

INSPIRE Competency Framework

Together to
#ENDviolence

Solutions Summit Series



TABLE OF CONTENTS

Abbreviations and Acronyms	1
Introduction	2
Purpose	2
Target audience	2
Methods	3
Structure of the competency framework	3
How to use this framework	4
Table 1: INSPIRE Competencies	5
Glossary	13
References	14
Annex I: INSPIRE Resources	15

Abbreviations and Acronyms

CDC US Centers for Disease Control and Prevention

End Violence against Children Global Partnership to End Violence against Children

GBV Gender-based Violence

INSPIRE Seven strategies to end violence against children: ‘I’ stands for the implementation and enforcement of laws; ‘N’ for norms and values; ‘S’ for safe environments; ‘P’ for parent and caregiver support; ‘I’ for income and economic strengthening; ‘R’ for response and support services; and ‘E’ for education and life skills.

IPV Intimate Partner Violence

NGO Non-governmental organisations

PAHO Pan American Health Organization

PEPFAR President’s Emergency Program for AIDS Relief

UN United Nations

UNICEF United Nations Children’s Fund

UNODC United Nations Office on Drugs and Crime

USAID United States Agency for International Development

VAC Violence against children

VACS Violence Against Children Survey

WG Working Group

WHO World Health Organisation

Introduction

INSPIRE: Seven strategies for ending violence against children is a set of evidence-based strategies for countries and communities working to eliminate violence against children. Launched in 2016 by ten agencies¹ with a long history of using scientific approaches to understand and prevent violence against children, INSPIRE serves as a technical package for selecting, implementing and monitoring effective policies, programmes and services to prevent and respond to violence against children.

Since publication of the INSPIRE technical package, there has been significant uptake at national and local level by governments and non-government organizations wanting to use the package to initiate evidence-based prevention and response programming or enhance existing activities. There have also been many requests for policy dialogues and trainings on how to use the package, including on how to select strategies and approaches most relevant to a setting; on how to ensure that interventions are implemented with fidelity to the original, proven programmes; on how to move to scale, and on how to monitor the reach and impact of INSPIRE-oriented policies and programmes.

A competency framework that provides a description of the abilities that government and non-government staff need if they are to effectively implement, scale up and monitor the package is needed in responding to these requests.

Purpose

The purpose of the competency framework is therefore to provide a set of standards to facilitate staff recruitment, training, and professional development with the aim of enhancing the capacity of United Nations agencies, government agencies and non-government organizations to implement and monitor the INSPIRE technical package, thereby strengthening country level efforts to end violence against children.

The competency framework outlines the competencies – the skills, knowledge and attitudes – government and non-government staff need to effectively adapt, implement, monitor and scale-up the approaches in the INSPIRE technical package.

Target audience

The main audience for the competency framework are:

1. organisations conducting training and capacity building initiatives on the INSPIRE technical package;
2. policy- and decision-making authorities engaged with implementation, monitoring and scale-up of INSPIRE interventions.

The competency framework is designed to be used by professionals from different sectors – notably social welfare, justice, education, finance, health, labour, interior and planning – and is aligned with using an inter-professional approach. It serves as normative reference to be applied according to local priorities and needs.

¹ CDC, Global Partnership to End Violence Against Children, PAHO, PEPFAR, Together for Girls, UNICEF, UNODC, USAID, WHO and World Bank.

Methods

The development of the competency framework involved the following steps:

1. A mapping was conducted to identify training and educational resources available on the INSPIRE package and competency frameworks for practitioners working to address violence against children;
2. Expert interviews were conducted with members of the INSPIRE Working Group (WG) Secretariat and select government representatives from low- and middle-income countries; and
3. A peer review of the draft framework was conducted by representatives of the target audience.

Structure of the competency framework

The INSPIRE competency framework is a tabular matrix of the domains, professional levels (levels of responsibility) and competencies (skills, knowledge, attitudes) necessary to effectively promote and support the implementation, monitoring and scale-up of the INSPIRE technical package. It does not, however, cover specific competencies needed to implement the technical activities within the individual approaches covered in the INSPIRE technical package. Those hoping to bolster competencies needed to implement the individual approaches would be best served by referring to the INSPIRE Handbook and the resources available therein.

The framework encompasses three professional levels based on levels of responsibility:²

1. Practitioners and implementers: implementation-oriented roles that involve direct work with stakeholders engaged in the programme and programme beneficiaries.
2. Technical planners and technical staff: planning-oriented roles within ministries, service sectors or civil society that are involved with developing action plans to address violence against children.
3. High-level policy-makers and strategic planners: policy- and strategic-vision oriented roles that involve making decisions concerning violence prevention and response policies, programmes and services.

The framework encompasses four domains of competencies:

1. Foundations for INSPIRE
2. Implementation and Adaptation of INSPIRE
3. Monitoring and Evaluation of INSPIRE
4. Scale-up of INSPIRE

² Note that depending on how roles are defined within different organisations, department and ministries, there may be some overlap between these professional levels.

How to use this framework

This framework can be used by institutions and individual staff members involved with INSPIRE approaches to support recruitment and capacity building initiatives.

At the level of individual staff it can assist in:

- Identifying individuals who already have the requisite competencies to conduct INSPIRE implementation activities, or who show adequate potential for being able to develop such competencies.
- Planning capacity strengthening efforts to align an individual's knowledge, skills and attitudes with competencies required for their role.
- Developing screening questions for interviews with individuals short-listed for conducting INSPIRE implementation activities.
- Informing the required competency section of contractual terms of reference.

At an institutional level it can be to assist in:

- Screening institutional capacity against the competencies.
- Identifying capacity gaps within institutions.
- Specifying how to fill the gaps (either by linking with other institutions or building in-house capacity).

For capacity building initiatives, the framework can be used to:

- Identify and outline the content of trainings.
- Identify appropriately qualified trainers who demonstrate mastery of the competencies.
- Set evaluation questions for trainees to monitor progress.

Table 1: INSPIRE Competencies

Foundations for INSPIRE			
Competency statement: Actors demonstrate that they have knowledge and awareness of effective strategies to end violence against children (VAC), and have the necessary skills and attitudes to promote the INSPIRE technical package, based on level of responsibility.			
All	Level 1 (Practitioners)	Level 2 (Planners)	Level 3 (Policy-makers)
<p>Knowledge</p> <ol style="list-style-type: none"> 1. Knows what violence against children (VAC) is and what constitutes VAC in all its forms including its age and gender dimensions. 2. Understands why VAC is a problem including the health effects, magnitude, economic costs and human rights dimensions of VAC. 3. Knows that VAC is preventable and that there are solutions to VAC; programmes with known effectiveness that address the causes of VAC and risk factors. 4. Understands what prevention and response are and the role of each, including the justice system, in addressing VAC. 5. Knows about the protections against violence, and the provisions for physical and psychological recovery afforded to children in the UNCRC and national legislation. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Knows what the INSPIRE Technical Package is and where to find it. 2. Knows what the seven strategies are in the INSPIRE technical package and how they differentiate from one another while remaining mutually reinforcing. 3. Technical knowledge of approaches (e.g. parenting programmes) in at least one of the seven INSPIRE strategy areas (e.g. parent and caregiver support). 4. Knows what the socio-ecological model is and understands that risk and protective factors for VAC exist at different socio-ecological levels and across systems. 5. Understands that INSPIRE approaches address risk and protective factors at different levels. 6. Understands that cultural factors are important in influencing the occurrence and patterns of VAC at different socio-ecological levels. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Solid understanding of the strategies and approaches in the INSPIRE package and their criteria for their inclusion. 2. Understands what evidence-based approaches are and why they are important. 3. Knows what the socio-ecological model is and understands that risk and protective factors for VAC exist at different socio-ecological levels and across systems. 4. Understands that INSPIRE approaches address risk and protective factors at different levels. 5. Knows what a public health approach to violence prevention is, and what addressing VAC entails. 6. Understands the use of technical packages to address gaps in policies, programmes and services. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Familiar with the history of INSPIRE and the organisations involved globally with roll-out. 2. Recognises both the similarities and distinct differences among INSPIRE package and other packages that are implemented in-country (e.g. MPOWER, RESPECT, WePROTECT and others where relevant). 3. Understands the potential for cost savings and health/social gains associated with effective roll-out of INSPIRE strategies. 4. Understands the use of technical packages to address gaps in policies, programmes and services. 5. Understands the roles and responsibilities different national stakeholders and systems (e.g. education, health, justice, internal affairs, social welfare) have with regards to stewardship on issues of VAC.

Skills

1. Ability to effectively communicate what the INSPIRE Technical Package is and how to use it.

Attitudes

1. Committed to addressing VAC in all its forms.
2. Convinced that ending violence against children is possible and is an imperative.
3. Committed to the multisectoral nature of INSPIRE and its implications for implementation, monitoring and evaluation, and adaptation and scale-up.

Skills

1. Ability to mobilise community members and other relevant stakeholders on issues of VAC and foster their engagement in INSPIRE programmes.
2. Technical skills related to implementing approaches in one or more of the seven INSPIRE strategy areas.

Attitudes

1. Committed to promoting awareness amongst stakeholders and programme beneficiaries about the importance of addressing VAC.

Skills

1. Ability to communicate the aims of INSPIRE to a diverse set of stakeholders.
2. Ability to foster a common understanding of the needs and goals of the INSPIRE package amongst different stakeholders.

Attitudes

1. Values multi-sectoral interventions in preventing and responding to VAC.
2. Demonstrated commitment to the implementation of evidence-based interventions.

Skills

1. Ability to develop policy advocacy to support the implementation of INSPIRE strategies.
2. Ability to carry out resource allocation for issues of VAC stewardship.
3. Ability to raise awareness on VAC amongst decision-makers.

Attitudes

1. Committed to promoting INSPIRE's goal and vision amongst senior level stakeholders, policy-makers and legislators.
2. Committed to achieving the SDGs, and appreciates how the INSPIRE strategies can contribute towards this.

Implementation and Adaptation of INSPIRE

Competency statement: Actors demonstrate that they have knowledge and understanding, based on their level of responsibility, of what is required to adapt and implement the INSPIRE package and demonstrate the skills and attitudes necessary to effectively implement INSPIRE approaches ensuring appropriate adaptation as necessary.

All	Level 1 (Practitioners)	Level 2 (Planners)	Level 3 (Policy-makers)
<p>Knowledge</p> <ol style="list-style-type: none"> 1. Awareness of the <i>INSPIRE Handbook</i> and accompanying adaptation and scale up resources and tools. 2. Understands the importance of multi-sectoral interventions in addressing VAC. 3. Understands the linkage between intimate partner violence, gender-based violence, child protection and VAC. 4. Understands that INSPIRE can and should be adapted in humanitarian settings. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to promote a shared understanding of what VAC is and what the consequences of VAC are amongst diverse stakeholders in-country. 2. Ability to communicate with and engage both government and non-government actors including community-based mechanisms. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Awareness of how to use the <i>INSPIRE Handbook</i> to choose and implement interventions that fit the context or to identify models that prioritize core components of approaches similar to those in the <i>INSPIRE Handbook</i>. 2. Technical expertise in one or more of the INSPIRE approaches being implemented in-country. 3. Awareness of the evidence-base behind the INSPIRE approaches being implemented in-country. 4. Understands what areas within evidence-based programmes can be adapted to make a programme more culturally relevant and what “core components” should be preserved. 5. Understands what fidelity is and why it is important to adapting programmes. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Awareness of tools for multi-sectoral planning and coordination (e.g. the Violence Against Children Survey (VACS) Data to Action Tool) and key elements that can strengthen multi-sectoral collaboration on VAC. 2. Knows what sectors (education, justice, health, law enforcement, and social welfare) can do to address risk factors for VAC and support nurturing environments for children. 3. Knows how much interventions cost and where resources can be garnered to support them (which donors, multilateral agreements, budget line items, etc.) 4. Familiarity with national level coordination mechanisms to eliminate VAC, IPV and GBV. 5. Ability to identify the roles each sector plays in implementing approaches in the INSPIRE package in-country. 6. Awareness of the attributes that can make national plans more effective (being data-informed, cost-effective, strengths-based, etc). 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands the different policy positions of entities in-country with regards to VAC. 2. Awareness of different ways in which government resources can be pooled or allocated to support INSPIRE strategies in-country. 3. Aware of cost benefit analyses and the return on investment for VAC prevention and response interventions 4. Awareness of in-country developments that can influence policy and practice with regards to addressing VAC. 5. Familiarity with international level coordination mechanisms to eliminate VAC.

Skills

1. Ability to promote a shared understanding of what VAC is and what the consequences of VAC are amongst diverse stakeholders in-country.
2. Ability to communicate with and engage both government and non-government actors including community-based mechanisms.

Attitudes

1. Committed to a whole system strengthening approach.

Skills

1. Ability to foster collaboration between actors implementing interventions to end VAC.
2. Ability to communicate effectively about programme adaptation with stakeholders of different backgrounds.
3. Ability to identify and describe the theory of change behind programmes.
4. Ability to identify and assess the “core components” of programmes in order to select which programme elements can be adapted to context or identify similar programmes already being implemented in context.
5. Ability to address challenges in balancing fidelity and context during programme adaptation.

Attitudes

1. Sensitive to the needs and feedback of community members during programme implementation.
2. Supports opportunities for children and young people to participate in or to lead programmes, whilst ensuring the safety of young people at all times.
3. Committed to gender equity.

Skills

1. Ability to engage national and local government departments responsible for education, justice, health, internal affairs, and social welfare along with NGO counterparts in a strategic planning process to address VAC.
2. Ability to prioritize INSPIRE approaches to adapt and implement in-country.
3. Ability to formulate a strategic plan based on the inputs from stakeholders.
4. Ability to identify the resources and support (technical, human and financial) needed to implement the strategic plan, and identify where these can be found.

Attitudes

1. Advocates for quality services in response to VAC recognising their inter-agency and inter-departmental nature.
2. Creates an organizational culture which fosters reflection, sharing, learning from failure and success and doesn't sanction those who speak out with new ideas or criticism.
3. Believes in the age-appropriate participation of children and youth in matters that affect them.

Skills

1. Ability to convene senior stakeholders and call people to account.
2. Ability to carry out resource allocation to support VAC stewardship.
3. Ability to identify the roles each sector plays in implementing approaches in the INSPIRE package in-country.
4. Ability to draw strategic conclusions based on the policy positions of different entities to inform advocacy to prevent and respond to VAC.
5. Ability to respond to critiques and opposition through skilled debate and strategic action.

Attitudes

1. Views primary prevention as critically important in addressing VAC.
2. Committed to establishing and maintaining political and multi-sectoral support to ensure the sustainability of interventions to end VAC.

Monitoring and Evaluation of INSPIRE

Competency statement: Actors demonstrate understanding, based on their level of responsibility, of the principles and processes of monitoring and evaluating interventions as part of implementing INSPIRE strategies and have the necessary skills and attitudes to ensure robust monitoring and evaluation processes accompany implementation.

All	Level 1 (Practitioners)	Level 2 (Planners)	Level 3 (Policy-makers)
<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands what evidence consists of, what the role of evidence is in evidence-based practice and why it is important for evidence to drive action. 2. Understands that monitoring can be used to provide data on magnitude of a problem, track programme implementation, assess the impact of programmes and improve programme implementation. 3. Understands that data collection should ensure that data on sex, age, disability and other characteristics are always captured. 4. Understands the importance of ensuring qualified, independent personnel undertake programme evaluations. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to follow guidelines for data collection and sharing. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Awareness of the <i>INSPIRE Indicator Guidance and Results Framework</i> and how to use it. 2. Knows how to build monitoring into INSPIRE implementation activities, using the INSPIRE indicator guidance. 3. Knows what data on prevalence, risk and protective factors for VAC is available in-country. 4. Familiarity with mixed methods approaches to data collection and analysis and the appropriate application of quantitative and qualitative approaches. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to identify, collate, interpret and use available data on prevalence, risk and protective factors for VAC, and INSPIRE indicators. 2. Ability to identify available, nationally or locally representative data on the reach and impact of INSPIRE interventions. 3. Ability to ensure that any new data collection activities initiated are consistent with the INSPIRE indicators. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Awareness of ongoing efforts to gather data on the scope and scale of VAC by stakeholders in-country. 2. Knows the strengths and limitations of data sources that can help monitor VAC including survey and administrative data. 3. Awareness of the difference between descriptive and analytic epidemiologic studies and what different types of studies are used for. 4. Understands the difference between, and the respective importance of, process and impact evaluations. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to read and understand the evidence for intervention effectiveness in the INSPIRE technical package, including how evidence is used to assess the adequacy of programmes and improve them where needed, and how to use the evidence to initiate new activities and to strengthen advocacy. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands the need for evidence to guide and inform programme implementation, assess programme impact and ensure investments are maximized. 2. Understands the timeframes that are needed for meaningful evaluation activities to be carried out. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to leverage adequate, timely resources to support robust monitoring and evaluation efforts. 2. Ability to persuade people that social interventions can have a meaningful impact. 3. Ability to support knowledge translation – ensuring results from monitoring and evaluation activities are translated into action.

Attitudes

1. Believes in the necessity of robust monitoring and evaluation activities to inform and drive action.
2. Endorses the notion that programming must be based on an accurate assessment of need, not solely organisational/departmental mandate or programmatic convenience.

4. Ability to apply quantitative and/or qualitative data collection and analysis techniques, as required.
5. Ability to assess the strength and quality of evidence of a programme's effectiveness.
6. Ability to integrate cultural awareness and a gender-sensitive approach within monitoring and evaluation activities and to navigate ethical dilemmas that arise from culture differences and gender dimensions.
7. Ability to apply participatory techniques in supporting youth- and/or community-led evaluations and developing indicators.

Attitudes

1. Committed to the safe and ethical collection of data on VAC, including upholding confidentiality and data privacy.
2. Openness to identify and acknowledge what is working well and what is not to foster programme learning.
3. Committed to documentation and showing evidence of the organisation's/department's work.
4. Committed to consulting with programme participants on what, how and when to monitor aspects of the programme.
5. Belief in the importance of gathering feedback from programme participants on results of monitoring and evaluation exercises.

2. Ability to develop concrete, multi-sectoral plans to improve practice to address VAC based on results from administrative data, surveys or programme evaluations.
3. Ability to promote guidelines for data collection and sharing amongst all stakeholders collaborating on INSPIRE approaches and strategies.

Attitudes

1. Willingness to make and support changes to programmes based on monitoring and evaluation results.
2. Committed to supporting long term programming efforts to implement INSPIRE strategies.
3. Promotes a culture of learning

Attitudes

1. Committed to contributing to the growing global body of evidence on programme effectiveness.
2. Committed to supporting long term programming efforts to implement INSPIRE strategies.

Scale-up of INSPIRE

Competency statement: Actors demonstrate understanding, based on their level of responsibility, of what the scaling-up of interventions as part of INSPIRE strategies entails and have the relevant skills and attitudes to support the scale-up of evidence-based interventions in their context.

All	Level 1 (Practitioners)	Level 2 (Planners)	Level 3 (Policy-makers)
<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands what “scaling-up” interventions means. 2. Understands that only interventions that have been successfully tested in-country and that have proven effectiveness are considered for scale-up. 3. Awareness that scaling up interventions is a complex task that can take years. 4. Understand that both individuals and organizations need to have the adaptive capacity to recognize shifts in the implementation environment and the need to address resulting contextual differences. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to identify and access tools and resources to support the scale-up of interventions from the INSPIRE Working Group and elsewhere. <p>Attitudes</p> <ol style="list-style-type: none"> 1. Appreciates that the scale-up of interventions requires dedicated resources and expertise. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands that programming, even if done at scale, needs to remain accountable to communities and local stakeholders. 2. Knows what is considered good practice for scaling-up evidence-based programmes. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to identify shifts in the reception of activities and interventions “on the ground” through application of real-time data collection and adaptive management systems. 2. Ability to establish monitoring systems to measure uptake and impact of INSPIRE interventions being scaled up. 3. Ability to support the adaption and implementation of interventions being scaled-up. <p>Attitudes</p> <ol style="list-style-type: none"> 1. Belief in the importance of participatory processes that are nationally driven and owned. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Aware of the INSPIRE Global Adaptation and Scale-up Framework. 2. Understands the role of a national action plan in scaling-up a multi-sectoral response to VAC. 3. Understands how a ‘layering’ of services’ can be created or supported by using a multi-sectoral approach. 4. Awareness of different conceptual frameworks used for scaling up of interventions. 5. Awareness that attempts to scale-up interventions are often not successful and there is much to learn from unsuccessful attempts. 6. Ability to monitor scale up for both vertical and horizontal scale up and identify whether things that have been vertically scaled endure over time. 	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Understands that interventions will only have population-wide impact if they are implemented at scale across communities and sectoral systems. 2. Understands that the scale-up of VAC interventions must be aligned with efforts to scale up any family support, IPV, or GBV interventions. 3. Knows about INSPIRE ‘Pathfinding countries’ that have been identified to develop national plans for scaling up the INSPIRE Framework. <p>Skills</p> <ol style="list-style-type: none"> 1. Ability to support the institutionalization of specific interventions in government policies and systems.

Skills

1. Ability to identify organisations in-country that are best placed to be engaged with scale-up of INSPIRE interventions.
2. Ability to facilitate a national process to review and select potential interventions for scale-up based on identified gaps and national priorities.
3. Ability to engage national and local stakeholders to develop a roadmap for scale-up in line with national action plans to end VAC.
4. Ability to identify and capture lessons learned throughout the process.
5. Ability to assist practitioners with establishing complexity-aware systems of data collection and adaptive management.

Attitudes

1. Committed to national scaling up of INSPIRE programmes with proven effectiveness.

Attitudes

1. Willingness to build political commitment amongst diverse senior level stakeholders to support the scale-up of interventions to address VAC.
2. Willingness to advocate for complexity-aware systems of monitoring and evaluation to ensure that VAC findings are kept relevant.

Glossary

Attitudes: A way of thinking or feeling about someone or something, typically reflected in a person's behaviour.

Child: Any person under the age of 18 years.

Child protection: prevention of, and response to, violence, abuse, exploitation and neglect of children.

Convention on the Rights of the Child (CRC): An international commitment to protect and promote children's rights to survive and thrive, to learn and grow, to make their voices heard, and to reach their full potential.

Gender-based violence (GBV): Any form of violence against an individual based on that person's biological sex, gender identity or expression, or perceived adherence to socially defined expectations of what it means to be a man or woman, boy or girl.

Intimate partner violence (IPV): Physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner.

Pathfinding countries: Countries that have committed to changing laws, policies and societal norms around violence. In order to become pathfinding countries, government leaders make a formal, public commitment to comprehensive action to end all forms of violence against children and request to become a pathfinder within the Global Partnership to End Violence Against Children.

Prevalence: The proportion of a population affected by a specific problem. Prevalence is calculated by dividing the number of people with a specific problem by the number of people in the population who could potentially experience the problem during a specific timeframe (for example, at one particular point in time, over a certain period of time, or over a lifetime). Prevalence is expressed as a percentage or a proportion.

Protective factors: Individual, family, community, institutional, or societal characteristics that decrease the chances that children or adolescents will experience violence.

Risk factors: individual, family, community, institutional, or societal characteristics that increase the chances that a young person will experience violence.

Sustainable Development Goals: a set of 17 goals to end poverty, fight inequality and injustice, and tackle climate change worldwide by 2030.

Violence: the intentional use of force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, problems with development, or deprivation.

References

- Barker, P., Reid, A., Schall, M. (2015). A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa. *Implementation Science*, 11:12.
- Bulthuis, S., Kok, M., Raven, J. and Dieleman, M. (2019). Factors influencing the scale-up of public health interventions in low- and middle-income countries: a qualitative systematic literature review. *Health Policy and Planning*, 35:2.
- Child Protection Working Group. (2010). *Child Protection in Emergencies (CPIE) Competency Framework: Inter-agency Initiative of the Child Protection Working Group*. Geneva: Child Protection Working Group.
- Cohn, F., Salmon, M., and Stobo, J. (2002). *Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence*. Washington: National Academies Press.
- Council of Europe (CoE). (2020). *Violence reduction in schools training pack*. Available at: www.coe.int/en/web/children/violence-reduction-in-schools-training-pack
- Council on Social Work Education (CSWE). (2015). *2015 Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs*. Virginia, USA: CSWE.
- Global Partnership to End Violence Against Children and University of Edinburgh. (2019). *Winter School on Implementation Research and INSPIRE*. Edinburgh: University of Edinburgh.
 - (n.d.). *Pathfinding*. End Violence Against Children: New York. Available at: end-violence.org/sites/default/files/paragraphs/download/Pathfinding.pdf
 - (n.d.). *Measuring violence against children: A Methods Menu*. Available at: end-violence.org/sites/default/files/paragraphs/download/GP%20EVAC%20Methods%20Menu%20final-4_0.pdf
- INSPIRE Working Group Secretariat. (2019). *INSPIRE Capacity Building Draft Facilitators Guide*. Geneva: INSPIRE.
- Rogers van Katwyk, S., Jones, S. and Hoffman, S. (2018). Mapping educational opportunities for healthcare workers on antimicrobial resistance and stewardship around the world. *Human Resources for Health*, 16:9.
- UNICEF. (2013). *Training on Monitoring Violence Against Children with Indicators: Trainer's Manual*. Available at: unicef.org/turkey/sites/unicef.org.turkey/files/2019-02/trainer-s-manual.pdf
- WHO. (2020). *Global status report on preventing violence against children*. Geneva: World Health Organization.
- WHO. (2018a). *Competency Framework for health workers' education and training on antimicrobial resistance*. Geneva: World Health Organisation (WHO/HIS/HWF/AMR/2018).
 - (2018b). *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*. Geneva: World Health Organization.

- (2018c). INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children: How to define and measure change. Geneva: World Health Organization.
- (2018d). Standard Competencies Framework for the Immunization Workforce (Draft, Version 2.1). Geneva: World Health Organization.
- (n.d.). WHO Mandatory Competencies. Accessed at: [who.int/employment/WHO_competencies_EN.pdf?ua=1](https://www.who.int/employment/WHO_competencies_EN.pdf?ua=1)
- (n.d.). Child Maltreatment Prevention: Violence and Injury Prevention Short Course – Facilitator’s Guide. Available at: [who.int/violence_injury_prevention/capacitybuilding/courses/child_maltreatment/en/](https://www.who.int/violence_injury_prevention/capacitybuilding/courses/child_maltreatment/en/)
- US Centers for Disease Control. (2019). Veto Violence: Help stop violence before it happens. Available at: vetoviolence.cdc.gov/apps/main/home
- (2015). THRIVES: A Global Technical Package to Prevent Violence Against Children. Available at: stacks.cdc.gov/view/cdc/31482
- (2014). Public Health Emergency Law (PHEL) Competency Model Version 1.0. Available at: cdc.gov/phlp/publications/topic/pHEL-competencies.html

Annex I: INSPIRE Resources

Publications

Title

- INSPIRE: Seven strategies for ending violence against children
- INSPIRE Handbook: action for implementing the seven strategies for ending violence against children
- INSPIRE Indicator Guidance and Results Framework
- Violence Against Children Survey (VACS) Data to Action Tool: Linking VACS data to cross-sector action planning to address violence against children

Videos

Title

- Ending violence against children: [How the INSPIRE technical package can help](#)

Together to
#ENDviolence

Solutions Summit Series



fund@end-violence.org
secretariat@end-violence.org

end-violence.org

633 Third Avenue, Floor 25, New York, NY 10017

 [@GPtoEndViolence](https://www.facebook.com/GPtoEndViolence)
 [@GPtoEndViolence](https://www.instagram.com/GPtoEndViolence)
 [@end_violence](https://twitter.com/end_violence)