



INSPIRE TRAINER HANDBOOK



Acknowledgments

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Welcome

Welcome to the INSPIRE trainer handbook, to be used for training policy makers and planners, alongside the accompanying slide deck and other INSPIRE resources. Your role as a trainer is essential for supporting policy makers and planners to prevent and respond to violence against children using evidence-based strategies. Your knowledge, experience, training skills and passion are all vital for developing and delivering effective training that really makes a difference. Thank you for taking on this important role.

*If at any time you're stuck for ideas or inspiration, you can contact: **Sabine Rakotomalala**, Technical Officer, Violence Prevention Unit, World Health Organization, sabinev@who.int*



Purpose of this trainer handbook

This handbook is designed to provide you with training ideas and tools, after you have completed the INSPIRE Training of Trainers (ToT) training. This handbook and accompanying tools can be used by you (the trainer) to tailor training for national and regional participants, assumed to be primarily planners and policy makers, so that it is nationally relevant, engaging and impactful. It enables you to easily develop a slide deck and activities that meet participants' needs.

Preventing and responding to violence matters. INSPIRE is a package of seven evidence-based strategies for countries and communities working to eliminate violence against children. The seven strategies are Implementation and enforcement of laws; Norms and values; Safe environments; Parenting and caregiver support; Income and economic strengthening; Response and support services; and Educations and life skills. Additionally, INSPIRE includes two cross-cutting activities that together help connect and strengthen - and assess progress towards – the seven strategies.

This package comes with a pre-prepared set of slide decks and suggested activities, along with a resource list of potential sources of materials for training. Once you have developed adapted materials, we encourage that you share your adaptations and local resources with WHO, in order to build up a wider training resource for all trained trainers on violence against children (VAC). The links for resources are listed below.

All INSPIRE trainers should have:

1. Completed the INSPIRE ToT for Policy Makers and Planners
2. Proven experience of working in the field of VAC or child protection
3. Proven experience of delivering training of adults at policy maker and planner level
4. Proven experience of developing and adapting the training approach and content to local audience
5. Knowledge of and commitment to safeguarding
6. Local language knowledge, i.e., at a minimum fluency in the national language of the countries that training will be conducted.
7. Experience of delivering online training (desirable).



Section 1:

a brief overview of INSPIRE

INSPIRE's vision is a world where all governments, with the strong participation of civil society and communities, routinely implement and monitor interventions to prevent and respond to violence against all children and adolescents and help them reach their full potential.

The INSPIRE package builds on growing evidence that violence against children is preventable, and on a growing public consensus that it will no longer be tolerated.

The INSPIRE package seeks to bring together multi-sectoral efforts to raise awareness that, although levels of violence vary within and between countries, no society is immune as children across the globe experience violence. It will encourage deeper engagement to prevent violence and to treat the harmful consequences when it does occur.

INSPIRE is anchored in recognition that all children have the right to be free from all forms of violence (UN Convention on the Rights of the Child). It also responds to the extensive and costly impacts that violence against children has on public health and development.

INSPIRE is also an essential tool to help achieve Sustainable Development Goal Target 16.2, which calls for ending all forms of violence against children, and it will be useful to help achieve goals 1, 3, 4, 5, 10, 11 and 16 that target poverty, health, education, gender equality, safe environments, and justice.

We have an opportunity and a responsibility to prevent violence, protect children and have a positive impact on a broad range of

health, social and economic challenges facing low-, middle- and high-income countries. Violence against children can be prevented if the global community acts now, acts wisely and acts together. This package presents evidence-based ways to do it.

Defining violence against children

The INSPIRE technical package and INSPIRE Handbook refer to different types of violence against children – that is, all people under 18 years of age. Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child’s development.

Type of violence	Definition
Maltreatment (including violent punishment)	Involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.
Bullying (including cyberbullying)	Unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
Youth violence	Concentrated among those aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes physical assault with weapons (such as guns and knives) or without weapons, and may involve gang violence.
Intimate partner violence (or dating violence)	Involves violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child and early and/or forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.

Sexual violence	Includes non-consensual completed or attempted sexual contact; non-consensual acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse, and online exploitation.
Emotional or psychological violence and witnessing violence	Includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons.

Any of these types of violence may also be directed towards girls and boys because of their sexual orientation and/or gender identity.

When you are delivering the training, you will also need to refer to definitions used in-country in for example, national legislation or nationally endorsed and evidence-based interventions. See Section 2 for more information about adapting the training to local context, including identifying local case studies and examples.

Causes and consequences of VAC

Module 1 of the training package explores the causes and consequences of VAC. VAC is a complex problem with no single cause and no single solution. Table 1 below provides a list of the most widely prevalent risk factors at the various levels of the socio-ecological model that drive VAC. It also outlines factors that protect children against violence.

It is important to remember that these different factors interact with each other and that every individual child will face a different combination of risk and protective factors. The more risk factors at each level, and the more cumulative the factors are, the greater the risk that a child may face. Humanitarian crises including war, mass refugee movement, economic migration, climate disaster, and disease outbreaks also exacerbate children's vulnerability to violence of all forms.

It is important for policies and programmes to recognise that the various forms of violence are connected and can share common root causes and therefore one form of violence can lead to another. For example, children who witness intimate partner violence against their mother or stepmother are also likely to experience such violence later in life- both as victims or perpetrators. Thus, programmes that effectively address the root causes have a higher potential for reducing multiple forms of VAC.

Violence against children can have many acute and lifelong health consequences including:

- Injuries – some of which can result in death, with homicide the leading cause of death in adolescent boys;
- Health risk behaviours such as smoking, alcohol and drug abuse, and unsafe sex;
- Mental health problems;
- Maternal and child health problems;
- Non-communicable diseases such as cancers, cardiovascular disease and diabetes; and
- Communicable diseases such as HIV;
- Adverse childhood experiences (ACEs). ACEs are potentially traumatic events that occur in childhood (0-17 years). ACEs can be a single event or incident, or prolonged threats to a child's safety, security, or bodily integrity. ACEs impact the development of a child, including brain development.¹

As such, violence against children is a significant problem in itself, and is also a major risk factor for many top priority public health conditions. Due to the adoption of behavioural risk factors such as smoking, alcohol abuse, poor diet, and lack of exercise, there is now increasing evidence that major adult forms of illness--including ischaemic heart disease, cancer, and chronic lung disease--are related to experiences of abuse during childhood. In addition, the global economic impacts and costs resulting from the consequences of physical, psychological, and sexual violence against children can be as high as \$7 trillion.²

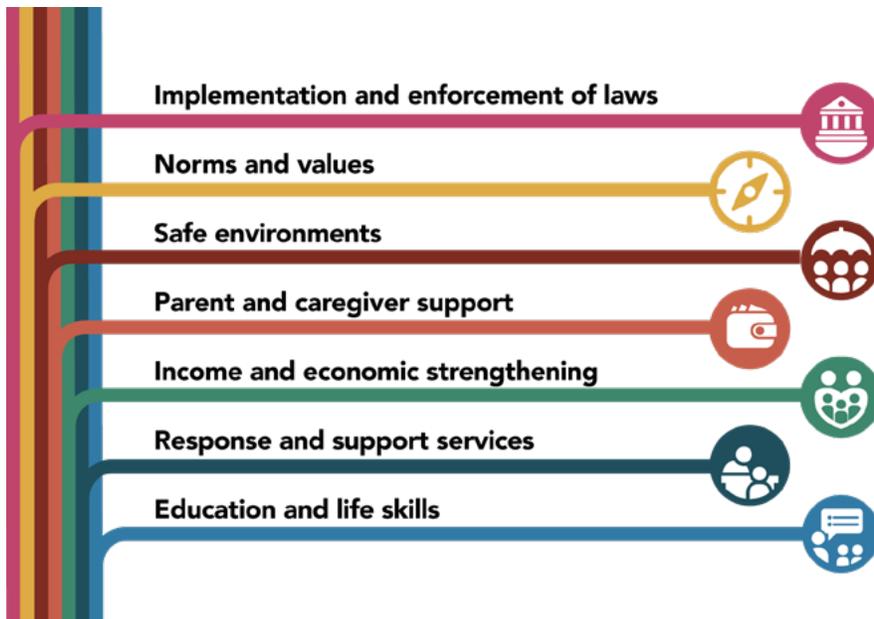
¹ Brennan, R; Bush, M; Trickey, D; Levene, C and J. Watson (2019). *Adversity and Trauma-Informed Practice: A short guide for professionals working on the frontline*. Published by YoungMinds. Available at: <https://youngminds.org.uk/media/3091/adversity-and-trauma-informed-practice-guide-for-professionals.pdf>,

² ODI and ChildFund Alliance, *The Costs and Economic Impact of Violence against Children*, September 2014

	RISK FACTORS	PROTECTIVE FACTORS
SOCIETAL	<ul style="list-style-type: none"> • Rapid social change • Economic Inequality • Gender Inequality • Policies that increase Inequalities • Poverty • Weak economic safety nets • Legal and cultural norms that support violence • Inappropriate access to firearms • Fragility due to conflict/post-conflict or natural disaster 	<ul style="list-style-type: none"> • Formally recognised children's rights and gender rights • Legal frameworks to prevent and combat violence are enforced • Norms promote gender equality and rights of women and children • Policies to combat economic vulnerability and discrimination
COMMUNITY	<ul style="list-style-type: none"> • Concentrated poverty • High crime levels • High residential mobility • High unemployment • Local illicit drug trade • Weak Institutional policies • Inadequate victim care services • Physical environment situational factors 	<ul style="list-style-type: none"> • Public disapproval of violence • Modeling of norms and behaviours that promote gender equality and rights of women and children • Recreational and development programmes available for children and youth • Safe environments • Positive relationships among community members
RELATIONSHIP	<ul style="list-style-type: none"> • Poor parenting practices • Marital discord • Violent parental conflict • Early and forced marriage • Low socio-economic household status • Friends that engage in violence 	<ul style="list-style-type: none"> • Economic stability • Parent education level • Extended family support • Parents' skills and coping behaviour • Good peer relationships • Gender equality In household
INDIVIDUAL	<ul style="list-style-type: none"> • Sex • Age • Income • Education • Disability • Victim of child maltreatment • History of violent behaviour • Alcohol/substance abuse • Psychological/ personality disorder 	<ul style="list-style-type: none"> • Positive selfesteem and selfefficacy • Social skills

Table 1
 Risk and protective factors for VAC
 (Source: INSPIRE Implementation Handbook)

A brief overview of INSPIRE's seven strategies



The seven INSPIRE strategies are most effective when implemented as part of a comprehensive, multi-sectoral plan. The strategies are intended to work together and reinforce each other.

Though stakeholders in many countries are working to eliminate violence against children, their efforts are not always well coordinated or supported, and few are undertaken at a large scale. Coordination mechanisms are therefore essential, as no single sector can deliver the full package of interventions, and no individual government can tackle the growing threats to its children that now transcend national borders. Efforts to implement the package should therefore encourage cooperation and learning both within and between countries.

All seven INSPIRE strategies can be applied in settings affected by conflict or natural disaster, and the package includes interventions shown to be effective in such situations. The INSPIRE Handbook includes a 'Humanitarian actions' section that shows how the strategy has been or can be implemented in emergency, conflict, or recovery settings.

Whilst it is important that everyone is aware of all seven strategies, some policy makers and planners may choose to focus more on one or two strategies, depending on national interest. Module 3: Foundations of INSPIRE supports trainers to adapt the training package to meet participants' needs (see page 23).

This training package is based on six key resources that form the INSPIRE technical package, namely:

1. The INSPIRE seven strategies core document (<https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>) describes what the INSPIRE strategies and interventions are; available in multiple languages
2. The INSPIRE Handbook (<https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children>) explains in detail how to choose and implement interventions that will fit your needs and context; available in English, Spanish and Ukrainian
3. The INSPIRE Indicator Guidance and Results Framework (<https://www.who.int/publications/m/item/inspire-indicator-guidance-and-results-framework>) is designed to help governments and non-governmental organizations monitor progress and track change over time as they implement INSPIRE strategies; available in English
4. The INSPIRE Guide to Adaptation and Scale up (<https://adaptationandscale.inspire-strategies.org/>) can be used as activities to end violence against children are selected, implemented, adapted, and scaled.
5. INSPIRE Massive Open Online Course is an introduction to all seven INSPIRE strategies, including short videos and case studies to illustrate the strategies. This Trainer Handbook assumes that you, the trainer, are familiar with the MOOC (once it is launched in early 2022). It also assumes that potential participants in training sessions can be directed to the MOOC for more in-depth information per each of the seven strategies.
6. The INSPIRE Competency Framework – this document describes the core knowledge, skills and attitudes needed to deliver the INSPIRE framework across different domains and different government and non-governmental actors. The competencies for planners and policy makers have been used to design the modules in this Trainer Handbook. The INSPIRE Competency Framework is available as part of the Training of Trainers resource bank <https://drive.google.com/file/d/1XW5Fe1XCB0eee3zPuJCJqBGvuank04XE/view?usp=sharing>.

Note: The Training of Trainers Resource Bank will shortly be moved to the new Inspire Strategies website; all trained trainers will receive a link to access the materials when they are moved.

Further information on violence prevention is also available in the WHO violence against children prevention page (https://www.who.int/health-topics/violence-against-children#tab=tab_1) and there are Further Reading lists at the end of each Module below.



Section 2:

Preparing for and delivering the training

How to use the INSPIRE training for planners and policy makers



Steps 1 and 2:

know WHO you are training and WHY and identify time available

- Ask the department or individual who is requesting training:
 - WHO will be attending and their contact details
 - The TIME they have available and format of training (for example, ministers or senior policy makers are likely to have a two-hour slot and expect a briefing. Planners and people with implementation experience are more likely to be able to commit to several days of training) – see some suggested agendas below
 - WHY the training is being requested. Discuss in detail what the gaps and challenges are in preventing and responding to violence against children, and
 - WHAT VAC prevention legislation, policies, guidelines, Standard Operating Procedures (SOPs), strategies, budgets, programmes already being implemented are being reviewed or due for review.
- Recommend:
 - A training plan that meets the needs and requirements of participants. This is likely to involve more than one training/briefing session dependent on individuals' roles and time availability
 - Update on COVID-19 protocols in the location of training and relevant for all participants
 - Any additional individuals and/or departments or organisations who you think should also be present at the training. This may include representatives from different ministerial departments who are also involved in or influence the violence against children agenda
- COLLABORATIVELY review the training agenda with the department or individual requesting the training and with your CO-TRAINER(S)
- Identify a training location (which may be an online platform) and time(s) that work for the majority of participants and secure the space as soon as possible, adhering to any COVID-19 or other public health or safety measures

- Ensure that the training invitations have been sent out by the relevant in-country lead, usually a government representative. You should support the drafting of the invitation by providing the workshop objectives and agenda, which will have been developed collaboratively. Send the focal point any pre-reading materials for forwarding to participants. Liaise with the in-country training focal point or representative to ensure that reminder emails are sent out close to the date of the training. Ask about any requirements participants may have to enable them to participate fully (for example, requiring documents and slides in large print, an interpreter, a wheelchair-accessible venue)
- Read/re-read:
 - This Trainer Handbook and the accompanying PowerPoint slides
 - INSPIRE: The Seven Strategies
 - INSPIRE Implementation Handbook
 - INSPIRE Indicator Guidance and Results Framework
 - INSPIRE Minimum Standards for Child Protection in Humanitarian Action & INSPIRE strategies
 - INSPIRE Adaptation and Scale-Up
 - National legislation, policies, guidance, strategies and SOPs related to violence
 - National data on violence against children.
- Ask any questions you have about participants and national priorities (asking your main contacts or participants directly), and/or INSPIRE training ideas (you can contact another INSPIRE trainer or WHO head office) prior the training taking place. Case studies and materials are being gathered in the following INSPIRE Training Resource Bank (https://drive.google.com/drive/folders/1tnco0tQRQ-2kcd0jLgJ4BQI8fhoNkvGs?usp=s_haring) and all trained trainers are encouraged to add useful training resources to this Resource Bank.

Below are two sample agendas suitable for a core group of planners and policy makers available for up to three days, followed by a half day 'briefing' for senior policy makers. These agendas assume in-person training. Online versions will need to be adapted according to local context and availability.

Full agenda for policy makers and planners

The full training for the INSPIRE training for policymakers and planners consists of seven modules. Each of the seven modules addresses a specific issue. The modules are summarized below.

Training module	INSPIRE resources
Module 1: Introduction to VAC	<ul style="list-style-type: none"> INSPIRE Seven Strategies for Ending VAC INSPIRE Handbook
Module 2: Understanding Evidence-Based Approaches	<ul style="list-style-type: none"> INSPIRE Seven Strategies for Ending VAC INSPIRE Handbook
Module 3: Foundations of INSPIRE	<ul style="list-style-type: none"> INSPIRE Seven Strategies for Ending VAC INSPIRE Massive Open Online Course (MOOC)
Module 4: Adaptation and Scale-Up	<ul style="list-style-type: none"> INSPIRE Guide to Adaptation and Scale UP INSPIRE Competency Framework
Module 5: Multi-Sectoral Coordination	<ul style="list-style-type: none"> INSPIRE Seven Strategies for Ending VAC INSPIRE Handbook
Module 6: Strategic planning and costing	<ul style="list-style-type: none"> INSPIRE Seven Strategies for Ending VAC INSPIRE Handbook
Module 7: Monitoring and Evaluation	<ul style="list-style-type: none"> INSPIRE Indicator Guidance and Results Framework

If all seven modules are used, the proposed training workshop duration is 2.5 days. However, the duration and details covered in each module should be adapted to the needs of the participants. Their needs will depend on their experience and knowledge of the issue and the stage of INSPIRE implementation in the country. **Note that it is unlikely that you will have sufficient time to cover all seven modules with policy makers given their limited availability.**

A sample agenda for the training workshop of 2.5 days is provided below. If all participants have attended the MOOC training, or if this is a follow-up workshop from a recent 'INSPIRE Foundations' workshop, consider reducing the time spent on Modules 1 and 3, although note that even when participants are familiar with INSPIRE and have completed the MOOC, it is still important to start any training by contextualising INSPIRE to local VAC contexts.

DAY 1 Introduction to VAC and INSPIRE

8:00 am to 8:30 am	Registration
8:30 am to 9:10 am	Opening Ceremonies and Introductions
9:10 am to 9:30 am	Training overview and learning objectives
9:30 am to 10:00 am	Pre-course assessment
10:00 am to 10:30 am	Break
10:30 am to 10:50 am	Expectations, Fears/Challenges and Strengths Exercise
10:50 am to 11:00 am	Group agreement
11:00 am to 12:00 pm	Module 1: Introduction to VAC (PPT presentation)
12:00 pm to 1:00 pm	Group Activity 1 Exercise on Analysing national data on VAC
1:00 pm to 2:00 pm	Lunch
2:00 pm to 2:30 pm	Module 2: Understanding evidence and evidence-based practice
2:30 pm to 3:30 pm	Group Activity 2: Understanding evidence and evidence-based practice- Case studies
3:30 pm to 4:00 pm	Module 3: Foundations of INSPIRE
4:00 pm to 4:15 pm	Day evaluation and wrap up

DAY 2 Implementation and Adaptation of INSPIRE strategies and interventions

8:00 am to 8:30 am	Day 1 Recap
8:30 am to 9:00 am	Module 4: Overview of the INSPIRE Handbook and accompanying adaptation and scale-up resources
9:00 am to 10:00 am	Module 5: Multi-sectoral coordination and collaborations (ppt presentation)
10:00 am to 10:30 am	Tea Break
10:30 am to 12:00 pm	Experiential exercise: Multi-sectoral coordination (Rose exercise)
12:00 pm to 1:00 pm	Group activity 3: Multi-sectoral coordination (world café)
1:00 pm to 2:00 pm	Lunch
2:00 pm to 2:30 pm	Module 6: Strategic planning and costing
2:30 pm to 4:00 pm	Group Activity 4: Discussing country specific VAC strategies and programmes
4:00 pm to 4:15 pm	Day evaluation and wrap up

DAY 3 Monitoring and Evaluation of INSPIRE

8:00 am to 8:30 am	Day 2 Recap
8:30 am to 9:00 am	Module 7: Monitoring and Evaluation of VAC programmes
9:00 am to 10:00 am	Group Activity 5: Monitoring and Evaluation of VAC programmes

10:00 am to 10:30 am Tea Break

10:30 am to 11:00 am	Post-course assessment
11:00 am to 11:15 am	Course evaluation
11:15 am to 12:00 pm	Certification
12:00 pm to 12:30 pm	Closing ceremony and wrap up
12:30 pm to 1:30 pm	Lunch

Half-day briefing agenda

Considering that the majority of policymakers and some strategic planners may not always be available to attend a long training workshop, a simplified training module has been developed for a half-day workshop. The purpose of this simplified version of the training is to increase policymakers' awareness of the INSPIRE package and its importance in the prevention of VAC in countries.

The simplified training module has four main components which can be adapted according to level of knowledge amongst participants:

1. Introduction to VAC and Foundations of INSPIRE
2. Understanding evidence and evidence-based practice
3. Implementation and adaptation of INSPIRE strategies and interventions, and
4. Multi-sectoral coordination and collaborations.

Below is a sample agenda for organizing a half-day training workshop for policymakers and strategic planners.

Briefing Introduction to VAC and INSPIRE

8:00 am to 8:30 am	Registration
8:30 am to 9:00 am	Welcome and introduction
9:00 am to 9:15 am	Workshop overview
9:15 am to 10:00 am	Module 1: Introduction Violence against Children and Foundations of INSPIRE

10:00 am to 10:30 am	Tea Break
10:30 am to 11:00 am	Module 2: Understanding evidence and evidence-based practice
11:00 am to 11:30 am	Group Activity Module 2: Assessing Evidence Levels (case studies discussion)
11:30 am to 12:00 pm	Module 3: Implementation and Adaptation of INSPIRE strategies and interventions
12:00 pm to 12:30 pm	Module 4: Multi-sectoral coordination and collaborations
12:30 pm to 1:00 pm	Closing session: Workshop evaluation

Step 3: PLAN the training

Planning the training – top tips

Regardless of length, the following stages should be considered in planning the training workshop:

- 1. Specify learning objectives** – Determine why you, as the trainer, and planning groups are going to do the training and what they want to communicate. Identify any potential need for interpretation and ensure that there is a budget to cover, ideally ensuring that training is delivered in a language that participants are familiar with.
- 2. Identify co-trainers** with national and other contextual experience.
- 3. Identify content and learning sequence** – Determine, based on the identified learning objectives, what content and information will be relevant to a particular group of participants.
- 4. Decide on learning methods** – Consider what combination of learning methods might be most appropriate for the workshop, including experiential learning (approx. 70%) and lectures (approx. 30%).

5. **Devise activities and other inputs** – Having identified content and chosen learning methods, select resources, activities, and other inputs that will be used in the training to help facilitate learning. There are resources available Part 4 to guide you.
6. **Prepare training materials, including translation of key materials** – Consider what training materials, equipment and resources will be needed by you and by the participants and prepare them before the training event.
7. **Produce plan or programme** – Write a detailed plan for the trainers as well as a programme to give to the participants at the beginning of the workshop. For sample agendas, see Part 4.

How many participants should be in a training, workshop or briefing?

It is recommended that a maximum number of 40 participants attend a training or workshop. For intensive training, an ideal number would be maximum 20 to create a supportive learning environment that best enables participants to tailor INSPIRE to meet national needs and capacity; however, it is important to ensure that key actors are present and so numbers are larger than usually recommended. For briefings, any number can attend.

How can I include participants with disabilities?

All trainings, workshops and briefings have been designed to be suitable for participants with disabilities. Some participants may require reasonable adjustments to support their participation, which can be easily done (such as a larger print copy of the participant handbook and larger writing on the flipchart). Others may require more planning, such as finding a space to run the workshop that has wheelchair access.

Some disabilities are not visible so it is worth checking with all participants individually if they have any disabilities or additional needs that they would like the trainer to know about before the programme begins. It is also important to check whether they would like this information shared with the other participants.

What can I do to ensure that the meetings are culturally and contextually appropriate?

The most important step is to work closely with the national focal point and co-trainers to ensure that the training agenda, timing and location are appropriate. Some questions to consider might include: What is the expected workshop day, including start times? Are there breaks or early ends for prayers or other reasons, including any that occur within the proposed training period? What is the expectation regarding levels of formality before and during training, including dress codes and modes of delivery? How many breaks are expected and are there expectations with regard to meal times?

Tailoring the modules

It is recommended that ALL trainings include all seven modules. However, the amount of time spent on each module and session objective should be adjusted to fit participant requirements and the length of the training.

It is also important to be flexible and to adapt the agenda before the workshop in consultation with national actors, and during the workshop also. Note that, even if people say they have already undertaken some training, it is useful to allow some time to ensure that all participants have a minimum level of knowledge. It can be useful to see whether participants have already completed the INSPIRE MOOC, which will provide a lot of technical background.

Step 4: DELIVER the training, keeping it nationally relevant

The following sub-sections for each module include:

- An overview of session content and flow
- A table that outlines which slides require adjustment by the trainer and ideas for doing so, as well as ideas and instructions for activities for each module
- Instructions for suggested activities
- Recommended additional reading.

Introductory Module: Welcome and covering the basics

Suggested time: 30 minutes (minimum – for smaller groups and shorter sessions) to 2 hours (for larger groups and longer sessions)

Overview and session flow: The session includes a presentation of seven slides, all of which require a brief presentation followed by group discussion. Slides 4, 5 and 7 contain activities. Slide 4 activity (Introductions) is described below. Slide 5 (Ground rules) does not include activities but can either be a brief plenary presentation or a longer group discussion activity, depending on time available. Slide 7 is a pre-test questionnaire. This must be ready prior to the training and developed according to the workshop agenda to be followed. Sample pre-test and post-test questions are presented in Annex 1 and will need to be modified.

Recommendation: the welcome is important because it enables participants to get to know you the trainer and each other. However, there is a lot of content to cover in the training so make sure the welcome and basics take no more than 5% of the overall training time (so if the training is 2.5 days or 20 hours, the welcome and recommendations should take up to one hour; for a five-day training, two hours).

Slide no	What to adjust in the slide	Ideas for adjusting the slide
2	Clarify if the session is a workshop, training or briefing	<ul style="list-style-type: none"> • Workshop: primarily learning through activities and discussions • Training: learning through teaching, as well as activities and discussions • Briefing: presenting information to others. Minimal or no activities or discussions.
3	Add to the objectives of the session	<ul style="list-style-type: none"> • Keep the objectives on slide 3 because they are key essential learnings for INSPIRE for all audiences • Add objectives based on participant needs
4	Add instructions for introductions	<ul style="list-style-type: none"> • Consider the size of the group. For groups of more than 12, you can give people a time limit of 1 minute • Remind participants to be brief in their introductions. You may choose to role model by introducing yourself first • Participants can do an ice breaker such as introducing themselves to the person to their left • Name badges are helpful for the trainer and other participants
5	Group agreement – to add, amend or discuss with participants	<ul style="list-style-type: none"> • Developing group agreements can take time but can be good for participants getting to know each other • Dependent on the length of the training, you can show this slide and ask for comments, or insert a slide prior to this one and ask participants to call out their suggestions or discuss briefly in buzz groups and share. Once shared and written up, you should add any that are not covered by participants using this slide 5 as a summary. • If you are just delivering a half-day briefing, adapt the slide, keeping basic group agreements including the use of mobile phones, safeguarding, and not talking over others.

6	Group agreement – INSPIRE principles	<ul style="list-style-type: none"> Some core INSPIRE principles have been added; these can be adapted to reflect the local priorities
7	Add the agenda for the workshop	<ul style="list-style-type: none"> Focus on the training needs identified pre-training Add timings (and try to stick to them)
8	Check and adjust the time allocated for completing the questionnaire (Annex 1)	<ul style="list-style-type: none"> Give additional time if any participants have additional needs, low literacy levels, or the training is not in their first language.

Activities for Welcome and covering the basics:

There are two activities – introductions and developing a group agreement.

Activity 1:

Introductions - Expectations, Fears/Concerns and Strengths

Overview: Group activity to be used at the beginning of a workshop or process.

Purpose

- To set the tone for transparent communications and safe space
- To encourage the participants to think about and share their hopes, fears, and expectations

Time: 20 min

Materials

- Flipchart paper
- Sticky/ Post-it notes

Process

Preparation

Put up three separate flip chart papers one headed 'Expectations' (or 'Hopes'), one headed 'Fears/Challenges' and one headed 'Strengths' and distribute three different coloured sticky notes/ post-its to all participants.

Facilitation Steps:

1. Communicate to participants that the purpose of this session is to discuss our expectations, fears or challenges about this workshop and the strengths that we bring.
2. Ask each participant to write one expectation, one fear or challenge, and one strength that they bring to the workshop on different sticky notes and then stick them on the relevant three flip charts allocated to these different themes (5 minutes)
3. Once participants have placed the activities, cluster similar hopes, expectations and fears and collectively discuss these with the entire group (15 minutes)

Closing: Thank participants for their honest reflections. If helpful, add additional 'workshop commitments' to the list to mitigate any common fears.

Recommended additional reading for Welcome and covering the basics:
INSPIRE handbook.

Module 1:

Introduction to VAC

INSPIRE resources referred to: INSPIRE Seven Strategies for Ending VAC and INSPIRE Handbook

Key Takeaways:

- Trainings should use accurate regional VAC data
- VAC statistics vary by region and group
- There are differences in VAC prevalence, types of VAC, drivers of VAC and gender considerations, depending on region and group

Suggested time: 90 minutes – 3hrs. The shorter time frame is for smaller groups and where the audience is already familiar with VAC (for example, the audience are already part of a national technical working group and/or have completed the MOOC). The longer time frame is for larger groups, where the workshop is extended over more than 3 days, or where some or all of the audience have not yet met together to discuss VAC. It may also be useful to have a longer Module 1 if there is a workshop objective relating to strengthening linkages between VAC and Violence Against Women (VAW).

Overview and session flow: The session includes a presentation of 42 slides, divided into five sub-sections. Three of the sub-sections include at least one 'buzz activity' in which participants talk for three minutes with their neighbours about the question on the slide (slides 6, 25 and 28). Slide 13 is a question to the plenary group to wrap up the sub-section. The final sub-section on VAC and violence against women / gender-based violence (GBV) intersections can be quite intense and may need a break before delivering. The 60- to 90-minute group activity that should ideally be provided at the end, before slide 38 key messages.

Recommendation: it is very important that all participants have a shared understanding of VAC in line with INSPIRE and national definitions (for example, those used in legislation). Spending time on this session will help with more productive sessions with clear outputs when conducting training on modules 2 to 4.

Where possible, **invite a policy expert** from government or academia in-country who is able to present on the national VAC data.

Slides to adjust:

Slide no	What to adjust in the slide	Ideas for adjusting the slide
4	Add in regional conventions, strategies etc that address VAC	<ul style="list-style-type: none"> • Keep the slide brief and simple (not text-heavy) • You can verbally inform participants more information about regional conventions, strategies or drives to address violence
5	Add national definition of VAC	<ul style="list-style-type: none"> • Keep the slide brief and simple (not text-heavy) • Verbally simplify the language if needed • Outline verbally where the definition may have gaps (for example, not covering online violence) and where there may be contradictions between different laws and policies (for example, children's legislation on contradiction with laws relating to marriage or to domestic violence)
12-17	Consider substitution with presenter of national data	<ul style="list-style-type: none"> • If new national data are not already available, consider inviting a presenter to deliver the latest data • Provide guidance to presenter on keeping information and slides simple (not too text heavy) and no more than 10 minutes for presentation
12	Add national VAC data breakdown by age and gender	<ul style="list-style-type: none"> • Keep the slide brief and simple (not text-heavy) • You can verbally give more detail to participants • It might also be a useful handout for participants to take away • If available, invite a presenter with the latest VACS data, for example for slides 7 to 9
13	Review and adapt question to buzz group or as plenary Q&A if slides 7-9 are substituted by an expert presentation	<ul style="list-style-type: none"> • Note optional group discussion in slide notes
16	If there are no national data, use this slide as a source of group discussion	<ul style="list-style-type: none"> • Go through each of the bullets and ask where they may find national data on physical, emotional, and sexual violence; online violence; neglect

17	Add national VAC data breakdown by types of abuse (physical, sexual, emotional, neglect, online – or other categories used by the country)	<ul style="list-style-type: none"> • Keep the slide brief and simple (not text-heavy) • You can verbally give more detail to participants • It might also be a useful handout for participants to take away • If no national data, source from neighbouring countries
22	Adapt or skip slide	<ul style="list-style-type: none"> • If participants have already discussed the consequences when showing slides 19, 20 and 21 it may not be necessary to show this slide
30	Substitute with national data if available	<ul style="list-style-type: none"> • If there are already costing data available, substitute this slide with national data and/or invite presentation from expert on how the national data is collected and used
31-37	Substitute with practical activity or have as stand-alone session if required	<ul style="list-style-type: none"> • If VAC/VAW links are a core part of workshop objectives, slides 31-37 could be a stand-alone session with practical activities to explore gender attitudes and review data.
40-42	Maintain as part of the initial presentation if removing slides 28-34.	<ul style="list-style-type: none"> • If time is restricted, slide 40 can be deleted and maintain slide 41 with key messages, including any national adaptations made to the presentation

Module 1 Group Exercise: Analysing national data on Violence Against Children (VAC)

Objectives:

- To familiarise participants with national level data on VAC
- To deepen participants' understanding of the different types of violence prevalent in their context and differences between regions and groups
- To deepen participants' understanding of the drivers and risk factors of VAC specific to the context.

Time: 60-90 minutes

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Materials:

- Flip chart paper, markers, sticky notes, tape
- List of key data sources available on Country specific VAC prevalence, types, and risks of VAC (see reading suggestions below)
- Country specific Data reporting template (see below, page 24).

Preparation for trainer

- Establish a list of countries training participants will be representing
- Create lists of key VAC data sources, studies, and reports for each country to be shared with participants prior to or during the exercise including:
 - Country specific Violence Against Children and Youth Survey (VACS) report <https://www.togetherforgirls.org/violence-children-surveys/>
 - Multiple indicator Cluster Survey (MICS)- <https://mics.unicef.org/surveys>
 - Demographic Household Survey / Demographic and Health Survey (DHS) - <https://dhsprogram.com/>
 - Global School-Based Health Survey (GSHS) <https://extranet.who.int/ncdsmicrodata/index.php/catalog/GSHS>
 - The Global status report on preventing violence against children 2020 <https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>

Exercise Guide

Set the agenda

Explain the purpose, objectives, and duration of the exercise to the participants (5 minutes)

Complete Country Findings Sheet

1. Divide the participants into equally sized groups. If multiple countries are represented, divide participants into country-based groups. If all participants are representing the same country, the groups may be based on professional sector, function, location, or at random with each group being asked to focus on one VAC "theme", such as gender-based VAC, school-based VAC, VAC in the home, etc. Provide each group with the list of key VAC data sources and additional studies/reports on prevalence rates or specific forms of VAC. Alternatively, the trainer can provide these lists to participants as reading materials prior to the workshop. (5 minutes)
2. Participants familiarise themselves with the resources shared (20 minutes).

3. Participants complete one Country specific Data reporting template (see below, page 24) per group using the data sources provided (30 minutes).

Plenary session

- Option 1 Gallery Walk: Groups circulate the room to read each other's VAC charts. One group member from each country team remains with the country group's chart to present, respond to questions, and take notes of other participants' observations (20 minutes).
- Option 2 Whole Group Share-out: Each group presents their VAC charts to the whole group. Participants from other groups can ask questions and comment on each presentation. (30 minutes)

Summary

- Recap on the objectives
- Ask if anyone has any questions or comments to add
- If there is time you could ask participants whether there was anything they found surprising from their own contexts and when comparing their contexts with the others. (10 minutes).

Recommended additional reading for Module 1:

- Country specific Violence Against Children and Youth Survey (VACS) report <https://www.togetherforgirls.org/violence-children-surveys/>
- Multiple indicator Cluster Survey (MICS)- <https://mics.unicef.org/surveys>
- Demographic Household Survey / Demographic and Health Survey (DHS) - <https://dhsprogram.com/>
- Global School-Based Health Survey (GSHS) <https://extranet.who.int/ncdsmicrodata/index.php/catalog/GSHS>
- The Global Status Report on Preventing Violence Against Children 2020 <https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>

Blank presentation template for Module 1 Group Exercise

Country findings	
VAC Prevalence	
Forms of VAC	
Risk factors of VAC	
Common Perpetrators	
Consequences of VAC	

Module 2:

Understanding evidence and evidence-based approaches

INSPIRE resources referred to: INSPIRE Seven Strategies for Ending VAC and INSPIRE Handbook

Key Takeaways:

- There are multiple types of evidence, including contextual evidence and experimental evidence
- Evidence should inform policy, programme design, and implementation
- There are multiple types of evidence-based approaches: the INSPIRE package uses the framework of good practice, prudent, promising approaches, and effective
- Understanding the importance of evidence is central to implementing VAC prevention programmes and strategies – the INSPIRE framework is grounded in evidence.

Suggested time: 60 minutes (minimum – for smaller groups and shorter sessions) to 90 minutes (for larger groups and longer sessions)

Overview and session flow: The session includes a presentation of 17 slides, divided into three sub-sections and accompanied by a 60-minute group activity. The focus of the session is to ensure that participants have understood the importance of evidence when designing programmes and strategies to prevent VAC and so the slide notes highlight potential brainstorm questions that the trainer can ask to check understanding before moving to the following sessions.

Recommendation: all INSPIRE strategies are based on rigorous evidence. Whilst this module may appear mostly theoretical and some participants may not feel it is important, it is essential as a trainer to communicate that (1) evidence proves that an intervention works to reduce VAC and (2) using evidence-based approaches means that budgets are being used effectively. It is also important to recognise that it is not likely that any country will have gold-star evidence; the purpose of working together in this workshop and beyond is to identify the strengths of where the country (or region) currently is and be strategic about working towards a strong evidence base.

Slides to adjust

None

Activity for Module 2: Assessing Levels of Evidence Levels of VAC Prevention Interventions (30 minutes)

Time:
30 minutes
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Materials:

- Evidence Case Studies handouts (see below, page 21)

Objectives:

- To deepen participants' understanding of the different levels of evidence that inform VAC prevention interventions.
- To support participants' reflection on the current evidence base underpinning local interventions that will support the development of an evidence base.

Preparation for trainer:

Ensure that there are enough copies of the Case studies handouts for small group work

Exercise Guide

Assess the evidence using case studies (15 minutes)

1. Ask participants to get back into the small groups for the activity.
2. Distribute the case studies to each group
3. Ask each group to review the Evidence case studies. For each case study the group should decide whether the example interventions in the case study are (a) good practice, (b) prudent, (c) promising, or (d) effective and why.

Note for the trainer: The four case studies have the following evidence levels:

- Case study 1: Prudent
- Case study 2: Good practice
- Case study 3: Evidenced
- Case study 4: Promising

Plenary Session (10 minutes)

- Option 1: Moving around the room. Allocate four spaces in the room, one each for the four types of evidence. (You can prepare four sheets labelled with the four types of evidence and paste them into four separate spaces in the room if wished). Call out the first case study and ask everyone to move to the relevant space in the room. Once everyone is in place, ask for a volunteer from each space to explain why they have selected that answer. If you have people in more than one space, gather all the contributions and encourage participants

to ask each other questions, or justify their selection. Once there has been a discussion, you can confirm the 'correct' answer. However, also note the validity of different opinions. The suggested 'correct' answers may be revised if participants have compelling justifications.

- Option 2 Whole Group Share-out: Each group presents their responses to the first case study. Once each group has given their choice, ask participants to explain why. If there are differing opinions, ask for people to explain why. Repeat with the remaining three choices and then clarify the answers.

Summary (5 minutes)

- Summarise the findings, stressing that this is a reflection of where we are. Although the gold standard is to have evidence-based practices, this is something that can be further developed in action planning.
- Remind participants that we start with where we are, but it is good to have a plan to develop the best available rigour.
- Recap the purpose of the activity, and some of the key takeaways that emerged in the discussion
- Ask if anyone has any questions or comments to add
- Complete the activity by explaining that the final few slides of the presentation are going to summarise the key messages of this session. Slide 16 includes some frequently asked questions about evidence – this slide is optional and should only be shown if there have been questions raised about these points and if there is time. This slide comes from the Adaptation and Scale Up Guide which can be reviewed further in Module 6.

Handout: Evidence case studies (Activity for Module 2)

Case study 1.

Implementation of laws and policies

Inspired to Care (I2C) has a programme in Inspirania seeking to improve the criminal justice response to sexual violence against children. The programme works with the government to provide support to survivors, increase reporting and successful prosecution of sexual violence crimes, and raise community awareness. Over twelve years, I2C provided support to 465 victims of sexual violence against children and their families. In partnership with the prosecution service and the national police, almost 300 individuals were arrested and accused, leading to convictions against 285 individuals. I2C has provided training and mentoring

for Inspiranian prosecutors and members of the designated police unit specialising in sexual assault. I2C conducted a baseline and an end line study of the Inspiranian government's response to child sexual assault reports, reviewing case files from for the first three years of the project, and repeating the study using the same assessment framework for the final four years of the study. They found a 136% increase in the number of sexual violence against children complaints filed. I2C conducted key informant interviews in the second study and many key informants attributed the increase to a more prevalent reporting culture and more available information for victims and their families. Changes included an increase by the criminal justice system of victim-sensitive practices when gathering victim testimony (an increase from 30% of cases talking to the survivor at baseline to 98% of cases at end line) and the introduction of trauma-informed facilities for victims to provide testimony outside the courtroom by the end of the project. There was a significant rise in the number of prosecutions (150%) but because there was also a rise in reporting, this represented only a moderate increase in the percentage of complaints that were successful prosecuted (9.8% at baseline vs. 10.8% at end line).

Case study 2: **Positive parenting**

INSPIRED Parenting is a positive parenting curriculum that was developed by a local NGO in the country of Inspirania. The NGO was already working with groups of parents and caregivers and found that they had been talking about being good parents a lot. The NGO had a journalist and a teacher volunteering with them, and these two people sat down and developed a few activities for talking about parenting. They got the ideas from their own experience as parents and what they had observed about how children acted in school and what community members were concerned about with parenting. They reviewed the existing life skills curriculum that is already being rolled out in Inspirania's primary schools and talked to local nurses who had done some additional training on early childhood development as part of their maternal and newborn health training. They read up about parenting programmes on the web and found some examples of what might be working, such as avoiding hitting children and talking to children about sensitive subjects. After they had shared these activities with several support groups, the parents and caregivers gave feedback – they valued the opportunity to talk about their children. Other groups then asked to discuss the ideas and so the activities were written up into a curriculum of twelve sessions called Inspired Parenting. The district social worker got to hear about the programme and visited a few sessions and was very impressed. She then shared it at the district child rights coordination platform, and it was shared with several more NGOs. Over the past three years, the number of organisations using the curriculum has increased. Each group is able to modify the

programme to suit their own audience, but all are committed to the core values of non-violent and positive parenting. The national department of social welfare is now interested in scaling up the programme and notes the very positive feedback that is grounded in Inspiranian culture.

Case study 3: Norms and values

BE INSPIRED! is a media organisation working in the country of INSPIRANIA and uses “edutainment” mass media to reach children and adolescents alongside physical clubs based in schools and sports centres. Their aim is to create a movement and effect change for gender equality and elimination of violence against children and young people. The programme was designed on the social ecological model and is grounded in evidence from qualitative research in five pilot areas, in different parts of the country including rural and urban, and different language groups. After a five-year first phase, the programme completed three distinct impact studies one of which was a randomised and two were high-quality quasi-experimental designs. The programme has been scaled up nationally. The programmes operate at three levels: individual, community (including family), and society. Be INSPIRED! delivers television, radio programmes and talk shows for children aged 8–14 years, and a separate set of programmes, complemented by an online interactive page, for girls and young women aged 15–24 years). The programmes present age-appropriate information and model behaviour change around issues such as intimate partner violence (IPV), alcohol misuse, online safety, and HIV, helping to shift norms that influence individual behaviour. The programmes are aligned with social mobilisation interventions (children’s clubs in schools and youth centres, young women’s groups in schools and through health clinics, and parent and caregiver groups run within schools and community settings), which promote critical thinking and build the capacity of young people to think, take action and support each other in healthy behaviours and in addressing barriers to community-level change. At the society level, dialogue arising from issues discussed on the shows and online help focus on policies that make the healthier choice the easier choice. The interventions often address structural factors for violence such as alcohol misuse or under-supported parenting. The programme is regularly evaluated and has shown evidence of reductions in IPV in adolescent relationships, uptake of referrals for family support on issues such as alcohol, amongst other examples.

Case study 4: Safe environments

'Be the Inspiration' is a school-based intervention that has made changes to the school environment and introduced school protocols for identifying and responding to dating violence and sexual harassment by peers and by teachers. Be the Inspiration includes a poster campaign, child and caregiver awareness raising about online exploitation and cyberbullying, and includes temporary building-based 'restraining orders', in cases where the school has noticed sexual harassment by or against particular students. Public spaces and toilets are increasingly monitored by staff who have been trained to spot potential violence. A random assignment evaluation of more than 30 schools (and over 2,500 students) out of the 200 schools implementing Be the Inspiration found that there was an overall reduction in reported sexual and dating violence and related behaviours in the school. Teachers and students noted that these changes in the school environment made a significant impact on the frequency of sexual harassment perpetration and victimisation. However, six months later, after the programme was not being intensively delivered, the prevalence of sexual harassment victimisation had increased. The programme was found to be very cost effective because it did not have to focus on training staff and providing classroom-based activities and did not focus on parents and caregivers.

Recommended additional reading for Module 3:

- INSPIRE Indicator Guidance and Results Framework
- Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What works to prevent sexual violence against children: Evidence Review. <https://www.togetherforgirls.org/wp-content/uploads/2019-11-15-What-Works-to-Prevent-Sexual-Violence-Against-Children-Evidence-Review.pdf>
- Prevent Violence Evidence Base website, regularly updated with resources: <http://www.preventviolence.info/AboutEvidenceBase>
- Nutley, S. (2013). What Counts as Good Evidence? <https://www.alliance4usefulevidence.org/assets/What-Counts-as-Good-Evidence-WEB.pdf>
- Project Oracle Validation Guidebook: An overview of Project Oracle's validation process: https://project-oracle.com/uploads/files/Validation_Guidebook.pdf
- VACS Data-to-Action Tool https://www.togetherforgirls.org/wp-content/uploads/2018/02/2016-10-24-VACS_D2ATool.compressed.pdf

Module 3:

Foundations of INSPIRE

INSPIRE resources referred to: INSPIRE Seven Strategies for Ending VAC and INSPIRE Handbook

Key takeaways:

- INSPIRE seven strategies: 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
- Addressing the strategies and components of INSPIRE collectively will have a greater impact and is likely to lead to increased sustainability
- Local interventions should be based on evidence and mapped against INSPIRE strategies and components

Suggested time: 60 minutes (minimum – for smaller groups and shorter sessions and where the audience is already familiar with INSPIRE, e.g., where they have already completed the MOOC) to up to a half day (for larger groups and longer sessions, or where there is a wish to share presentations of existing VAC prevention interventions).

Overview and session flow: The session includes a presentation of 40 slides, divided into three sub-sections and accompanied by a 40-minute group activity and 10 minutes for plenary discussion to wrap up the activity. This module is quite information-heavy, focusing on introducing the available INSPIRE materials and can be significantly reduced if participants are already quite familiar.

Recommendation: it is very important that all participants are familiar with the core INSPIRE foundations and, most importantly, know where they can go to get additional information following the workshop. It is possible to deliver this session rapidly if you are confident that people will be able to review the core INSPIRE documents in their own time. Spending time on this session will help with more productive sessions with clear outputs when conducting training on the other modules.

Slides to adjust:

Slide no	What to adjust in the slide	Ideas for adjusting the slide
11	Add in national example of VAC or related framework	<ul style="list-style-type: none"> • If there is a national framework already that is relevant to VAC, e.g., prevention of sexual and gender-based violence, add here or as an additional slide to illustrate an already familiar logic model • If necessary, brainstorm how to define logic model
15	Check participants' level of familiarity with INSPIRE strategies	<ul style="list-style-type: none"> • If participants already familiar, you can cover slides 16 to 32 rapidly and refer to the MOOC for further information
19, 21, 23, 25, 27, 29, 31	Add in national or regional case studies of INSPIRE implementation	<ul style="list-style-type: none"> • The current slides come from the original seven INSPIRE strategies; ideally replace with national or regional examples • If there aren't national or regional case studies, you can use case studies from other countries that have similar national gaps and challenges, and/or commitments to addressing VAC
34	Add national and regional commitments that are relevant to participants Add top-level commitments on each of the seven strategies where they exist	<ul style="list-style-type: none"> • You can verbally give more detail to participants • Consider substituting with presentation from one or more senior policy makers about national commitments relevant to VAC prevention and INSPIRE strategies

Module 3 Group Activity Part 1: Mapping VAC Interventions Against INSPIRE Strategies

Time:

- Part 1: 25 minutes
- Part 2: 15 minutes
- Plenary discussion: 10 minutes
- Summary: 10 minutes

Materials:

- INSPIRE Strategies Worksheet (see below, page 35)

Objectives:

- To enable participants to map locally implemented VAC prevention interventions against the seven INSPIRE strategies.
- To support participants' reflection on the current evidence base underpinning local interventions that will support the development of an evidence base.

Preparation for trainer

Ensure that there are enough copies of the INSPIRE Strategies Worksheet for small group work

Exercise Guide Part I

Mapping VAC Interventions Against INSPIRE (30 minutes)

1. Divide the participants into small groups. If multiple countries are represented, divide participants into country-based groups. If all participants are representing the same country, the groups may be based on professional sector, function, location, or at random.
2. Ask each group to think about all the VAC prevention strategies that are being implemented in their area / country and list them in Column 2. Ask them to think about what criteria to use to include, related to:
 - Scale – do they want to only include activities that are being implemented in more than one project / district / etc.?
 - Duration – do they want to only include interventions that have been going for at least one year, longer?
 - Recognition – do they want to focus on interventions that have already been included in national or sector strategies, e.g. lifeskills curricula already approved by the Ministry of Education and/or civil society interventions that have been implemented by NGOs in more than one setting?

Note: The decision about how to select interventions will depend on individual participants, or could be selected collectively before going into small groups. The decisions will depend on the available range of interventions represented in the group. They do not need to complete every strategy if there

are no examples for a particular category, for example if there are no known examples of interventions addressing norms and values in their country/organisation. **It is extremely important that the strategies selected are reviewed to assess their evidence base using the criteria learned in module 2. Part II of the activity will cover this.**

3. Participants complete one INSPIRE Strategies Worksheet (see below, page 35) per group – column 2 (they will complete column 3 in Part II of the activity)

Exercise Guide Part II

Complete INSPIRE strategies worksheet (25 minutes)

Identifying Evidence-Supported Interventions (15 min)

1. Ask the participants to remain in the same group and review the VAC interventions that they listed on the INSPIRE strategies worksheet completed in Part I.
2. Ask each group to select at least one intervention from that worksheet that they feel is supported by evidence.
3. Ask each group to write down the intervention, list what evidence is available and then decide if the evidence is (a) good practice, (b) prudent, (c) promising, or (d) effective and WHY.
4. If they have time, they can select more than one intervention.

Plenary (10 minutes)

1. Ask each group to present their responses in turn.
2. Allow opportunity for questions and discussions after each group has presented. If representatives are all from the same country or organisation, it may be necessary to 'park' some of the discussion by tasking one or more participants with going away to gather further information about the evidence that is available.

Summary (10 minutes)

- Recap the purpose of the activity, and some of the key takeaways that emerged in the discussion
- Ask if anyone has any questions or comments to add

Additional recommended reading for Module 3

- Familiarity with the core INSPIRE packages
- Global status report on preventing violence against children 2020 <https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>

INSPIRE strategies worksheet (for group exercise part I)

INSPIRE strategy	Name of intervention and implementer	Evidence
Implementation and enforcement of laws		
Norms and values		
Safe environments		
Parent and caregiver support		
Income and economic strengthening		
Response and support services		
Education and life skills		

Module 4:

The basics of adapting and scaling up INSPIRE

INSPIRE resources referred to: INSPIRE Guide to Adaptation and Scale Up and Competency Framework

Key takeaways:

- Interventions should be adapted to the local context
- Nine steps to adapting and implementing INSPIRE
- Resources are available to guide the adaptation, implementation, and scaling of INSPIRE

Suggested time: 30 minutes (minimum – for smaller groups and shorter sessions) to 60 minutes (for larger groups and longer sessions)

Overview and session flow: The session includes a presentation of 19 slides that walk participants through the INSPIRE Technical Package, notably the Implementation Handbook and Adaptation and Scale up package. The slides summarise the content of these two resources and can be substituted for time for people to just review the content.

Recommendation: This module covers the basics of adaptation and scaling up. These are covered in more detail in Module 6. You can either choose to go through these slides or give time to participants to review the INSPIRE Handbook and Scale Up Guide and summarise with fewer key slides.

Slides to adjust:

none

Activities for Module 4: Adapting and scaling up INSPIRE:

none

Recommended additional reading for Module 4:

- INSPIRE Handbook
- INSPIRE Adaptation and Scale Up Guide

Module 5:

Multi-sectoral coordination and collaboration

INSPIRE resources referred to: INSPIRE Seven Strategies for Ending VAC and INSPIRE Handbook

Key takeaways:

- Collective action increases impact and sustainability of VAC programming
- International, national, and regional coordination mechanisms exist to address VAC

Suggested time: 90 minutes (minimum – for smaller groups and shorter sessions) to three hours (for larger groups and longer sessions). For the shorter session, only do activity 1. The second activity is optional and can be done when multisectoral coordination is raised as a key area of concern during preparation and adaptation of the training.

Overview and session flow: This module comprises 22 slides including a three-minute buzz group activity (slide 9), a plenary brainstorm of up to 30 minutes (slide 14), and two group activities, both of which can take up to two hours (slides 15 and 18). The instructions for the two activities are below. It will be important to reflect on the participants in the workshop and identify whether either or both group activities are important. The activities require tight time management.

Recommendation: all successful INSPIRE implementation requires multi-sectoral coordination and collaboration so it is important to spend some time on this module, particularly where representatives from different departments or ministries are present.

Slides to adjust:

Slide no	What to adjust in the slide	Ideas for adjusting the slide
13	Add in regional coordination mechanisms to prevent VAC	<ul style="list-style-type: none"> • Keep the slide brief and simple (not text-heavy) • You can verbally inform participants about any details or complexities of the existing coordination mechanisms
20	Add in regional commitments to coordination for preventing VAC	<ul style="list-style-type: none"> • You can ask participants if they are aware of other commitments that support multi-sectoral approaches

Activities for Module 5: Multi-sectoral coordination and collaboration

Group exercise 1, Module 5: The importance of collective action to prevent VAC

Time:

90 - 120 minutes
.....

Materials:

- Ball of string or wool, 7 character cards on paper (see samples below, page 37-8, to be adapted to local context)
- Empty chairs.

Objectives:

- To deepen participants' understanding of the barriers and challenges faced by children when experiencing violence.
- To identify entry points for multi-sectoral / collective action at service delivery level to deliver coordinated VAC prevention activities.

Preparation for trainer

- Adapt the names in the sample cards to local names based on the training context
- Map out a 'typical' set of formal and informal actors that a child survivor would go to if they were experiencing violence, noting any nationally relevant actors (for example, if you have representatives from the humanitarian community, consider whether there are specific actors working with refugees or displaced people)
- Write out the adapted character cards and cut them out ready for the exercise.

Exercise Guide

Set the agenda

Explain the purpose, objectives, and duration of the exercise to the participants (5 minutes).

Role play (45 minutes)

1. Divide participants into two or three groups, with no more than seven per group. Ask them to stand in a circle and place a chair in the centre of the circle. Explain the chair represents Rose (or another name you choose), aged 15, who is seeking support due to violence she is experiencing.

Note: It is important that no participant takes on the role of Rose (or another name you choose) because someone in the group may have had similar experiences of violence. Explain that if anyone finds the activity upsetting, they can stop

participating and are welcome to speak with you in the break if they choose.

2. Give each volunteer in the circle a character card with instructions at the bottom as to what they are supposed to do. Explain that the basic instructions are included but each person must play 'in role' and decide how they are going to respond, as realistically as they can.
3. Explain to the group that we are going to role play a situation where a child survivor is seeking support. Read out Rose's story to the group.
4. Tie a ball of string or wool to the chair and explain this represents 'Rose' holding the ball of string or wool.
5. Pass the string to her friend. Ask the friend what she might say to 'Rose' (the chair), following the instructions on her character card.
6. When the friend says she will share Rose's story with the community/religious leader, her friend takes the ball of wool or string and walks over to the 'community/religious leader'. The ball of wool is handed to this person who, in turn, holds onto the thread. The friend explains her situation to the community / religious leader, who responds in character as instructed on the card.
7. The role play continues, with each character in turn holding the thread.
8. By the end of the story, Rose's story has been told to multiple people.

This exercise should take about 30 minutes.

Plenary

Facilitate a group discussion using the following questions (adapted to reflect participant representation) (45 minutes):

- Is this situation realistic?
- How can you work together to prevent Rose from having to retell her story to each of you?
- What action might each of you take next?
- What might you do next time so that Rose is protected and supported quicker?
- How can INSPIRE help develop better prevention and response processes for children like Rose? Consider the INSPIRE strategies, handbook and Guide, and case studies.

Possible areas to consider might include: clear and accountable referral pathways, coordination mechanisms at service delivery level, building awareness of VAC across communities, including building awareness of social and gender norms in relation to VAC.

Summary

- Recap the purpose of the activity and key takeaways that emerged in the discussion
- Ask if anyone has any questions or comments to add
- If there is time you could ask participants whether there was anything they found surprising from their own contexts and when comparing their contexts with the others
- Thank everyone for their participation (10 minutes).

Referral role play character cards – for Module 5 Group Exercise 1

These characters can be adapted to reflect local service providers that a child is likely to encounter. Note that there is an option to have a girl (Rose) or a boy (Richard). Adapt according to local context, or you can have both characters acting the role play at the same time. The following cards should be copied out with the name on the front, clearly visible, and the description on the back, where only the individual playing that character can read it.

One of each card should be given to eight participants who each volunteer to play a role (noting that Richard is not yet given as a card). Explain that the basic instructions are included but each person must play 'in role' and decide how they are going to respond, as realistically as they can

Note to trainers: You can change any of the referral cards to reflect the local context.

See cards following two pages

Rose (read out by the trainer)	Rose is a 15-year-old girl who has been experiencing physical and sexual abuse from her boyfriend for the last 6 months. She doesn't know what to do
Richard (read out by the trainer)	Richard is a 15-year-old boy who has been experiencing physical and sexual abuse from his stepfather for the last 6 months. He don't know what to do
Friend	Your friend Rose (or Richard) comes to talk to you. Share Rose's story with the community/religious leader
Community/religious Leader	When the friend comes to talk to you, listen to them, talk to them and go and share Rose's story with the youth group for support.

Youth Group leader	When the community/religious leader comes to see you, listen to them, talk to them and send them to the doctor/ clinic for advice on health care
Doctor/Clinic #1	When the Youth Group leader comes to see you, listen to them, talk to them and send them to Police #1
Police #1	The Doctor comes to talk to you. Listen to them, talk to them and explain that Rose will need to report to the police and see Doctor #2 Explain to them that no charges can be filed without a report and medical proof.
Police #2	When police #1 comes to see you, listen to them, talk to them and say that Rose should speak to legal aid services Pass the string back to police #1, the doctor, youth group leader, community/religious leader, friend and finally back to Rose (the chair). Tie it round the chair then pass it to the Legal Aid lawyer
Legal aid lawyer	Outline whether she can have support, all the legal requirements and procedures (that you are aware of), and the challenges of going to court.

Module 5 Group exercise 2: Roles and responsibilities (optional activity)

Time:

90 minutes
.....

Materials:

- Flip charts placed around the room in different work stations; each flip chart has the name of one key sector represented (see suggestions below)
- Enough pens or markers at each work station for several participants to write answers

Objectives:

- To share perspectives on the roles and responsibilities of the sectors involved in VAC prevention interventions.
- To agree potential action points for future VAC prevention strategic planning to ensure that roles and responsibilities are represented in strategic actions.

Preparation for trainer

- Identify the sectors that will need to be represented in the workshop, using the suggestions below as a draft and modifying to reflect relevant context
- Prepare the flip charts and place around the room (World Café style)

Suggested sectors

These should be modified according to individual workshop requirements (e.g. additional sectors essential for a particular country)

- Education
- Justice and law enforcement
- Health
- Social welfare
- Humanitarian/emergency response
- Civil society
- Traditional and local leadership.

Exercise Guide

Set the agenda (5 minutes)

Explain the purpose, objectives, and duration of the exercise to the participants

World Café (60 minutes)

1. Divide the participants into small groups, with one group for each sector that has been identified. Ask each group to go to a different workstation where they will find the flipcharts.
2. Ask the group to read the sector that is written on the top of their flipchart and explain that they have 20 minutes to write down:
 - Roles and responsibilities for that sector in addressing VAC prevention
 - The key partners that the sector may need to work with
 - How they might partner (see template below, page 40).
3. Remind people to think of all possible representatives in that sector (for example, government and non-government actors, community up to national actors, any particular sub-sector workforce that has a unique and important role), and the roles and responsibilities across the seven INSPIRE strategic areas.
4. After 20 minutes, ask every group to move around so that they are standing next to a new flip chart (ask everyone to move one workstation to the left, for example, if the workstations are in a circle around the room). Allow less time – 10 minutes – to review and add anything that is not yet included on the flipcharts.
5. Continue the exercise with 10 minutes per workstation until all small groups have had a chance to review all flipcharts.

Plenary (25 minutes)

1. Move around each flip chart rapidly asking for people to comment on any key take-aways – observations about important roles, noting any gaps or challenges that have been highlighted, etc.
2. Once all charts have been rapidly reviewed, ask participants to bear in mind these roles and responsibilities.

Sample flip chart presentation

Health			
	Role	Partners	How to work with partners
Implementing laws			
Norms			
Safe environment			
Parent and caregiver support			
Income and economic support			
Response and support services			
Education and lifeskills			

Additional recommended reading for Module 5:

- INSPIRE Handbook
- INSPIRE Competency Framework

Module 6:

Strategic planning and costing of INSPIRE

INSPIRE resources referred to: INSPIRE Seven Strategies for Ending VAC and INSPIRE Handbook

Key takeaways:

- It is important to have a clear planning process to successfully implement INSPIRE – all countries and organisations have their own processes, but these can be adapted
- It is important to apply the following key steps: understanding the situation and assessing needs; identifying and prioritising interventions, including identifying key responsibilities and monitoring processes that are aligned to national processes; accurate budgeting.
- Ensuring an accurate budget, and working closely with financial actors is essential for effective implementation and scale up of VAC prevention

Suggested time: 30 minutes (minimum – for smaller groups and shorter sessions) to 90 minutes (for larger groups and longer sessions)

Overview and session flow: This module has two slide decks.

Slide deck A comprises 15 slides divided into two sub-sections. The first sub-section (slides 4 – 8) provides information on key steps in action planning and provides information that informs the practical exercise after presentation of the core slides. The second sub-section (slides 9 – 15) provide a very rapid overview on costing and budgeting. The default on this slide deck is that the second sub-section slides are hidden. They can be unhidden by right-clicking on the slide and selecting 'unhide'.

Slide deck B comprises a set of 16 slides and a pre-recorded video explanation by Philip Goldman of Maestral International, that provides a simple overview of budgeting and costing for VAC prevention. The recording is 30 minutes long and is in English. This is a more detailed version of slides 9-15 in slide deck A.

Recommendation: this is an essential part of strategic planning for VAC prevention, but this workshop assumes that participants are not yet ready to discuss scale up in detail. This session provides an overview of what will need to be addressed after this training, rather than going into a lot of detail. It would only be necessary to discuss in detail if participants already have a strategic plan developed and a functioning collaboration and coordination mechanism.

Slides to adjust: none

Activities for Module 6: Implementation and adaptation of INSPIRE

Module 6 Group exercise 1: Preparing for implementation

Overview

This exercise is designed to support stakeholders who are ready to start strategic planning at national level. It involves a set of questions designed to reflect on strategic priorities. It is not a strategic planning exercise, but a way of laying the foundations or 'pre-planning' for next steps after this overview workshop. It considers what may be needed to prepare for strategic planning after the workshop / briefing.

Time:

90 minutes

Materials:

- Copies of Worksheet Planning Questions or flip charts containing the text from slides 10 – 12 of Module 6: Implementation and Adaptation Overview PowerPoint presentation. Alternatively project the three slides for 20 minutes each during group discussion
- Flipcharts and marker pens or sheets of paper with questions

Objectives:

- To discuss the policies, programmes, interventions already exist in-country to addressing VAC and identify the key successes and gaps in VAC programmes.
- To identify potential action points for future VAC prevention strategic planning and ensure that roles and responsibilities are clear in the strategic actions.
- To discuss the cost benefit analyses and the return on investments for VAC prevention and response interventions and different ways in which government resources can be pooled or allocated to support INSPIRE strategies in-country

Preparation for trainer

Review the planning questions and modify if any of the planning processes have already been implemented

Exercise Guide

Set the agenda (5 minutes)

Explain the purpose, objectives, and duration of the exercise to the participants.

Planning for strategic planning (60 minutes)

1. Divide the participants into small groups.
2. Introduce the activity by explaining that the purpose of this

activity is not to answer the strategic planning questions that are listed on the worksheet (i.e., the questions that are listed under the sections: A) Understand the situation / needs assessment; B) Develop the plan; C) Implement. These will need a more focused exercise with all the necessary information available and necessary stakeholders meeting together. The purpose of this activity is to identify what you will need to do to prepare for a longer strategic planning process.

- **Note:** It is especially important for this activity to move around the small groups as they are working and check that they are answering the second set of questions (about preparation) and not the first ones in each of the three parts of the worksheet.
3. After the first 20 minutes remind people to move onto the second question, B, on Developing the plan, if they have not already done so. Repeat after 40 minutes reminding them to move onto the third question C on implementation.

Plenary (25 minutes)

1. In plenary, ask each group to feed back on the first set of questions about assessment. Consolidate all small group contributions on this point and leave time for any questions or points of clarification.
2. Repeat for the second and third set of questions on developing the plan and implementation.
3. Close the activity by confirming the action points that have been identified in this session and ensuring that there is a named person responsible for any agreed action points.

Worksheet Planning Activity

In your small group, discuss the following three sets of questions. The purpose of this activity is to identify what you will need to do to prepare for a longer strategic planning process.

You have 60 minutes overall so try not to use more than 20 minutes per set of questions.

A. Understand the situation / needs assessment

The strategic planning process will require reflect on the following questions:

- What policies, programmes, interventions already exist? Where are the gaps?
- What data is available, which are the sources, where are the gaps?

In your small group, discuss and record:

- How are you going to find out what exists?
- Who needs to be convened to do this assessment?
- What, if any, support might you need to get this done?

B. Develop the plan – priorities, goals, timeframe

The strategic planning process will require reflect on the following questions:

- How do we select interventions?
- What are the responsibilities for these interventions?
- What resources are needed and where will they come from?
- How will we track progress and evaluate impact?

In your small group, discuss and record:

- How will you agree on criteria for selection, including the need for evidence?
- What costing information is needed, and who needs to be involved in budgeting?
- How will the proposed M&E framework fit into existing national M&E processes?

C. Implement – planning frameworks and budgeting

What is the national planning framework?

- How does this VAC prevention plan fit into existing and future planning and policy commitments?
- How do we accurately budget?
- What accountability mechanism is needed for implementation?

In your small group, discuss and record:

- Have we already got an agreed planning framework, and is VAC a 'stand alone' plan or integrated into others?
- Who needs to be involved in these decisions, and how do we ensure that they are involved from the start?
- Who needs to be involved in costing the plan, and at what stage and how are they involved?

Additional recommended reading for Module 6:

- VAC Data-to-Action tool
- INSPIRE implementation handbook
- Adaptation and scale up guidance
- INSPIRE Indicator Guidance and Results Framework

Module 7: Monitoring and evaluation of INSPIRE

INSPIRE resources referred to: INSPIRE Indicator Guidance and Results Framework

Key takeaways:

Monitoring and evaluation of VAC prevention programmes is important to build a strong global evidence base, track the implementation and assess impact, and identify the most effective and efficient programming

A VAC prevention M&E framework and indicators are available for monitoring and evaluation of VAC prevention programming

Suggested time: TBC (minimum – for smaller groups and shorter sessions) to TBC (for larger groups and longer sessions)

Overview and session flow: This module comprises 28 slides divided into five sub-sections. The first and second sub-sections provide an overview of M&E and should be interactive, focusing on identifying levels of knowledge in the training room. Slide 7 is a buzz group activity that sets the tone of the session. The third sub-section is more interactive and could be substituted for presentation by national M&E expertise.

Recommendation: this module should be used to stress the importance of identifying and understanding the use of indicators in working towards an evidence-informed plan. It is an opportunity to reflect on key outputs of Module 3 and building on the planning decisions in Module 6. It is important to ensure that there is sufficient time to cover this topic, especially as it is the final module in the workshop.

Slides to adjust:

Slide no	What to adjust in the slide	Ideas for adjusting the slide
10-18	Consider substituting for presentation by national M&E expert	<ul style="list-style-type: none"> Substitute with national presentation, ensuring that the presenter speaks to the key points in slides 10-18
26	Add in national M&E frameworks for VAC	<ul style="list-style-type: none"> Bullet point existing frameworks Talk through each framework in more detail where applicable You may choose to draw a diagram illustrating how the frameworks link together

27	Add in national M&E indicators for VAC	<ul style="list-style-type: none"> • Bullet point top level indicators • Talk through each set of indicators in more detail where applicable • You may choose to draw a diagram illustrating what frameworks the indicators are from and how they all link together.
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Module 7 Group exercise 1: Reviewing VAC intervention monitoring and evaluation tools

Time: 90-120 minutes
(depending on inputs from
national actors)

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Materials:

- Module 7 slide deck "Monitoring and Evaluation"
- Monitoring and Evaluation Worksheet (see below, page 46)

Objectives:

- To deepen participants' understanding of the indicators suitable for measuring VAC prevention interventions across the seven INSPIRE strategies.
- To facilitate review of existing available monitoring and evaluation frameworks and indicators suitable for a national VAC prevention strategy or plan of action.

Preparation for trainer

- If available, and well in advance, invite presentation from national monitoring and evaluation experts, e.g. National VAC Coordinating M&E subgroup, representative from national body that gathers and analyses key data e.g. health ministry, Bureau of Statistics, VACS investigation leads, etc. Provide brief (presentation of key VAC indicators and frameworks) and receive PowerPoint presentation in advance to ensure brief has been followed. Suggest maximum 10 slides, current framework, how developed, which indicators used, successes, challenges.
- If the above not available, prepare slides of national frameworks and indicators. If available online, prepare links to VAC NPA M&E framework. If not available online, prepare handout sheet of core indicators.

Exercise Guide

Set the agenda (5 minutes)

Explain the objectives and duration of the exercise to the participants.

Presentation of National Monitoring and Evaluation Frameworks and Indicators (25 minutes)

1. Invite the national presenters to deliver their presentation, ensuring presentation is ideally no more than 15 minutes
2. Facilitate question and answer with presenters for 10 minutes

OR

Present the key findings as a slide (placeholder slides available in Module 4 slide deck). This will take less time so allow more time for Q&A:

Group work: Review of indicators against INSPIRE indicators (45 minutes)

1. Divide into small groups. If multiple countries are represented, divide participants into country-based groups. If all participants are representing the same country, the groups may be based on professional sector, function, location, or at random.
2. Ask each group to read the Monitoring and Evaluation Worksheet (see below) and complete.
 - Scale – do they want to only include activities that are being implemented in more than one project / district / etc.?
 - Duration – do they want to only include interventions that have been going for at least one year, longer?
 - Recognition – do they want to focus on interventions that have already been included in national or sector strategies, e.g. lifeskills curricula already approved by the Ministry of Education and/or civil society interventions that have been implemented by NGOs in more than one setting?

Note: The decision about how to select interventions will depend on individual participants, or could be selected collectively before going into small groups. The decisions will depend on the available range of interventions represented in the group. They do not need to complete every strategy if there are no examples for a particular category, for example if there are no known examples of interventions addressing norms and values in their country/organisation.

Plenary Session (to be decided based on initial presentations, minimum 20 minutes)

1. Ask each group to present their responses in turn.
2. Allow opportunity for questions and discussions after each group has presented. If representatives are all from the same country or organisation, it may be necessary to 'park' some of the discussion by tasking one or more participants with going away to gather further information about the evidence that is available.
3. Summarise the findings highlighting action points relating to inviting key actors for monitoring and evaluation.
4. Recap the purpose of the activity, and some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add. Complete the activity by explaining that the final few slides of the presentation are going to summarise the key messages of this session.

Monitoring and evaluation worksheet

1. Review the list of INSPIRE indicators on the following sheet.
2. Review your existing national VAC M&E data (if available) and discuss:
 - How many of the core INSPIRE indicators are already available in your country at national level?
 - Are there significant gaps at national level? If so, in which areas, e.g. gender disaggregation, which of the seven strategies, etc.?
 - Are there additional data sources from sub-national data that could inform this data? If so, how can this be achieved?
3. How are your different data sources reviewed, and by whom? Who else should be involved in strategic planning discussions for decision-making?

Recommended additional reading for Module 7:

- INSPIRE Indicator Guidance and Results Framework
- End Violence Against Children. Measuring violence against children: A Methods Menu. <https://www.end-violence.org/knowledge/methods-menu> (Available in English, French and Spanish)
- End Violence Against Children/UNICEF Innocenti. Evidence Gap Map. <https://www.unicef-irc.org/evidence-gap-map-violence-against-children/>
- End Violence Against Children. Working together: Including children in research on violence against children. <https://www.end-violence.org/knowledge/working-together-including-children-research-violence-against-children>

INSPIRE strategy	Existing indicators	Significant gaps
Implementation and enforcement of laws		
Norms and values		
Safe environments		
Parent and caregiver support		
Income and economic strengthening		
Response and support services		
Education and life skills		

Closing the workshop

The workshop should be closed according to local and national protocol and practice. This is likely to include:

- Closing words from senior government and other representatives, including any who have provided financial or technical support and chairs of any coordinating bodies
- A review of the workshop objectives and expectations, and summary of next steps and action points that have been made in the workshop
- An end of workshop evaluation.

The end of workshop evaluation should be simple and provide the essential information required for the trainer and the organisers. Below are two brief examples that could be adapted for use. The end of workshop evaluation will need to be adapted to reflect the workshop objectives.

End of workshop evaluation tool A

Complete details of the workshop:

Title:

Venue:

Date:

Please rate the workshop from 1 (low) through to 5 (high).

How would you rate how far the workshop achieved its objectives?

(1 2 3 4 5)

Comment (optional):

How would you rate how far the workshop met your expectations?

(1 2 3 4 5)

Comment (optional):

How would you rate the usefulness of the content?

(1 2 3 4 5)

Comment (optional):

How would you rate the trainers' skills in explaining the issues?

(1 2 3 4 5)

Comment (optional):

How well do you feel that clear decisions and action points have been made in the workshop?

(1 2 3 4 5)

Comment (optional):

How would you rate the practical arrangements for the workshop?

(1 2 3 4 5)

Comment (optional):

Any other comments?

Thank you!

End of workshop evaluation tool B

How well do you feel that the workshop objectives were achieved?

	Very poorly	Poorly	Satisfactory	Well	Extremely well
Workshop objective A [state]:					
Workshop objective B [state]:					
Workshop objective C [state]:					

How well do you feel that the workshop led to clear decisions and action points for your country/organisation [state]?

Very poorly | Poorly | Satisfactory | Well | Extremely well

How would you rate the training:

	Very poor	Poor	Satisfactory	Good	Excellent
Participatory facilitation:					
Use of training examples and resources relevant to our context:					
Clear and informative training resources:					
Practical arrangements:					

Any other comments?



Section 3:

Training hints and tips

Local context

The INSPIRE approach must be focused on the local reality. INSPIRE is based on an evidence base (see reference to the section on evidence to be added) but it is essential that regional, national and sub-national strategies focus on the local reality.

This requires considering the following when planning to deliver this training:

- 1. Engage with national actors from the initial request for training:** This includes ensuring that ideally the Government is fully involved in the initial request and for all following steps; identifying any existing training that has been implemented prior to the request for training; working closely with national actors throughout the process.
- 2. Identify local / national content for the training:** This involves identifying national or regional policies, programmes and research that are already in place; sourcing local examples for the activities, identified from your own experience and national actors; there is a resource bank [of case studies that you can use to identify additional content.
- 3. Work with national co-trainers to deliver the programme,** or act as an in-person technical resource before and during the training but have national or regional people deliver the training itself.

4. **Involve a wide range of actors to deliver content and their own experiences**, using approaches such as roundtable presentations, brief project or programme summaries, explanations of local content
5. **Draw on available local resources** to enrich and adapt training content as needed.

Trainer skills

As a trainer, you should have the following knowledge, skills and experience.

- ✓ **Excellent listener**
- ✓ **Excellent communicator**
- ✓ **Strong interpersonal skills**
- ✓ **Experience in preventing and responding to violence against children**
- ✓ **Knowledge of child development and adverse childhood experiences (ACEs)**
- ✓ **Safeguarding and protection experience**
- ✓ **Fluency in the local language**
- ✓ **Understanding of the local context, or co-training with someone who has this**

If you identify that you need to develop or refresh your skills in any of the above areas, take the time to do so.

Listening skills

6 key active listening skills

- | | | |
|--|--|--|
| 
1 Pay
Attention | 
2 Withhold
Judgment | 
3 Reflect |
| 
4 Clarify | 
5 Summarise | 
6 Share |

1. **Pay attention:** show you are actively listening to the person speaking. As a trainer, you also need to stop people from speaking at the same time or interrupting each other. Setting a group agreement at the start of the training can really help this (See Introductory Module PowerPoint slides)
2. **Withhold judgement:** this can be really hard when participants don't hold the same values about violence against children that you the trainer does. It is worth taking time to think through how you will handle difficult situations such as someone agreeing with or justifying violence against children. Module 1 helps to explain the impact of violence on children – it can be useful to give participants space and time to understand their own views and experiences of violence
3. **Reflect:** especially if a participant has said something challenging, it can be really helpful to take a moment to decide how to respond.
4. **Clarify:** repeat back to the participant what they have said if you're not sure. Or you can ask them to clarify
5. **Summarise:** Sum up key ideas, discussions and topics. This should be brief and succinct with 1 to 3 key learning points
6. **Share:** share the resources and training with participants and make it easy to understand, so that they can share key learnings with their colleagues and implement them into planning and action.

Communication skills



As a trainer, **you should aim to speak for about 30% of the training**; participants should be involved in discussions, brainstorm, activities or feedback for 70% of the time. This helps participants to really engage with the topic.

- Other key tips include:
- **Speak** slowly, clearly and loud enough for everyone to hear
- **Show** that you're listening – for example, you can nod. A key role in this as a trainer is to politely stop other participants if they interrupt the speaker
- **Acknowledge** participants' contributions when they share an idea (for example 'thank you', 'good point', 'what does anyone else think about Mrs. X's comment?')
- **Stand** when you're speaking; you can also move around the room a bit.

Interpersonal skills

Quickly building good working relationships with participants is important for a smooth training. Here are some basics:

- Call people by their **names**. Having name badges can help
- Let participants **get to know you** (within professional boundaries). Sharing a bit about yourself in the introductions helps this
- Keep your mobile **phone away**
- **Take a few moments** during breaks to spend with participants (but also give yourself time for a short break)
- Smile and use **open and confident body language** (put your hands on your hips or by your side instead of crossing your arms for example)
- **Encourage** and motivate participants (“that’s a good idea”; “you’re really applying this well to your context”)
- **Respect** each participant as an individual with their own set of skills, knowledge and needs
- **Resolve challenges and conflicts quickly and calmly**. If a participant is dominating a discussion, interrupting others, or two participants are disagreeing strongly:
 - Politely ask them to ‘leave the discussion’ as there is a lot to get through during the training
 - If you need to, raise your voice so you are heard
 - Suggest that participants can continue the discussion in the next break
 - Encourage others to speak (for example, “Lucas – what do you think?”)
 - Don’t be afraid to speak to someone during the next break to ask them to let others participate more.

Building and using your knowledge and experience on violence against children

It is important as a trainer to make sure your knowledge is up-to-date. You can do this by reading evidence-based research on the topic, updates of the INSPIRE website, attending INSPIRE and VAC trainings and webinars yourself, and re-reading the INSPIRE documents.

You can use your knowledge and experience in the training to help bring topics to life. For example, new data can demonstrate

a key point, or a case study can demonstrate INSPIRE in practice. However, it is important to strike the right balance between not sharing your knowledge and experience and over-sharing. Remember, participants will also have knowledge and experience they might want to share that will help the group to learn, INSPIRE has useful case studies that you can utilize, and you will have collected national and local case studies to use in the training (see module 4).

Some useful websites on VAC are:

- **INSPIRE website** - www.inspire-strategies.org
- **End Violence's Knowledge Platform** – this has a comprehensive set of practical guidance and case studies aligned to the seven INSPIRE strategies, has extensive connections to partner websites, and is being regularly updated: <https://www.end-violence.org/knowledge>
- **Together for Girls'** website includes the complete Violence Against Children Surveys and many more resources on violence against children, with a special focus on violence against girls: <https://www.togetherforgirls.org/>
- **UNICEF Innocenti** have a comprehensive research body, including a focus on adolescent wellbeing, mental health, violence against children and COVID-19: <https://www.unicef-irc.org/research/violence-against-children/>
- **Center for Disease Control and Prevention** have a webpage on Adverse Childhood Experiences that is regularly updated: <https://www.cdc.gov/violenceprevention/aces/index.html>
- **World Health Organization's** pages on violence against children: https://www.who.int/health-topics/violence-against-children#tab=tab_1

Safeguarding and protection

As a trainer, you are responsible for upholding high standards in safeguarding children and adults at risk of abuse (such as some adults with disabilities, some young people, some elderly people, people who are more at risk of discrimination). This means that if you hear about abuse that has taken place or is taking place, which has not been reported or where steps are not being taken to uphold the safety and well-being of the victim/survivor, you must take action. This may include:

- **Speaking to the participant** who talked about the abuse to get more information, including what if any action has been taken
- **Liaising with them and their organisation** to start the reporting process in line with that organisation's safeguarding policy and national legislation

- **Reporting independently** if the organisation is not acting in ways that prioritise the best interests of the victim/survivor.

Note that in some countries, reporting abuse is mandatory. In all situations, the best interests of the victim/survivor should be upheld.

Managing sensitive issues

It is important to let the participants know that the training will be covering sensitive issues and that discussions about VAC may arouse strong emotions and feelings. You could say, for example, “I want to remind everyone that some of us may be survivors of violence ourselves. There may also be those who have witnessed such violence or had it happened to someone close to them. This is a reminder to all of us to be sensitive to those experiences during our time together.” Explain that some of the material presented may be triggering to participants who have experienced violence. Tell participants that they can step out if they are uncomfortable. Encourage them to engage in self-care as needed.

Fluency in the local language

If you are giving a training in a language that is not your primary language, it may be worth:

- Checking you know **locally used words and phrases** for terms such as ‘violence’, ‘abuse’, ‘trauma’, ‘strategies’ etc
- It may be worth having a **dictionary** with you, or identifying a participant who speaks both languages who can clarify if there is a word or phrase that you’re unfamiliar with
- **Remember:** some participants may be participating in a training that is not in their first language, so keep sentences short and clear, speak clearly, and ask them to check with you if there’s something they want clarification about.
- Where feasible, ensure that key documents are **translated into the local language**. If this is not possible, plan with your national actors and co-trainers to identify how to ensure that the key information is available in relevant languages.
- If one or more trainers has to present in a language that not everyone speaks, **the quality and costs of interpretation must be carefully weighed up against the benefits**. Where possible, avoid relying on interpretation for training. Preferred options would be for the trainer who does not have the language to provide support before and during the training by assisting in presentation, providing feedback at the end of the day, and accompanying the training without speaking using non-obtrusive translation away from the key training group.

Evaluation and feedback

Good feedback is essential for trainers to improve their own effectiveness and the quality of the programme.

Reaction evaluation measures the reaction of the participants to all or a section of the training. Trainers should continuously seek feedback from participants in order to ensure that the training is being effective and to tailor the programme to each group of participants. A reaction questionnaire at the end of the event is useful to ascertain how people feel as a result of the training.

Learning evaluation measures changes in the participants' skills, knowledge, attitudes and practice by comparing pre-training standards with post-training standards. This can be done in a variety of ways, including practical tests, written tests, case study exercises, problem solving exercises, or other methods. Evaluation techniques may include self-assessment activities, checklists, rounds of questions, evaluation forms, oral feedback sessions, and a personal review by the trainer. There are sample evaluation forms for trainers following Module 7 above, (page 44).

Icebreaker ideas

Icebreakers help participants get to know each other and you the trainer, and to feel more comfortable in the training setting. This means that they are more likely to respect each other and feel confident sharing their ideas and views.

A simple icebreaker is to get participants into pairs or small groups and to introduce themselves to each other. They then introduce their partner to the whole group.

Another icebreaker might be to ask participants to share with each other their experience of addressing VAC, or expectations of the training, but this can be quite 'heavy' at the start of the training. Below is an idea of a light-hearted icebreaker that can be done quickly if time is limited.



Figure 1 Sample ice breakers³

Ethical use of photos, videos and case studies in your training

Photos, videos and case studies help to bring INSPIRE to life. They go beyond statistics, to 'changing hearts and minds'. However, the process of obtaining and using a story can retraumatise the storyteller if not done so with the best interests of the storyteller at the centre of the process. Here is some basic guidance when asking for and selecting photos, videos and case studies for use in the training.

- Only use photos, videos and case studies from organisations that have robust safeguarding and ethical storytelling procedures in place
- Check every storyteller (whether the person in a photo and/or the person telling their story) has given informed consent to have their story shared with INSPIRE. This includes knowing where their story will be shared, when, for how long and who will see it. Getting informed consent takes time – the storyteller should be told about INSPIRE and why telling their story in training can help make a difference. Organisations that have already obtained informed consent can reach out to storytellers to ask if that consent can be extended to include INSPIRE

³ <https://www.thebalancecareers.com/icebreakers-for-meetings-1918411>

- Check the storyteller has access to ongoing support, particularly where they have told a story that may retraumatise them (for example, recalling incidents of violence)
- When using photos and stories in training sessions:
 - Tell or show photos, videos and case studies from the storyteller’s perspective, using their own words
 - Photos, videos and case studies should have a clear purpose
 - Case studies should focus on small, positive changes, always upholding the dignity of the storyteller, their family and community
 - Photos and videos should reflect the story you (as a trainer) are retelling accurately; they should include a caption saying where the photo was taken (for example, group of children aged 12 to 15 years playing football in Colombia, Latin America)
 - Where possible, the faces of children and adults at risk of abuse should not be clearly identifiable and photos of people in groups should be used. This protects their anonymity. Where a case study is focusing on a particular person or family, informed and ongoing consent for use in INSPIRE training is vital. The story should not provide identifying information about someone (no surnames, street or village names, schools etc should be used), should have a clear purpose, and should not (re)victimise the storytellers
- Where possible, work with the organisations that support the storytellers to get feedback and ongoing consent on how their stories will be used in the INSPIRE training. This also enables them to withdraw their consent
- Be aware of the length of time a person has given permission for their image or story to be used for. This requires having clear notes on slides with images on (for example, for use until 20 September 2022). It prevents images and case studies from mistakenly being used after the consent has expired.

Step 5:

Follow up, support and monitor

This training is part of a new initiative conducted by the INSPIRE Core Group, led by the World Health Organization.

Following the first Training of Trainers in November 2021, a set of plans for following up and support will be added here.

Annex 1: INSPIRE Training Participant Pre/Post Test

1. Globally up to 1 billion children have experienced physical, sexual or psychological violence in the past year Put an X next to the statement below which is FALSE regarding the prevalence of the common forms of violence?

- Due to its high prevalence, violence against children has become visible and well-reported
- Boys are more likely to be both victims and perpetrators of homicide, which commonly involves weapons such as firearms and knives.
- Girls are more likely to experience intimate partner violence (sexual and/or physical), rape by acquaintances or strangers.
- Boys also experience sexual violence, often at higher rates than officially reflected in the data.

2. Which one is NOT a VAC risk factor?

- Gender equality
- Poor parenting practices
- Poor communication skills
- Witnessing violence in childhood

3. Below are three examples of VAC prevention interventions. Match the three programme examples in the left-hand (first) column with the correct answer in the right-hand (second) column

Programme example	Type of intervention
<ul style="list-style-type: none"> • Working with all parents at a school to provide them with information on positive discipline 	<ul style="list-style-type: none"> • Tertiary prevention
<ul style="list-style-type: none"> • Offering treatment to prevent sexually transmitted diseases to a child survivor of violence following rape 	<ul style="list-style-type: none"> • Primary prevention
<ul style="list-style-type: none"> • Providing long term mental health treatment to a survivor of violence to reduce long term mental health outcomes associated with violence 	<ul style="list-style-type: none"> • Secondary prevention

4. The demand for VAC services is rising but many governments and organisations have limited budgets. This situation makes it important to use an evidence-based approach to develop policies and services to prevent VAC. Put an X next to any of the statements below that are TRUE.

- Evidence helps to select programmes that are effective in preventing and responding to violence against children
- Evidence helps ensure that limited resources are directed towards programmes that have been tested and proven to work
- Evidence provides information to understand further which programme elements are essential for success and which elements may need modification.
- Evidence helps governments and programmes prioritising where to invest.

5. Good evidence varies considerable according to local context and circumstances. Match the four types of evidence in the left-hand (first) column with the correct definition in the right-hand (second) column

Type of Evidence

Definition

Good practice •

- At least one high or moderate quality impact study using RCT and/or high-quality quasi-experimental designs has found statistically significant impacts for one or more risk or protective factors for VAC.

Prudent •

- Recommended based on high-quality meta-analysis and systemic reviews of findings from evaluations of multiple interventions and/or at least two high or moderate quality impact studies found a statistically significant impact.

Effective •

- Commitment to global treaties or resolutions critical to reducing violence and/or observational or qualitative studies show effectiveness in reducing violence.

Promising approaches •

- We've done it, we like it, and it feels like we make an impact'.

6. The following statements are statements about the INSPIRE Package. Put an X next to any of the statements below that are FALSE

- INSPIRE is an evidence-based resource for the health sector so that governments can prioritise VAC prevention and response in the health sector
- INSPIRE is an evidence-based resource for everyone committed to preventing and responding to VAC- from governments to grassroots and civil society organisations to the private sector
- The INSPIRE package provides guidance on seven key strategies, how these can be implemented, adapted and scaled up, and how to measure progress and results
- The INSPIRE package is designed to promote collective action where stakeholders move in the same direction to achieve prevention effects bigger than the sum of their individual contributions.

7. Put an X next to each statement indicating whether it is TRUE or FALSE

Question	Statement	TRUE	FALSE
7.	The INSPIRE package includes seven strategies that have been proven to reduce VAC in various settings. National governments should ensure that they adopt all seven strategies at the same time and exactly as described to ensure the effectiveness of their national programmes.		
8	Although implementing the INSPIRE package requires input from various stakeholders, each sector should work independently to ensure good quality services are provided		
9	Developing a structured adaptation and scale-up strategy will support our country's action plan to end violence against children by establishing goals appropriate to local conditions; setting benchmarks to know if we are meeting our objectives; and creating conditions that help us broaden and sustain success.		
10	The INSPIRE package consists of evidence-based interventions that have been rigorously tested and therefore do not require routine monitoring when adapted by countries.		

Annex 2:

Pre/Post-test Answer Sheet

1. A

2. A

3. Correct responses below

- **Working with all parents at a school to provide them with information on positive discipline** – is an example of a Primary prevention intervention. Primary prevention interventions are universal or targeted approaches that aim to prevent violence before it occurs. Aimed at addressing the root causes of violence and changing attitudes, behaviours & norms. For example, community mobilisation, school-based initiatives etc.
- **Offering treatment to prevent sexually transmitted diseases to a child survivor of violence following rape.** This is an example of a Secondary prevention intervention. Secondary prevention interventions focus on the more immediate responses to violence and prevent the reoccurrence of violence, such as pre-hospital care, emergency services or treatment for sexually transmitted diseases following a rape.
- **Providing long term mental health treatment to a survivor of violence to reduce long term mental health outcomes associated with violence.** This is an example of a Tertiary prevention intervention. Tertiary prevention interventions are approaches that focus on long-term care in the wake of violence and treating the problems that result from violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. Other examples include access to legal advocacy, perpetrator programmes.

4. All four answers are true

5. Correct responses below

- **Good practice** – ‘we’ve done it, we like it, and it feels like we make an impact’;
- **Prudent** – commitment to global treaties or resolutions critical to reducing violence, and/or observational or qualitative studies show effectiveness in reducing violence.
- **Promising approaches** – at least one high or moderate quality impact study using RCT and/or high-quality quasi-experimental designs has found statistically significant impacts for one or more risk or protective factors for VAC.
- **Effective** – recommended based on high-quality meta-analysis and systemic reviews of findings from evaluations

of multiple interventions and/or at least two high or moderate quality impact studies found a statistically significant impact **A**

6. A

7. T

8. F – Implementing the INSPIRE Package requires input from various stakeholders, including national and local government departments (e.g., education, health and justice), the private sectors, CSOs, Faith-based organisations, academic institutions and foundations. In combination, these stakeholders can reduce the negative impact of risk factors of VAC.

9. T

10. F - There are several reasons why it is really important to monitor, evaluate and learn from VAC prevention work: Firstly, to build a strong global evidence base on what works to prevent and respond to violence against children: Although the evidence base is growing, there continue to be many gaps in understanding which strategies and interventions are most successful, in which contexts, for which population groups, and why. Secondly, To track the implementation of planned activities and assess their impact: Monitoring, evaluation and learning processes can help identify whether a programme is on track to achieve its intended results or whether adjustments are needed. It can assess the success of an intervention and identify whether interventions work, for whom and why. Thirdly, to help identify the most effective and efficient violence prevention interventions that can be brought to scale: Although the evidence on what works to prevent violence is growing, most successful programmes work at a small scale with small groups of directly targeted beneficiaries. Less is known about preventing violence at scale in the most efficient ways without reducing intervention impact. Finally, to ensure consistent measurement and tracking of progress in preventing VAC globally: A key challenge in measuring progress on the prevention of VAC is the wide variation in indicators and forms of measurement, leading to data that is not comparable. It is important to use a comparable set of global indicators to understand relative progress in different contexts.

