic of Sri Lanka



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

There is a lack of up-to-date nationally representative data on the prevalence and risk factors of VAC in Sri Lanka. However, various regional surveys or studies on particular subgroups provide important evidence.

The armed conflict that lasted more than two decades exposed Sri Lankans to high levels of violence. Although ten years have passed since its cessation, the level of interpersonal violence in society seems to have remained high. In particular, parental use of physical VAC continues to be widespread in Sri Lanka. In a study done in 2008, in the Colombo District, 70% of 12 year olds had experienced corporal punishment in the preceding year (de Zoysa et al., 2015). In a more recent study of 18-19 year olds conducted in the Gampaha District in 2015, physical abuse was reported by 45% of school children (Chandraratne, Fernando, & Gunawardena, 2018).

A study conducted using the Juvenile Victimization Questionnaire among 1,322 Sri Lankan undergraduates revealed sexual maltreatment in 44% and physical maltreatment in 36% of the sample (Fernando & Karunasekera, 2009). Males reported more sexual abuse (58%) than females (34%). Other community-based studies also indicate that male child sexual abuse is underreported (de Mel, Peris, & Gomez, 2013).

Some data on recorded child maltreatment are available on a cohort of 668 children admitted to the Colombo North Teaching Hospital, Ragama, following maltreatment, from January 2000 to June 2018. The types of maltreatment experienced were: sexual (74%), physical abuse (26%), neglect (17%), emotional (11%), child labour (4%) and intentional poisoning (1%). The data highlight that the commonest form of recorded maltreatment is sexual.

This is confirmed by data maintained by the Women's & Children's Bureau of the Sri Lanka Police. In the cohort mentioned above, the perpetrators were known and trusted individuals (96%) and abuse took place mainly in homes and neighbourhoods.

Corporal punishment in schools is also still widespread, although it was banned by the Ministry of Education in 2001. A recent survey of almost 1,000 primary and secondary school students in six districts suggested that 80% of children in schools experienced corporal punishment by teachers in the last term, while 53% experienced physical abuse. Amongst others, 42% of students experienced caning by their teacher (National Child Protection Authority of Sri Lanka, 2017).

Nationally representative findings come from the 2016 Sri Lanka Demographic and Health Survey. It suggests that 17% of ever-married women aged 15-49 experienced violence from their partner in the past year. Twenty-eight per cent of victims of IPV asked for help, usually from other family members and relatives.

No national data are available for IPV during pregnancy. However, a recent study in the Colombo District and the plantation sector showed that 16% of pregnant women reported that they were 'currently abused' (Muzrif, Perera, Wijewardena, Schei & Swahnberg, 2018).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Sri Lanka ratified the UN Convention on the Rights of the Child in 1991 and the Children's Charter was formulated in 1992. On the recommendations of a Presidential Taskforce, the National Child Protection Authority was established under an Act of Parliament in 1998. The Optional Protocols on Involvement of Children in Armed Conflict and Sale of Children, Child Prostitution and Child Pornography were ratified in 2000 and 2002. Sri Lanka joined the Global Partnership to End Violence against Children as a pathfinder country in 2016. The partnership paves the way for government, civil society, faith-based groups, academia, private sector, international organisations and other partners to work together (UNICEF Sri Lanka, 2018).

A separate Ministry of Women and Child Affairs was established in the 1970s. It is responsible for all provisions and policies regarding the rights of women and children, and it oversees the relevant governmental departments and services. With the establishment of the National Child Protection Authority (NCPA) in 1998, Sri Lanka showed a genuine commitment to address VAC. The aims of the NCPA include: formulating a national policy on prevention of child abuse; the protection and treatment of victims; and monitoring of action against all forms of child abuse.

Sri Lanka Police showed its commitment by establishing the Women's and Children's Bureau in 1979. The legal system has amended laws and laid down procedures to deal with child abuse and domestic violence. Amendments to the Penal Code, the Evidence (Special Provisions) Act of 1999 which allows video evidence in proceedings related to child abuse, and the passing of the Assistance to and Protection of Victims of Crime and Witnesses Act in 2015 are some examples.

Strengths and Resources



NORMS AND VALUES

Awareness programmes on the ill effects of corporal and humiliating punishment and on IPV are attempting to change the established cultural norms. Posters produced by the Family Health Bureau of the Ministry of Health on IPV are displayed in key places like hospitals and MOH clinics. Pre-conception clinic sessions conducted by the MOH clinics for married or cohabiting couples are also attempt to address the issue of IPV. Posters for the prevention of VAC with messages for children and parents were developed by the Child Protection Committee of the Sri Lanka College of Paediatricians, together with several partners. The posters were distributed to hospitals, MOH clinics and schools, while stickers were displayed on buses. The posters attempted to increase awareness regarding the issue of male child sexual abuse, which is often underreported in the country, by depicting pictures of boys and girls.



SAFE ENVIRONMENTS

Community workers based at the District Secretariat, Medical Officers of Health and their teams and police officers are involved in conducting programs for the prevention of VAC and IPV. These target schoolchildren, teachers, parents and pregnant women. Monitoring of institutionalised children is done by the Department of Probation & Child Care.



PARENT AND CAREGIVER SUPPORT

The public health sector in the Gampaha District plays a key role in providing parent and caregiver support, which starts well before parenthood. All couples, married or co-habiting, are registered by the Family Health Worker. This ensures that the couples have access to pre-conception sessions conducted by the Ministry of Health clinics and that mothers-to-be are given pre-conception folic acid. After conception, the Family Health Worker registers all pregnant women and they are then seen regularly in the antenatal clinics. After delivery, the Family Health Worker performs regular home visits in the postpartum period to screen for problems to ensure the establishment of breast-feeding and other routine care of the newborn. The health workers build up a good rapport with all the families in their area, a population of around 5,000. They are also expected to identify at-risk families. Family planning advice and immunisation are provided by the MOH and its team.



INCOME AND ECONOMIC STRENGTHENING

Residents in the district benefit from initiatives to improve family income, including self-employment support and micro-credit schemes. Identified high-risk families are given self-employment funds and financial support for expenses related to school attendance.



RESPONSE AND SUPPORT SERVICES

All 492 police stations in Sri Lanka have Women's and Children's Crime Investigation branches. The recording of complaints is done by specially trained female police officers. There are 42 specialised divisional branches called Divisional Women's & Children's Bureaus, functioning under the direct command of SSP/SP in charge of the division. The health sector plays a key role in providing care for children who have faced violence.

Child Rights Promotion Officers and officers of the National Child Protection Authority have been trained in children's rights. Both categories are placed in Divisional Secretariats to safeguard children's rights at the divisional level. A 24-hour hotline is operated by the NCPA for the public to report child abuse.

Probation officers provide services to three categories of children who come into contact with the law: minors who have faced violence, children in conflict with the law and witnesses of crime. These officers carry out extensive social inquiry reports and present these to the courts.

In 2011, the Child Protection Committee of the Sri Lanka College of Paediatricians conceptualised a project called Creating Safe Communities for Children. It had two objectives, namely the better management of children who have faced maltreatment and its prevention. All national level stakeholders participated in discussions and a Guideline was launched (Ministry of Health et al., 2014). The Guideline has been piloted in the Gampaha District since 2014. All key players (police, health and social workers) were trained.

During discussions, the need for holistic care was highlighted and Lama Piyasa (a specialised facility for children who have faced maltreatment) was opened in 2015 under the administration of the Director of the Colombo North Teaching Hospital in Ragama. It is a collaborative effort with the Ministry of Health and the University of Kelaniya. The Sri Lanka Police upgraded the Women's & Children's Desk at the Ragama police station by establishing a Child Protection Unit in 2018. It handles all important investigations into alleged instances of VAC in the District and is partnering with Lama Piyasa. The video evidence recording unit at Lama Piyasa for the purpose of recording evidence from children will start operating soon. The piloting of all three ventures in the Gampaha District (the National Guideline, Lama Piyasa, the Police Child Protection Unit) is a step towards island-wide implementation.

Mithuru Piyasa is an initiative of the Ministry of Health that provides support and counselling services for IPV. The Colombo North Teaching Hospital has a facility that is situated in an easily accessible place in the outpatient department. Women may seek services on their own or they can be referred by health care staff from wards or clinics. Trained doctors and nurses provide services.



EDUCATION AND LIFE SKILLS

Preschool education and day-care centres come under the scope of the Ministry of Women and Child Affairs. Unregulated opening of such centres, which happened in the past, is now expected to be streamlined with the introduction of a process of registration and regular monitoring by the government.

All Sri Lankan children are privy to free education at primary and secondary government schools run by the Ministry of Education. Recently, the age of compulsory education was increased from 14 to 16 years. University education, vocational and technical training are offered free to those who meet the entry requirements. However, the places available are inadequate at present, but provisions have been made to remedy this.



Key Challenges and Gaps

The experts and stakeholders interviewed identified the following challenges:

Implementation and enforcement of laws. Long delays in the judicial system are a major challenge. The average time for the completion of a case of child abuse is 6.9 years (Edirisinghe, Kitulwatte, Sihanada, & Bulathsinhala, 2011). This leads to communities losing faith in the legal processes and weakens deterrence. Also, children and families are unable to complete the process of healing when a court case casts a shadow over their lives for such long periods. Underage boys accused of statutory rape are tried through regular criminal courts. These cases should be processed through the juvenile justice system (Goonesekere & Amarasuriya, 2013). There is underutilisation of video-evidence recordings, despite the Evidence (Special Provisions) Act of 1999, which permits submission of video evidence to courts in cases of child maltreatment.

Norms and values. The limited knowledge among law enforcement authorities on legal provisions and a tendency to attribute blame on children and parents still reflect harmful social norms and values. Corporal punishment is perpetuated as it is still widely culturally acceptable. Sexual abuse against boys is underreported and not recognised as a serious issue.

Safe environments. The Gampaha District has seen rapid urbanisation and development in recent times. However, there has been insufficient planning for the prevention of VAC and IPV. Experts interviewed identified that more programmes were necessary to increase awareness in the community on safeguarding children. The fact that there is no national action plan for the overall prevention of VAC was also highlighted.

Parent and caregiver support. Dysfunctional families and poor parenting skills were identified as risk factors for VAC and it was felt that these should be addressed by strengthening the already existing programmes conducted in the community.

Income and economic strengthening. Although economic strengthening programmes are viable, there are some deficiencies in selecting the beneficiaries.

Response and support services. Inadequate cadre, inadequacy of training of personnel involved and gaps in integration of stakeholders were identified as impediments. Correcting these issues should ensure professionalised response and support services.

Education and life skills. With an overloaded, exam-oriented school curriculum, the education system has not prioritised the importance of life skills, healthy sexual and reproductive health education, and the safe use of social media. There is inadequate recognition of the issue of alcohol/drug misuse among adolescents.

Multi-sectoral actions and collaboration. Ragama has been recognised as a place where multi-sectoral action and collaboration take place in terms of response to VAC. However, this needs to be expanded to other areas in the Gampaha District and to the rest of the country. Experts and stakeholders felt that the circularisation of the roles and responsibilities of each of the stakeholders as laid down by the National Guideline for the Management of Child Abuse & Neglect: A Multi-sectoral Approach should be given priority in order to improve the response services to VAC. They anticipated that this would happen via the Parliamentary Sectoral Oversight Committee on Women and Gender. Training of all stakeholders in different Districts of the country will then be a challenge that will need to be addressed.

Monitoring and evaluation. At present there is no monitoring or evaluation that takes place as regards prevention of and response to VAC and IPV. This is a key challenge as various programmes are being conducted by different Ministries, Departments, governmental and non-governmental organisations without formal controls.

Policy Recommendations

Experts and local residents felt that all stakeholders should be brought under a common vision of protecting children from violence.

Research to inform policy. Although some prevalence data are available on VAC, there is limited information on IPV. Well-planned research carried out at the national level under the leadership of the NCPA could help to support good policy decisions on the prevention and management of VAC and IPV. An attempt should also be made for in-depth analysis of existing data on VAC.

Positive disciplinary practices. Sri Lanka needs to formulate its own prevention strategy for VAC and IPV, taking into consideration all relevant risk factors. There is a large gap in approaches that can address the issue of corporal and humiliating punishment in homes and schools. A major effort should be made by all stakeholders alongside the NCPA to promote an attitudinal change regarding this problem. Positive disciplinary practices that have been found to be effective should be identified and promoted.

Sexual abuse prevention and reproductive health. The measures taken to improve social skills of children to protect themselves from sexual abuse and teenage pregnancies are inadequate. Interventions should start from the pre-school level where messages on 'good and bad touch' should be introduced. Later at a primary school level, the module developed recently and presented to Parliament to teach reproductive health to schools should be given priority. With rapid development of technology, the lack of knowledge of children on the safe use of social media is a gap that needs to be remedied through school-based programmes.

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Strengthening response and support services. The gaps in the response and support services offered to children who have faced VAC need to be addressed. The training of all sectors dealing with VAC needs to be strengthened. A useful instrument for such training is the National Guideline for the Management of Child Abuse and Neglect. It describes the management of children who report to the system following maltreatment. Roles and responsibilities of stakeholders and coordination are defined. A sensitive approach to the child and family with prevention of re-victimisation has been stressed. Training programmes including all stakeholders should be carried out on a district basis.

Improving judicial system. The long delays in the criminal justice response is a gap that needs to be addressed urgently, to minimise the trauma of victims and foster healing. Fast tracking of cases of VAC and the more widespread use of video evidence recording should be given priority. The lack of a separate juvenile court system hampers the implementation of a more child-friendly judicial system.

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HUE, VIETNAM (POP 355,000)

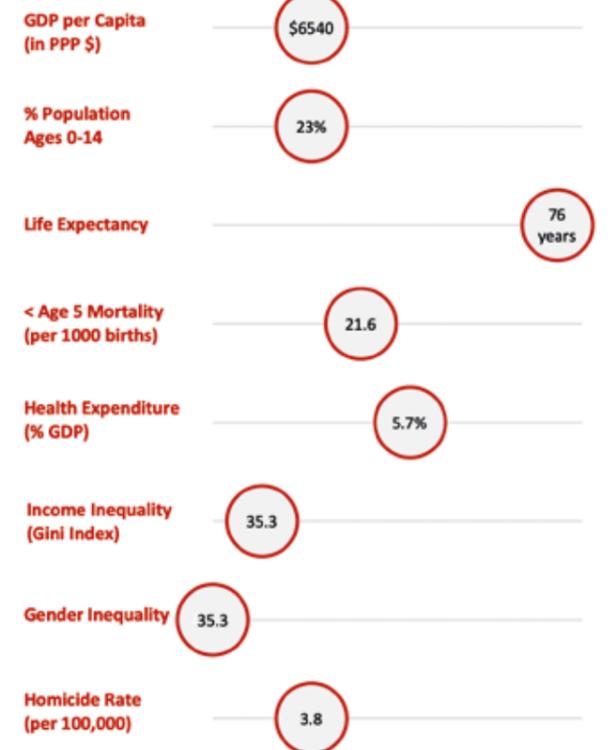
DO PHUC HUYEN, THANG VO, MICHAEL DUNNE

The city of Hue has approximately 355,000 inhabitants and it is located 700 kilometres south of Hanoi and about 1,100km (680mi) north of Ho Chi Minh City. It is situated within the Thua Thien-Hue province, which has about 1.2 million residents with many different ethnic groups. In the city, the Kinh group represents 97% of the population (Thua Thien Hue Provincial Department of Population and Family Planning, 2018). Hue is a centre for tourism, education and healthcare; its culture is influenced by Buddhism and Confucianism.

The culture is regarded as conservative, with traditional family values and living arrangements, including high levels of extended family co-residence compared to other cities. The population of Hue has a high adult literacy rate (93%) and high enrolment rates to college/university (49% of young people). The under-five mortality rate in Thua Thien Hue province was estimated at 21.6 per 1,000 live births in 2016 (Thua Thien Hue Provincial Department of Population and Family Planning, 2018). The in-and-out migration rates in 2016 were 3.0 and 8.4 per 1,000 people, respectively (Thua Thien Hue Provincial Department of Population and Family Planning, 2018).

The city is subdivided administratively into 27 wards or communes. The poverty rates across the wards of Hue range from 1.5% to 17.5%. Each commune or ward is separated into villages or township; the head of a village will report all socio-economic indicators to the commune's chairman.

National Indicators Vietnam



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Corporal punishment of children at home and bullying in schools are common in Vietnam (Le et al., 2017; Tran, Alink, Van Berkel, & Van Ijzendoorn, 2017). An estimated seven out of 10 children - aged between one and 14 years - experience physical punishment at home (Le et al., 2017). A study in 2014 showed that 68% of children under 14 years experienced some type of violent discipline by household members (General Statistics Office & UNICEF, 2015). The notion that physical punishment is necessary to educate a child is common.

While physical child abuse and exposure to domestic violence appear to be common, there is little evidence about the incidence of sexual abuse and emotional abuse and neglect in the population. As with most regions of the world, incidents of child sexual abuse (CSA) are likely to be under-reported in Vietnam. One study found that 5,300 cases of CSA, primarily against girls, were reported nationally between 2014 and 2016 (UNICEF, 2018).

Some retrospective surveys of young adults in Vietnam suggest that VAC and between intimate partners is quite common and falls within the ranges of estimates in comparable countries (Tran et al., 2017; Tran, Dunne, Vo, & Luu, 2015). Substantial proportions of women in Vietnam experience IPV. Based on the National Survey on IPV in Vietnam in 2010, it was estimated that 58% of women had suffered at least one type of IPV in their lifetime and 5% had suffered physical violence during pregnancy (General Statistics Office & United Nations Viet Nam, 2010). A recent systematic review found that the estimated prevalence of prenatal IPV (p-IPV) in Vietnam ranged from 6% to 32.5%, depending on the forms reported (Do et al., 2019). Murray et al. (2015) found that 6.4% of mothers who were six months postpartum in Hue had experienced violence in the past year and 9.7% were frightened of their husband. Some studies found that p-IPV was more prevalent among women with low education and income (Le, Nguyen, Bui, & Pham, 2014). Prenatal IPV is an important risk factor for homicide and injuries for mothers, and has been shown to affect the development of children. Finally, there is a higher risk among women who live with a partner who has co-morbid common mental disorders and/or alcohol dependence (Tran, Tran, Wynter, & Fisher, 2012).

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

Vietnam was the second country in the world and the first in Asia to ratify the UNCRC. Vietnam has also participated in eight out of 23 international conventions on human rights. Critical legislative developments were achieved in 2015-2017 regarding VAC, which aim to ensure compliance with international standards.

The revised Child Law, introduced in 2017, provides the legal foundation to child protection. It ensures various children's entitlements, such as the right to privacy, to live with their parents, to be adopted and to be protected from abuse including violence, sexual harassment, labour exploitation, abandonment and kidnapping. This law retained the definition of a child as a Vietnamese citizen under 16 years of age (not 18 as adopted by the UN), which is inconsistent with UNICEF's recommendations. The law prohibits "all forms of VAC", but it does not state explicitly that all forms of corporal punishment are prohibited in all settings.

Other policy initiatives include the National Programme on Child Protection (2016-2020), which enhances child protection and services to prevent VAC in the home, schools and justice settings. The National Action Plan on Domestic Violence Prevention and Control, up to 2020, aims to prevent and respond to domestic violence through communication, service delivery and law enforcement.

The National Programme on the Promotion of Child Participation (2016-2020) was also implemented. It involved consultations with children on the development of initiatives to end VAC. Furthermore, the Five-year Plan on Child Protection in Schools (2016-2020) targets the promotion of child-friendly learning environments.

Child care and protection are the responsibilities of multiple government departments, coordinated by the Ministry of Labour, Invalids and Social Affairs nationally and the Department of Labour, Invalids and Social Affairs (DOLISA) at a provincial level. This Ministry obliges all departments to promote strategies to raise community awareness on children's rights and strengthen response and support systems for victims.

Strengths and Resources

The authorities of the Thua Thien-Hue province have developed a range of strategies that support response systems and strengthen the prevention of VAC. In 2018, the provincial People's Committee (the executive institution of the province) released an action plan for child welfare, which aims to prevent VAC. It follows the Viet Nam National Action Plan for Children (2012-2020) and National Programme on Child Protection (2016-2020). The Circular and Guidelines for the 2017 Child Law are currently effective in the province.

The Department of Labour, Invalids and Social Affairs of the Thua Thien-Hue province coordinates all activities in families, schools and communities. Similarly, the Department of Culture and Sport of the province is the focal point for the prevention of domestic violence, including violence against pregnant women. There should be a strong relationship between Department of Labour, Invalids and Social Affairs and the Department of Culture and Sport to provide a shield for children from an early age. Unfortunately, several key informants suggested that the coordination between them is sporadic.



NORMS AND VALUES

In order to address practices and norms relating to corporal punishment and harsh parenting, various information, education, and communication (IEC) campaigns via broadcast media, meetings or seminars have been organised, mainly for members of the Women's Union, an organisation with over 13 million members that represents the rights and interests of women in Vietnam. The 'Action Month for Children' takes place every June to raise awareness of children's rights, including ending corporal punishment nationwide. One limitation is that these campaigns tend to gain only mothers' engagement.

The Club for Gender Equality, an initiative to bring together women and men in the community to promote well-being by advancing the role of women in the family, similarly aims to prevent domestic violence through addressing norms on the role of women in the community. The principal members are tasked with raising awareness among families, intervening if violent acts occur and providing mediation. The services and support are activated at victims' requests, via a written form. Without the documented evidence from victims, it is considered unfeasible to initiate official help for victims.



SAFE ENVIRONMENTS

Hue has some initiatives aimed at maintaining safe public environments. For example, Hue's authorities manage various programmes to promote sports and cultural activities, e.g. public playgrounds, entertainment activities on International Children's Day (1st June) or the mid-autumn festival.

Another project is designed to address child trafficking and exploitation. Called Blue Dragon's Safe and Sound programs, it is funded by the Blue Dragon NGO and operated by the Hue Women's Union in A Luoi, a poor district in a mountainous area. It aims to equip children with knowledge on how to avoid labour abuse and help victims of trafficking to continue with school. They identify, locate and rescue children directly out of the sweatshops. Victims are assisted to return home to their families and are offered long-term counselling and school support.



PARENT AND CAREGIVER SUPPORT

Hue's authorities support parents in promoting the physical health of children through the national target programme on nutrition and vaccination for children 0 to six years of age. Although the importance of inter-departmental collaboration and the priority of addressing the needs of disadvantaged families are emphasised in documents, there is no citywide programme to support poor and vulnerable families, including those affected by disability, mental health problems or substance abuse. Some children from poor households are offered places in institutions and they can attend pre-kindergarten courses with subsidised fees. The Department of Labour, Invalids and Social Affairs has also developed some printed materials to promote parent-child relationships via school-based programmes. However, the risks of violent discipline for preschool children, whose caregivers are often grandparents, are underemphasised.



**INCOME AND
ECONOMIC
STRENGTHENING**

The provincial government operates a financial support system for low-income families. Socialised loans, financial supports for poor households with a low interest rate that are guaranteed by the state, have been established mainly by the Vietnam Social Policy Bank and coordinated by the Hue Women's Union. They offer low-interest loans to poor women (0.4% per month, 4.8% per year). In 2018, 1.4 billion Vietnamese Dong (approx. US\$60 million) were invested for 60,000 members of the Women's Union in Hue. In some communes, the Women's Union launched a loan scheme for vulnerable members (e.g. the poor, people living with disability or war invalids). Between 150 to 200 women have been assisted.

The Hue Women's Union offers scholarships for good students (mainly at primary and secondary levels). Up to September 2018, 2,100 children had been offered scholarships, with a value of 678 million Vietnamese Dong (approx. \$29,000). In addition, children under six qualify for free healthcare, provided by health insurance when they visit public clinics. These strategies help to reduce the number of children living in poverty. They are managed via the Women's Union so options for men remain modest.



**RESPONSE AND
SUPPORT
SERVICES**

The standard procedure is for victims to report to police officers or social workers, who can then refer them to healthcare institutions (such as a provincial psychiatric hospital or district health centre), where they can access care from paediatricians, public health specialists, social workers and psychologists. However, there is considerable social stigma about the use of psychological services; usually only people with severe mental disorders request care. Women with depression or anxiety often try to tolerate it and visit commune health centres or general hospitals with psychosomatic complaints. As in other cities, it is likely that much interpersonal violence is not reported.

The victim support infrastructure in Hue includes a safe shelter to accommodate victims of IPV. However, most key informants reported that no one uses the safe shelter because they prefer to stay with their family to stabilise mental health and find further support, as well as to avoid rumours from neighbours and related stigma and discrimination.

For children, the victim support infrastructure includes a range of services comprising telephone hotlines, legal and psychological support and placements in safe houses. Child Helpline Viet Nam (111) is a government-operated toll-free nationwide phone service set up to receive reports, complaints and grievances regarding VAC. Commune Child Protection Committees are also responsible for receiving reports of VAC and addressing its cases. In Hue, there is no local helpline and most VAC situations are reported via the network of social workers.

Hue has 15 facilities to support around 800 vulnerable minors (orphans, children affected by HIV/AIDS, street children). They receive children, provide support and find foster families if needed. Children and their families can also find support from the Provincial Association for Protection of Child's Rights, which offers comprehensive services, including referral to psychological and legal counselling, and intervention for child maltreatment and neglect. The Association for the Protection of Child's Rights collaborates with stakeholders to bolster protective services for children affected by violence.

Training that aims to improve skills and networks among social affairs officers is conducted quarterly by the Department of Labour, Invalids and Social Affairs. In 2018, software was designed for data management of children's issues. This replaced an inaccurate manual reporting system. The administrative data on violence can be disaggregated by types, age, gender and province, but until now, not by ethnicity, socio-economic status or disability status, which may reduce the availability of information on the characteristics of high-risk families.

A project managed by the Hue Women's Union and the provincial psychiatric hospital provides screening for mental health problems using the nine-item Patient Health Questionnaire. They also provide counselling to support women with depression. Preliminary achievements from this 2018 model are considered to be positive, with eight women with serious depression being treated successfully. The Women's Union also has a legal counselling centre to provide services for members, including help with prosecution of violent perpetrators or divorce if needed.



**EDUCATION AND
LIFE SKILLS**

The Club for Gender Equality, an initiative to bring together women and men in the community to promote well-being by advancing the role of women in the family, was established to prevent domestic violence and promote the role of women in the community. The principal members are tasked with raising awareness among families, intervene if violent acts occur and provide mediation. The services and support are activated at victims' requests, via a written form. Without the documented evidence from victims, it is considered unfeasible to initiate official help for victims.



Key Challenges and Gaps

Although Hue has an integrated system of services, key informants identified several significant challenges:

Child law implementation. Authorities involved in local child protection are the Department of Labour, Invalids and Social Affairs, as well as the Departments and Offices of Health, Justice, Public Security, Education and Training and the People's Procuracy. However, there is an insufficient number of staff, low levels of resources, limited multi-sectoral cooperation and few opportunities for staff training.

Norms and values. Many people do not consider corporal punishment as a form of violence. They think that children will learn better when parents use strict punishment. Most authorities will not interfere as it is considered a valid method to control the behaviour of a child at home. In relation to Information, IEC campaigns, it is noted that there is insufficient capacity in human resources and incentives for village collaborators to reach families from disadvantaged and low SES backgrounds, especially at preschool age.

Safe environments. Stakeholders suggested that there is currently limited attention to ways in which children can be protected. This could be achieved through the creation of safe areas for families and children, including public transport and playgrounds.

Parent and caregiver support. Support is offered to a limited extent, but it does not always reach preschool children and vulnerable families. Strategies to promote early child development have mainly focused on provision of facilities for child health and care. However, experts noted a lack of support for parents to receive advice and skills to stimulate the cognitive and emotional development of children.

Service and response. Many services are not used effectively (e.g. shelters, mental health screening, psychology services and helplines). There is a shortage of training for nurses and obstetricians to screen for domestic violence and mental distress during pregnancy check-ups. There is also a need for training police officers to detect VAC and IPV, and respond sensitively and quickly. Until now, there has been no special training for midwives, nurses, general doctors and/or obstetricians to screen for p-IPV and mental health during pregnancy check-ups. Similarly, there is a lack of professional training for health staff to recognise and address domestic abuse and/or child maltreatment. Some health staff at commune health centres provide care for victims of violence including pregnant women and children, but this is based on their personal knowledge, not on official guidelines.

Education and life skills. There is a gap in the availability of educational materials designed for parents of preschool children.

Monitoring and evaluation. There is inconsistency in monitoring and data collection. Although data on children is collected, it is dispersed between different agencies, making it hard to obtain a comprehensive picture.

Policy Recommendations

Vietnam has made impressive progress in completing a legal policy, incorporating international treaties into national laws and improving policy enforcement. There is strong political will and Hue's authorities have put in place an inspectorate system, inter-agency cooperation and action plan to promote a high level of implementation. Hue has the foundations for a functioning system of public services related to VAC and IPV. However, there are major gaps that should be addressed to achieve a better integration of policy and practice:

Norms and values. More resources should be dedicated to raising community awareness of the consequences of corporal punishment; educational programmes should be endorsed by community leaders. Mass and social media should be used to increase the effectiveness of campaigns. Enterprises that promote public-private partnerships could help to meet needs in Hue across all elements of the INSPIRE framework.

Safe environments. More efforts should focus on how to improve security in public spaces by improving infrastructure, schools and children's centres.

Parent and caregiver support. More community-based services and support should be available to develop social clubs for child protection, which can be integrated into the clubs for gender equality. Creating a mechanism for Hue Women's Union to be able to offer some social services (e.g. legal counselling and screening for mental health problems during pregnancy) will help.

Income and economic strengthening. Further effort is necessary to reach out to families from low-income backgrounds and other high-risk families to reduce alcohol and substance abuse. These factors have increased the risk of IPV and possibly child maltreatment and neglect. Prevention efforts should focus more on these vulnerable families, especially those in remote areas

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Response and support services. There is still a lack of guidelines and training of specialist personnel for providing services to victims of violence in the family. Health practitioners mainly operate services for the prevention of domestic violence based on their hands-on experiences rather than official guidelines, while social workers and current systems for child protection and child rights are still based on an outdated legal framework (i.e., Vietnam's Law on Child Protection, Care and Education, 2004). It is necessary to develop and adapt service guidelines, systems and city-wide training for practitioners and social workers to implement the Child Law of 2017.

Education and life skills. Services and support for preschool children remain modest. A citywide programme to enhance life skills, especially focusing on how to avoid abuse of children, should be established in nurseries and primary schools.

Multi-sectoral actions and collaboration. Cases of child maltreatment and IPV are often processed by different agencies. However, the risk factors, needs of victims, intervention approaches and services have many things in common. In order to foster and sustain a multi-sectoral collaboration, a more integrated response system should be created.

Monitoring and evaluation. There is insufficient monitoring and evaluation; they should be rigorously applied to uncover reasons why services are not working effectively and especially to improve support for high-risk families. Stronger collaboration between the agencies providing family services and universities could assist in gaining insights and generating evidence. This can include collaboration with university colleges responsible for educating teachers, social workers, doctors, nurses and other professionals.

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8. VALENZUELA, PHILIPPINES (POP 620,000)

SANDRA HERNANDEZ, BERNADETTE MADRID

Valenzuela is a city in the Philippines with a population of about 620,000 inhabitants. It is located about 14 kilometres north of the capital city of Manila and is one of 16 cities that constitute Metro Manila with a population of 13 million (Philippine Statistics Authority, 2017).

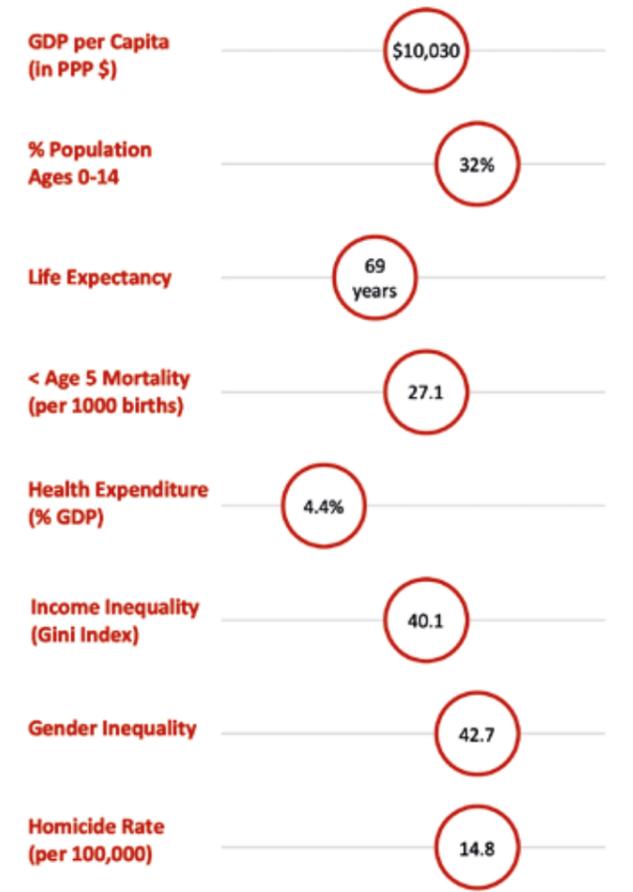
The city is divided into 33 barangays, neighbourhood-level administrative units. Barangays serve as the primary local planning and implementing unit of policies, projects and activities. They have some independence from City Hall, with their own elected leadership and funding. As the first line of defence, they are mandated to set up a desk to receive complaints and facilitate referrals.

In the past 20 years, Valenzuela has developed into a major manufacturing hub with a variety of small- and large-scale industries (i.e. metal, plastic, food, apparel, textiles). A large proportion of its workforce is employed in the industrial sector. Among those employed, one third is labourers, unskilled workers, and one half has permanent status. The rest of those employed are casual/seasonal workers or people with different jobs on a daily or weekly basis (PEP-CBMS Network Office, 2017).

The overwhelming majority of households in Valenzuela has access to water and sanitation. School participation rates are high with only 2.4% of those aged 6-15 years not attending school. According to the 2015 Community-Based Monitoring System in the Philippines, around 28% of all households in Valenzuela were living below the poverty threshold; 18% of households are estimated to have no sufficient income to satisfy their food needs (PEP-CBMS Network Office, 2017).

Under its recent local governments, the City of Valenzuela has become widely known in the Philippines for effective and innovative public services. The city's 'Five Pillars of Good Governance' comprise education, health and social services, housing, job generation and trade and industry. They emphasise an efficient public administration that makes intelligent use of modern communication technologies. In April 2018, a crowd-sourced global database ranked Valenzuela as the second safest city in Southeast Asia after Singapore (Paunan, 2018).

National Indicators Republic of the Philippines



Source: World Bank, World Development Indicators 2016 or 2017, <https://databank.worldbank.org/data/home.aspx>

Violence against Children and their Mothers

Violence against Children

Recent surveys provide good national baseline data on VAC and IPV in the Philippines. The 2015 National Baseline Study on Violence against Children (NBS-VAC) revealed that 80% of respondents aged 13-24 years had experienced some form of violence in their lifetime in the Philippines, whether in the home, school, workplace, community or during dating (Council for the Welfare of Children & UNICEF Philippines, 2016). About three in five respondents (66%) experienced physical violence during childhood; more than half

(60%) of these cases happened at home. About 14% of children experienced physical violence at school by teachers and other adults. Almost one out of five children (17%) experienced sexual violence while growing up, most frequently at home (10%). Remarkably, the study found that males experienced more physical, sexual and psychological violence across all settings.

Violence against Mothers

In the Philippines, mothers are significantly more likely to experience spousal violence than women without children. Results from the 2017 National Demographic and Health Study show that 18% of married women with no children experienced spousal violence. Among women with at least one child, the victimisation rate was 25% (Philippine Statistics Authority & ICF, 2018). In particular, women with three or more children were twice as likely to experience physical violence by their partners as women with no children. These findings suggest that significant proportions of children in the Philippines witness violence in their family environment. This is

corroborated by findings from the 2015 NBS-VAC. According to that study, 41% of children had witnessed physical violence at home, while 63% witnessed psychological violence in the family.

Only one out of three (34%) women who ever experienced physical or sexual violence had sought help. Among women aged 15-49 who had ever been pregnant, 3% had experienced physical violence during a pregnancy (Philippine Statistics Authority & ICF, 2018).

Risk Factors and Emerging Issues

A recent Systematic Literature Review on the Drivers of Violence against Children described the risk of different forms of violence in the Philippines (University of the Philippines Manila, University of Edinburgh, Child Protection Network Foundation & UNICEF Philippines, 2016). The review found strong evidence for intergenerational transmission of violence. It suggests that parental histories of physical abuse, financial stress and substance misuse make up a toxic mix that leads to non-disciplinary physical violence at home.

The review also described three main drivers of sexual VAC: a culture of silence and fear of reporting; inadequacy of legislation, such as the minimum age of sexual consent and statutory rape laws; increased vulnerability, particularly of children with disabilities. The lack of access to reproductive health information and services was also identified. Emerging issues in the Philippines include online sexual abuse and exploitation, migration and disasters. Studies have implicated poverty, poor parenting, peer influence, socio-cultural norms and easy access to the internet as drivers of sexual exploitation. Migration was cited as a possible driver of neglect and sexual violence, while increased rape and sexual abuse cases have been observed after disasters.

Laws and National Policies



IMPLEMENTATION AND ENFORCEMENT OF LAWS

The Philippines ratified the UNCRC in 1990. Some of its principles have been implemented through national legislation. More specifically, the Philippine National Strategic Framework for Plan Development for Children 2000 to 2025 ("Child 21") is a long-term plan to implement the UNCRC. It provides a framework across all the life stages of Filipino children. Several laws that address VAC have been enacted under this framework, including, for example, the Special Protection of Children against Abuse, Exploitation, and Discrimination Act, the Anti-Violence Against Women and Their Children Act, the Juvenile Justice and Welfare Act, and the Anti-Bullying Act of 2013, which requires all elementary and secondary schools to adopt policies that prevent and address acts of bullying in their institutions. The Committee for the Special Protection of Children, an interagency committee led by the Department of Justice and the Department of Social Welfare and Development, is tasked with monitoring the enforcement of the Child Protection Act. It launched the Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation as a set of standards to ensure the protection of the rights of victims of abuse, neglect and exploitation. It provides guidance for government agencies, non-governmental organisations and other stakeholders, including a Flowchart on Management of Child Abuse Cases (Committee for the Special Protection of Children, 2013).

To respond to victims of abuse, neglect and exploitation, the Philippines have built up a network of 103 Women and Children Protection Units located in hospitals of 55 provinces and 10 cities across the country. They provide medical, psychosocial and legal services to abused and at-risk children, and their families.

The recommendations of the NBS-VAC led to the development of the 2017 Philippine Plan of Action to End Violence against Children as a multi-sectoral roadmap towards ending VAC. The plan reflects the government's recognition of children's rights, addresses specific SDG targets and is consistent with Child 21 and the Philippines' National Plan of Action on Children. It aims to achieve six outcomes by 2022:

- Parents and caregivers are aware of and are practising evidence-based parenting skills and positive discipline to build a safe environment;
- Children and adolescents demonstrate personal skills in managing risks, protecting themselves from violence and seeking professional help;

- All children in need of special protection have access to quality social, mental, health, legal, economic and judicial services;
- A well-developed and effectively managed monitoring and evaluation system for the Philippine Plan of Action to End Violence against Children is in place;
- All VAC-related laws are in place and effectively enforced;
- Multi-stakeholder child-protection structures and systems at the national, provincial, municipal, city and barangay levels are operational and functioning.

Strengths and Resources

Since the 1990s, the delivery of health and social services in the Philippines has been largely devolved to local governments. Today, the city government of Valenzuela plays a key role in improving programmes and policies for child protection and violence prevention. It has a strong commitment to addressing all forms of VAC and women as part of its 'Five Pillars of Good Governance' policy.

Local by-laws support child-protection goals. The Valenzuela's Code of Parental Responsibility prohibits corporal punishment in the exercise of parental authority; it exempts children under 15 years of age from criminal liability; and it imposes criminal liability on persons with

authority, custody or responsibility over a child who commit acts of child neglect and abuse. Also, a local ordinance sets minimum-age purchase limits, as well as prohibited times and areas for selling alcoholic beverages. The Valenzuela City Cares Plus Ordinance, a comprehensive drug abuse programme, provides a one-stop process for the reintegration and rehabilitation of drug users/dependents, and defines the duties of police officers and barangay officials in the prosecution of drug cases (City Government of Valenzuela, 2011).



NORMS AND VALUES

Valenzuela has some orientation and awareness campaigns to sensitise the population on child protection issues. These include training on gender sensitivity and the relevant legal framework for the Barangay Council for the Protection of Children, training teachers, parenting sessions, Skills for Life Training for adolescents and family advocacy sessions.



SAFE ENVIRONMENTS

The municipality also actively engages in creating a safe environment through the installation of street lights, City Command Centres with CCTVs and greater police visibility. There is a curfew on minors and this responsibility is imposed on parents and guardians, with a penalty of counselling or mandatory community service for those found negligent. The Bantay Bayan Office, a volunteer-based group, assists with the implementation of laws and city ordinances related to crime prevention and preservation of public safety. Bantay Estudyante, a local traffic unit composed of senior citizens - trained on traffic management and first-aid rescue procedures - is deployed near all state schools.



PARENT AND CAREGIVER SUPPORT

There is limited provision of parent and caregiver support programmes. However, good parenting is supported in various ways. The social workers of the City Social Welfare and Development Office are tasked with conducting Parent Effectiveness Service Sessions in the barangays. They also teach and train barangay personnel. Also, in 2017 the city's government initiated a Male Health Caravan, the KATROPA sa REXponsableng Pagpapamilya Caravan, which, amongst others, promotes male involvement in maternal and child health, as well as responsible parenting.



**INCOME AND
ECONOMIC
STRENGTHENING**

A public housing strategy provides good quality dwellings to current residents of informal settlements. More specifically, the Disiplina Villages in two Barangays were built to respond to the problem of informal settler families living in danger zones, providing safer and decent homes with basic services. It is an integrated community with a satellite city hall, health unit, police precinct, fire substation, public hall, day-care centre and school. It also has an activity centre, transportation terminal, public market and chapel. The community farm features a greenhouse, poultry house and fish pond, which provide sources of income for the residents (City Government of Valenzuela, 2011).

Low income Valenzuelanos also benefit from microenterprise livelihood training to provide alternative sources of income. More specifically, the SEED project aims to legitimise and empower street-based micro-entrepreneurs. Through the project, street vendors undergo training on food safety awareness, basic business management, pricing and costing, product development and sustainability.



**RESPONSE AND
SUPPORT
SERVICES**

Over the past years, Valenzuela has strengthened its response system to child maltreatment. Each barangay is mandated to establish a Violence against Women and Children Desk. It receives complaints of violence and can issue protection orders and referrals to other agencies. Furthermore, the Valenzuela City Child Protection Center is a city-wide one-stop unit manned by a multidisciplinary team of physicians, psychologists, social workers and police officers catering to cases of VAC and neglect, children at risk and children in conflict with the law.

The youth detention and reintegration centre Bahay Pag-asa (House of Hope) provides short-term residential care for children in conflict with the law who are 15 to 18 years of age and are awaiting resolution of their cases or transfer to other agencies or jurisdictions. The juvenile support centre is manned by a multi-disciplinary team, composed of a social worker, a psychologist/mental health professional, a medical doctor, an educational/guidance counsellor and a member of the Barangay Council for the Protection of Children, who works on individualised intervention plans with children and their family. The Bahay Kalinga Centre, in contrast, is a facility that serves as temporary shelter for street children, children at risk, victims of neglect, abuse, exploitation and discrimination.



**EDUCATION AND
LIFE SKILLS**

Promoting life skills is an important feature of the Education 360° Investment Program, which was launched in 2014 (City Government of Valenzuela, 2011). With a strong participatory component, it aims at providing a stimulating learning environment across all ages. Amongst others, it includes a comprehensive parental involvement strategy, a healthy nutrition programme, teacher skills training, and reading support for children with poor literacy levels. For the Education 360° Investment Program the city earned its second Galing Pook Award in 2015, a national award that recognises outstanding innovative practices by local governments.



Key Challenges and Gaps

Since the devolution of health and social services in the Philippines, the implementation of national governmental programmes has depended on local initiatives. In Valenzuela, the local government plays a key role in improving programmes and policies for child protection. Service providers have more than basic knowledge about VAC. Interviewed stakeholders identified various challenges that should be addressed to further improve services related to addressing VAC in Valenzuela.

Norms and values. An important gap identified by stakeholders involves capacities and resources for engaging community members and addressing norms and values. Also, programme leaders call for stronger community awareness of and involvement in securing continuous resources for initiatives.

Safe environments. Valenzuela has been voted the second safest city in south-east Asia. Possibly, more could be done to monitor crime hotspots and the implementation of the ordinance on limiting the time and place where alcohol is sold. Creating and sustaining a safe environment on the internet is a major challenge.

Parent and caregiver support. While the city's government invests heavily in education, lack of support for the parents or irresponsible parenting are a major barrier. Parent support and income strengthening programmes also require continuous funds.

Response and support services. Limited capacities at the barangay level for responding to cases and initiating programmes were seen as one challenge. With various governmental and non-governmental agencies operating locally, an efficient referral system is not in place and duplications occur. The fast turnover of personnel, due to limited salaries, requires repeated training sessions.

Education and life skills. Aside from the barangays, the teachers and school staff need training on recognising VAC and on protocols for agency referral. Schooling is not prioritised among large families belonging to low-income groups because of more pressing basic needs. In spite of incentives, the beneficiaries of income-strengthening programmes can also be resistant to change.

Multi-sectoral actions and collaboration. Valenzuela City has been widely recognised for its best practices, programmes and policies directed at increasing the quality of life, safety and health of Valenzuelanos. These programmes also serve as primary prevention programmes for child maltreatment. However, they are not yet recognised as preventive activities and do not currently integrate efforts on the prevention of VAC. For example, livelihood and microfinance programmes do not integrate gender and positive discipline training. Also, more networking among the existing service providers is needed for effective communication and allocation of resources.

The overlap between VAC and IPV has not yet been sufficiently addressed. Greater integration between women and children programmes may be more cost effective and result in better outcomes. (Bacchus et al., 2017). The role of fathers needs further exploration.

Monitoring and evaluation. There is currently no monitoring and evaluation. Various activities that are being conducted have not been evaluated, such as the parenting, family advocacy and life-skills sessions for adolescents. There is an inadequate budget and lack of human resources for monitoring the various local programmes.

Policy Recommendations

A citywide action plan is recommended for Valenzuela, including:

Multi-sectoral task force. The creation of a multi-sectoral task force under the Mayor's Office was suggested to conduct a review of existing services, considering their alignment with the INSPIRE core elements. The task force can then make recommendations on how improvements can be made.

Capacity building. While Valenzuela City has the basic infrastructure for child protection in the form of child-caring institutions, there is room for improvement in terms of training the front-line service providers. Capacity building can be expensive and what local governments can achieve is limited, unless they can ask nongovernmental organisations for assistance. Capacity building is not just required for social workers, but also for barangay leaders. With further training, they can become more engaged in the reduction of VAC. Protocols for case management and referral pathways among the various agencies are needed to ensure a smooth and effective delivery of services. For most cases, the first line of contact is the barangay, further highlighting the need to train local officials. Training of the barangays' officials should include the 4Rs of child maltreatment (i.e. recognising, recording, reporting and referral).

Research. The need to document the magnitude of VAC was reiterated, considering that data from traditional sources (i.e. police and City Hall reports) are only the tip of the iceberg. A baseline study of VAC and IPV, shared risk factors for VAC and IPV, current utilisation of health, prevention and VAC services is required.

Community readiness assessment. A community readiness assessment to implement evidence-based programmes to prevent VAC in different settings - for example, in the home (Parenting for Life Long Health – Masayang Pamilya for different age groups) and in the schools (Safe Schools and Education and Life Skills training is required). This should include a focus on using eHealth approaches to support violence prevention in families, schools, and the community. Meeting with different stakeholders, including children and adolescents, are needed to find out what they think is important in order to prevent and reduce VAC.

Selection of programmes. It is important to adapt policies locally as national laws do not consider cultural and religious variations across provinces and cities. To ensure sustainability, projects and good practices initiated by nongovernmental organisations need to be institutionalised. Programmes must also consider the fiscal aspect of investment. Valenzuela City is fortunate in that it has a large annual income that can support initiatives.

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