



# TRAINING ON THE VIOLENCE AGAINST WOMEN SURVEY: A GUIDE FOR TRAINERS AND PARTICIPANTS

This guide was prepared with training and support from the kNOwVAWdata programme. Materials included draw from the kNOwVAWdata training course and are adapted for use in the Pacific Islands.



# **TRAINING ON THE VIOLENCE AGAINST WOMEN SURVEY: A GUIDE FOR TRAINERS AND PARTICIPANTS**

Written by

Pacific Community (SPC) and United Nations Population Fund (UNFPA)



Suva, Fiji, 2023

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## ACRONYMS AND ABBREVIATIONS

<b>CEDAW</b>	United Nations Convention on the Elimination of all Forms of Discrimination Against Women
<b>CSO</b>	Civil society organisation
<b>DV</b>	Domestic violence
<b>DHS</b>	Demographic and Health Survey
<b>GBV</b>	Gender-based violence
<b>IPV</b>	Intimate partner violence
<b>IVAWS</b>	International Violence against Women Survey
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NGO</b>	Non-governmental organisation
<b>PICTS</b>	Pacific Island countries and territories
<b>RHS</b>	Reproductive Health Survey
<b>SPC</b>	Pacific Community
<b>SV</b>	Sexual violence
<b>UN</b>	United Nations
<b>UNECE</b>	United Nations Economic Commission for Europe
<b>UNFPA</b>	United Nations Population Fund
<b>UNV</b>	United Nations Volunteers
<b>VAW</b>	Violence against women
<b>VAWG</b>	Violence against women and girls

# INTRODUCTION

This training guide provides information and templates to support trainers and participants in understanding the process involved in carrying out training on the violence against women (VAW) survey or to integrate a domestic violence (DV) module into a larger survey.

Resources, including hyperlinks, are provided, as well as background information on the methodologies

used to collect VAW data, factors underlying VAW, safety procedures, support plans, referral pathways and templates to assist in conducting DV module training as part of a larger survey.

The guide is comprised of an introduction followed by six modules:

Introduction	Module A: Background and methodologies	Module B: Planning and preparation	Module C: Training for dv modules within larger surveys on other topics	Module D: Examples of referrals, support plans, and tips	Module E: General administration templates	Module F: Communication templates
<p>Provides:</p> <ul style="list-style-type: none"> <li>• a summary of the guide</li> <li>• the purpose and objectives of the guide</li> <li>• guiding principles</li> <li>• guidance on cultural etiquette</li> <li>• an explanation of how to use the guide</li> </ul>	<p>Outlines:</p> <ul style="list-style-type: none"> <li>• the two methods (VAW prevalence survey; VAW prevalence module within the larger survey)</li> <li>• survey methodologies used in collecting VAW data</li> <li>• the difference between prevalence and administrative data</li> </ul>	<p>Outlines:</p> <ul style="list-style-type: none"> <li>• steps to take before a survey is carried out</li> <li>• preparatory measures for a training</li> <li>• actors to engage in a training</li> <li>• fieldwork planning and implementation.</li> </ul>	<p>Outlines:</p> <ul style="list-style-type: none"> <li>• examples and a tentative programme for carrying out trainings</li> <li>• key themes to cover during DV and gender trainings</li> </ul>	<p>Provides:</p> <ul style="list-style-type: none"> <li>• examples of referrals, support plans and concept notes that can be easily adapted and contextualised</li> <li>• tips and suggestions on support for the interviewer and interviewees</li> </ul>	<p>Provides:</p> <ul style="list-style-type: none"> <li>• general administrative templates that can be contextualised and adapted to local and/or national needs</li> </ul>	<p>Provides:</p> <ul style="list-style-type: none"> <li>• templates and guidelines (e.g. for media releases, media alerts and media guidance)</li> </ul>

# PURPOSE

This training guide is designed to:

- provide basic information on VAW;
- distinguish dedicated surveys from modules within larger surveys for measuring prevalence of VAW, gender, factors underlying VAW, links and examples of safety procedures, support plans and referral pathways;
- serve as a supporting resource guide with examples and templates that can be adapted and contextualised to different contexts;
- suit various audiences, contexts, and situations, and meet their differing needs, levels of knowledge and understanding, and cultural contexts;
- supplement (but not replace) existing training materials/modules; and
- increase knowledge, and provide basic information on gender, DV and how to measure it.

## GUIDING PRINCIPLES

The implementation of this training guide is grounded on the following principles and values:

- DO NO HARM

- Human rights for all
- Respect and non-violence

## AUDIENCE AND INTENDED USERS

To ensure best practice safety and ethical procedures supporting a 'do no harm' approach, it is best to train everyone involved in the survey – enumerator teams, survey management, support teams and analysts.

This training guide is intended to be used by:

- trainers, facilitators, and professionals convening workshops for DV modules within larger surveys;
- the enumerators and their supervisors and local survey management teams who will be collecting data and information on VAW for DV modules within larger surveys on other topics; and
- national statistics offices, non-governmental organisations (NGOs)/civil society organisations (CSOs), governments and community groups.

Note: Trainers, facilitators, and other professionals involved in the training can work for governments, United Nations (UN) agencies, or NGOs/CSOs, or as independent consultants. However, they must have a

strong understanding of gender and VAW. Those without this level of knowledge or expertise are generally not sensitised to safe ways of working and could 'do harm'. Lead trainers, thus, should be highly knowledgeable on gender and VAW (e.g. the concepts of gender and VAW, including factors underlying VAW, responses to VAW, and related laws, norms and standards) or be supported – and guided – by a team that is highly experienced in this area of work. All trainers should agree to consult with, and take direction from, those who are experienced in VAW issues (e.g. crisis centres or NGOs) when adapting their VAW survey training to the local context and developing survey methodology to ensure safe, ethical data collection, enumerator and respondent support plans and data interpretation and analysis. Survivors of VAW/DV can provide firsthand insight that is critical to this training. If survivors are engaged, ensure that they determine what they're comfortable sharing and the level of support they provide and that they are able to discontinue their support at any time. Ensure counseling is available, if requested/needed.

## CULTURAL ETIQUETTE<sup>1</sup>

Pacific Island countries and territories (PICTs) have distinct cultural protocols and practices, as well as similarities in behaviour, dress and speech. All PICTs have formal government structures, including ministries, departments, or divisions, with the authority to handle specific issues and resources. It is important to connect with, and seek approval from, the relevant ministries/divisions when carrying out a survey. A focal point needs to be identified and established. Additionally, most PICTs have traditional governance and leadership systems at local, provincial, and national levels. There are distinct cultural protocols and practices that need to be respected when carrying out surveys and accessing

local islands, villages, and communities. If trainers are not from the PICTs where they are providing the training, they must work in close collaboration with and be informed by people who are from the PICTs and who have first-hand knowledge of local customs and VAW within that context.

The local counterpart or focal point can provide input on cultural etiquette. The survey team, including supervisors and technical consultants, should be aware of and respect protocols. Survey team members should familiarise themselves with these protocols before they travel into the community or survey area and should ask local counterparts/focal points and contacts for advice on special procedures that should be followed.

<sup>1</sup> SPC, 2020. Cultural Etiquette in the Pacific: Guidelines for staff working in Pacific communities. <https://purl.org/spc/digilib/doc/az5zk>

# MODULE A

## BACKGROUND AND METHODOLOGIES



# I. TYPES OF DOMESTIC VIOLENCE/VIOLENCE AGAINST WOMEN SURVEYS

Surveys are the only way to collect prevalence data on VAW/DV. There are two key approaches to collect population-based data on VAW/DV using surveys: 1) dedicated VAW prevalence surveys; and 2) a set of questions/short modules on VAW, which is integrated into large-scale surveys that collect data on other issues.

The table below outlines the differences between these two approaches and may help determine the most appropriate approach for a specific context. Both approaches are methodologically sound (i.e. meets quality indicator/s in VAW/DV research/surveys) if the survey team is appropriately trained to collect VAW prevalence data. Nonetheless, there are advantages as well as limitations to each approach.

	1) Dedicated VAW prevalence Survey	2) VAW/DV prevalence module within a larger survey
<b>Overview of the two methods</b>	<p>This survey measures VAW and, when properly conducted, provides the most reliable and comprehensive statistics on VAW.</p> <p>Conducting a dedicated survey requires substantial resources and is recommended to be conducted in 10-year increments to measure change over time.</p>	<p>This approach encompasses a short question module designed to measure specific forms of violence (e.g. VAW) but does not cover all of the elements contained in a dedicated survey.</p> <p>This approach should be chosen carefully to ensure it measures the prevalence of physical, sexual, and psychological violence with respect to international standards.</p> <p>The module cannot be used alone; rather, it is added to other national surveys that are already planned. Often, it is added to the Demographic and Health Survey (DHS) and the United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS). With appropriate adaptation and survey team training, it could be added to other national health or crime victimisation surveys.</p> <p>If a short module is added to a currently planned survey, a smaller amount of additional funding is required to cover the interviewer and analysis time.</p> <p>The same enumerator training and support plans are required as are used in dedicated surveys and will need to be adequately funded.</p>

<b>Interviewer training</b>	<p>A dedicated survey offers an opportunity to tightly focus interviewer and survey team training on the methodology and safety protocols for a VAW survey without the distraction of measuring other topics. A well-trained survey team will ensure interviewers can proficiently manage this sensitive topic and support higher rates of disclosures of violence.</p>	<p>When integrating a VAW module into a larger survey on another topic, training specific to the VAW module will compete with training on the rest of the survey. The ability to fully prepare interviewers to conduct the VAW module safely and sensitively often depends on the relationship between the overall survey manager and advocates for the VAW module. Because of the competing survey topics, it is likely that interviewers will not be as skilled at asking the VAW questions as those conducting interviews for a dedicated VAW survey, which may result in underreporting of intimate partner violence (IPV). One solution is to train a sub-group of interviewers on the VAW module and not use them on other complex modules so they can focus their interviewer methods on this topic.</p>
<b>Questionnaire scope</b>	<p>A dedicated VAW survey encompasses a large number of detailed questions on: the different types of IPV as well as violence by others; the impact of violence on children, women's health and the economic status of both women and children; women's responses to violence and coping strategies; risk factors for perpetration and victimisation, including intergenerational factors and perceived triggers; and attitudes towards IPV.</p> <p>There are opportunities to include additional modules (e.g. out-of-pocket expenses related to violence; the impact of disasters; the impact of harmful practices, including child marriage, polygamy, and female genital mutilation).</p>	<p>The short VAW module includes similar questions as dedicated surveys to enable measurement of the broad forms of IPV (physical, sexual, and psychological violence) and sexual violence by others.</p> <p>It has limited questions on controlling behaviour and economic abuse. It may include the same short set of questions on attitudes to gender and IPV but does not ask about triggers or risk factors of violence. It does not include questions on women's coping strategies and responses to violence or other such topics.</p>
<b>Risks and limitations</b>	<p>A dedicated survey needs to be planned and added into a national survey cycle. It requires a complete team for planning, implementation, analysis, and results dissemination. Implementation requires specific experience and skills. If the survey team has not previously conducted a national prevalence survey on VAW, training and external technical support may need to be included in the project plan and budget.</p> <p>A significant amount of data will be generated. A reporting and dissemination plan needs to be in place to take full advantage of the analysis.</p>	<p>The breadth of questions included is limited and may not provide sufficient data to inform a comprehensive response and prevention programme.</p> <p>Underreporting of violence may happen due to the following factors:</p> <ul style="list-style-type: none"> <li>• The surveys are designed to address broad issues (e.g. health, crime or other issues) and usually include a long questionnaire with the VAW module at the end. Some respondents may be tired or lose interest in participating in an additional set of questions.</li> <li>• This module is usually included at the end of the survey and the interviewer will need to move to a private setting for these questions. This can be difficult to ensure and may lead to suspicion among other family members. Women may not feel comfortable responding truthfully to the questions under these circumstances.</li> <li>• The brevity of the module may not allow for adequate time for the interviewers to build trust with the respondent and support disclosure of violence by survivors.</li> </ul> <p>The training of enumerators may be briefer. This limits time available to sensitise them adequately to gender and violence-related issues, ways to develop rapport with respondents, and ways to ensure privacy and reinforce confidentiality of the interview.</p>
<b>Advantages</b>	<p>Provides comprehensive data that can inform both response and violence prevention programmes.</p>	<p>If there is a suitable survey already planned and it is regularly conducted, a short module can be an efficient way to monitor prevalence rates of VAW within the current survey schedule.</p> <p>Depending on the topic of the survey, there may be additional variables for rich comparative analysis (e.g. sexual and reproductive health, children's health, men's health, income, expenditure, etc.).</p>

<b>Survey examples</b>	<p>The best-known examples of dedicated, multi-country VAW surveys include:</p> <ol style="list-style-type: none"> <li><b>1. World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence:</b> First published in 2005, this was the first study to provide comparable data from culturally diverse countries on the prevalence and frequency of different forms of VAW. This study resulted in a template, which is considered the gold standard for national surveys to measure the prevalence of VAW.</li> <li><b>2. International Violence against Women Survey (IVAWS):</b> First published in 2008, this survey was developed to assess the level of victimisation of women with a focus on violence perpetrated by men, as reported by women.</li> <li><b>3. Violence against Women Survey:</b> Published in 2014, this is an EU-wide survey, coordinated by the European Agency for Fundamental Rights (FRA). The survey collected comparable data on various forms of VAW and on women's interaction with the criminal justice system in 28 EU Member States.</li> <li><b>4. The UN Multi-Country Study on Men and Violence (UNMCS)</b> was led by four United Nations Agencies - UNDP, UNFPA, UN Women and UNV – through the joint programme Partners for Prevention (P4P). The study sought to understand how masculinities relate to men's perceptions and perpetration of violence against women. The P4P programme closed in March 2018. Published in 2013, this study was conducted with 10,000 men from the Asia-Pacific region by Partners for Prevention (P4P), a regional joint programme of the UN Development Programme (UNDP), UN Population Fund (UNFPA), UN Women and UN Volunteers (UNV) in Asia and the Pacific. It asked men about their use and experiences of violence, gendered attitudes and practices, childhood, sexuality, family life and health. It was different from other surveys as it focused on collecting information and data from men. In four of the countries, a small sample of women were interviewed using the WHO multi-country study questionnaire for comparative analysis purposes.</li> <li><b>5. The module developed by the UN Economic Commission for Europe (UNECE)- UNECE Questionnaire Module.</b> Albeit shorter than the WHO survey. This module is not a full questionnaire, but the minimum set of questions needed to produce the UN VAW indicators. This module is recommended to be used as part of a dedicated survey.<sup>3</sup></li> </ol>	<p>Examples of commonly used, optional DV or VAW modules include:<sup>2</sup></p> <ol style="list-style-type: none"> <li><b>1. The DV module for the Demographic and Health Survey (DHS)</b> (around 40 questions)</li> <li><b>2. UNICEF's DV module for the Multiple Index Cluster Survey (MICS)</b>, which contains a subset of the DHS DV module questions</li> <li>The <b>Gender-based Violence (GBV) module in Reproductive Health Survey (RHS)</b> supported by the Centre for Disease Control and Prevention (CDC).</li> </ol>
<b>Summary of both surveys</b>	<p>Both the VAW module, included as part of a larger survey, and the dedicated VAW/DV surveys should only be used if the following is fulfilled:</p> <ol style="list-style-type: none"> <li>1. Measures to protect the safety of respondents and interviewers are considered.</li> <li>2. Crisis interventions and referral pathways to specialised systems are made available to respondents.</li> <li>3. Special training, emotional support and follow-up are provided for all interviews.</li> </ol>	

2 Dr. Henrica A.F.M Jansen, kNOwVAWdata. 2018. Modules within larger surveys on a different topic. UNFPA Asia and the Pacific Regional Office. <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/kNOwVAWdata%20Methodology.pdf>

3 Dr. Henrica A.F.M Jansen, kNOwVAWdata. 2018. Modules within larger surveys on a different topic. UNFPA Asia and the Pacific Regional Office. <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/kNOwVAWdata%20Methodology.pdf>



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## II. SURVEY METHODOLOGIES

Name	Methodology	Key Data Obtained	Pros and Cons
The WHO Multi-Country Study Methodology and Questionnaire	<ul style="list-style-type: none"> <li>• Combines qualitative and quantitative methods</li> <li>• Surveys women aged 15–49 years<sup>4</sup> and only one woman per household</li> <li>• Uses a standard questionnaire, training materials and manual</li> <li>• Enumerator training is recommended to be conducted over three weeks<sup>5</sup></li> <li>• If the survey is paused for more than a month (eg due to natural disasters, pandemics etc), then refresher training is recommended. Observes strict ethical and safety measures</li> <li>• Fieldworkers and respondents have access to support (or referral)</li> <li>• Includes specific questions on health, IPV, consequences of violence and violence by others</li> <li>• Designed to be used globally across different cultures with minimal adaptation required</li> <li>• Widely used and regarded as a best practice</li> <li>• Repeated every 7–10 years</li> </ul>	<ul style="list-style-type: none"> <li>• Prevalence and patterns of various forms of IPV and non-partner violence</li> <li>• Risk factors for IPV</li> <li>• Association between IPV and a wide range of health outcomes</li> <li>• Highlights women’s coping strategies, including retaliation</li> <li>• Includes women’s help-seeking, reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Costly due to the length of training and support measures involved</li> <li>• If training is carried out well, high-quality robust data and information is elicited</li> <li>• The questionnaire is lengthy, especially due to the focus on health, necessitating more questions</li> <li>• The survey can be used to measure trends (if budgets allow) but because of the costly nature of this survey and its complexity, and because behaviour change is slow, the survey should be repeated every 7–10 years. (Only a few countries have conducted repeat studies to date. While some PICTS have conducted a dedicated survey, no PICTS have completed a follow-up dedicated survey.)</li> <li>• Older versions are not suited to computing UN statistical indicators; later versions are suitable to this.</li> </ul>

4 More recently, countries have been using higher, or open, upper age limits.

5 If it is not possible to have a comprehensive three-week training, it is important to have some training covering the key principle areas.



Name	Methodology	Key Data Obtained	Pros and Cons
Demographic and Health Survey (DHS) with Domestic Violence (DV) module	<ul style="list-style-type: none"> <li>• General health survey with optional DV module</li> <li>• Administered to a sub-sample of all households in the sample and only one woman per selected household</li> <li>• Surveys women aged 15–49 years</li> <li>• Standard questionnaire module, manuals, and other materials available</li> <li>• In practice, extra interviewer training is often needed for this module but is usually very limited<sup>6</sup></li> <li>• It is suggested that countries organise their own, more-in-depth training for the DV module in line with the recommended WHO survey training</li> <li>• Ethical and safety measures adapted from WHO</li> <li>• Limited support to fieldworkers and respondents</li> <li>• Questions on IPV and non-partner violence are more limited</li> <li>• Limited set of questions on the consequences of violence, and on help-seeking behaviours</li> <li>• Designed to be used across cultures with minimal adaptation; used worldwide</li> <li>• Takes place every five years (based on DHS schedule)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevalence and patterns of various forms of IPV and non-partner violence</li> <li>• Much of the DHS DV module is comparable to WHO questions, although not every indicator is exactly comparable (e.g. the questions on sexual violence in the WHO study cover a wider range of acts)</li> <li>• Risk factors for IPV can be calculated, but are more limited and are not part of the standard analysis plan</li> <li>• Associations between IPV and a wide range of health outcomes are possible, but this is not part of the standard analysis plan</li> <li>• Women’s coping strategies, including retaliation, help-seeking, and reporting, are measured in a limited way and not for IPV separately</li> </ul>	<ul style="list-style-type: none"> <li>• Less costly because it piggybacks on an existing, routine survey</li> <li>• No or minimal adaptation needed</li> <li>• Limited in training and support measures</li> <li>• In many cases, prevalence rates are likely to be lower compared to WHO methodology; however, if training is done well, high-quality data and disclosure rates are possible</li> <li>• Module pre-dates UN statistical VAW indicators and currently measures most but not all of these indicators</li> <li>• Very well suited to measure trends and provides the opportunity to include the DV module regularly as the survey is usually conducted every five years. However, the DV module can be included in alternate years and be included at 10-year intervals.</li> </ul>

<sup>6</sup> It is recommended to strengthen the budget to incorporate dedicated training.



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Name	Methodology	Key Data Obtained	Pros and Cons
UNECE Questionnaire Module	<ul style="list-style-type: none"> <li>• A set of questions or a module (rather than a full-fledged methodology), which can be added to another survey or be expanded into a full questionnaire by adding questions as needed/ appropriate</li> <li>• First full set of questions that enable computing of the UN statistical VAW indicators</li> <li>• The WHO multi-country study<sup>7</sup> builds on the questions in the module.</li> <li>• Standard questionnaire module, manuals, training materials and analysis plan and syntaxes are available</li> <li>• Several options for training are provided</li> <li>• Strict ethical and safety measures are recommended, as in the WHO study</li> </ul>	<ul style="list-style-type: none"> <li>• Prevalence and patterns of various forms of IPV and non-partner violence</li> <li>• Minimal information on help-seeking and reporting</li> <li>• Enables computing all dimensions of the UN statistical VAW indicators</li> </ul>	<ul style="list-style-type: none"> <li>• This is not a full method but a set of questions that have been tested both as part of the WHO study and in numerous pilots and stand-alone surveys</li> <li>• Although the module was not developed as a stand-alone survey, some countries use it as a stand-alone survey by adding a limited set of questions on socio-economic status before the violence questions</li> <li>• This is the first existing set of questions to compute UN statistical indicators; however, more recent adaptations of the WHO questionnaire have used 'UNECE questions'</li> <li>• Designed to measure trends but should not be repeated more than once every 5–7 years in order to measure change (survey method recommendation)</li> </ul>
<b>Best Practice:</b> timeframes for each survey methodology	Regardless of the survey method, 7–10 years is the recommended timeframe for repeated survey intervals.		

<sup>7</sup> At the time of development of this module, no questionnaire existed that enabled computing of the indicators and all required dimensions; hence, the module filled an important gap.

### III. SOURCES OF DATA: ADMINISTRATIVE DATA VERSUS PREVALENCE SURVEYS

	Administrative data	Prevalence surveys
Summary	Administrative data refers to the records and information kept by service providers (e.g. health, social services, police, justice and legal aid, NGOs, etc.).	Prevalence surveys collect data from a representative subset of the population (a sample) to find out more information on what is happening in the entire population.
What is measured?	Reveals the number of incidents of violence identified by a specific service, as well as the response and service provided. "An incident of violence is an event or occurrence of violence. A person could report multiple incidents of violence on the same or different dates and to multiple services."	The 'prevalence' of VAW refers to the proportion of women who have experienced violence as part of the total population of women 'at risk'. For example, prevalence estimates of IPV are usually presented as the percentage of ever-partnered women, among all ever-partnered women in the same age group, who have experienced violence. <sup>8</sup>
What can the data be used for?	Administrative data provides information on the violence experienced, services needed or requested, and services provided. The data can be used to understand the nature and experience of violence and who seeks help. It can improve the service provided by monitoring service delivery and informing agency practice.	A well-designed and well-conducted survey methodology and a well-conducted questionnaire can collect robust prevalence data and be used to directly inform policy, service provision and prevention strategies.
Type of data collected?	Administrative data collects information on the people who seek help from a formal service and therefore cannot measure VAW in the general population.  Administrative data cannot provide information to estimate the prevalence of violence.	There are two time periods over which the prevalence of partner violence is measured: <ol style="list-style-type: none"> <li>during the previous 12 months, sometimes called 'prevalence rate of current partner violence' or 'current prevalence'; and</li> <li>at any time in their life from the age of 15 years, also known as the 'prevalence rate of lifetime partner violence' or 'lifetime prevalence'.<sup>9</sup></li> </ol>

## SOURCES AND FURTHER READING

Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office. 2016. kNOwVAWdata: sources of data.

Dr. Henrica A.F.M Jansen, kNOwVAWdata. 2018. Modules within larger surveys on a different topic. UNFPA Asia and the Pacific Regional Office. <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/kNOwVAWdata%20Methodology.pdf>

The Demographic and Health Surveys (DHS) Program. Domestic Violence (module) – prevalence of domestic violence and consequences of violence. <https://www.dhsprogram.com/Methodology/Survey-Types/DHS.cfm>

United Nations Economic Commission for Europe (UNECE). 2012. Survey module for measuring violence

against women. <https://statswiki.unece.org/display/VAW/Survey+module+for+measuring+violence+against+women>

World Health Organization (WHO). 2005 . WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia Garcia-Moreno ... [et al.]. World Health Organization. <https://apps.who.int/iris/handle/10665/43309>

World Health Organization (WHO). 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. <http://www.who.int/gender/violence/womenfirtseng.pdf>

<sup>8</sup> Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office, 2016. kNOwVAWdata: sources of data.

<sup>9</sup> Ibid.

# MODULE B

## PLANNING AND PREPARATION



# I. PRE-TRAINING: MAP OF THE IMPLEMENTATION PROCESS

Before training, it is crucial to identify:

- (1) **who** will be part of your team; and
- (2) **how** you will go about implementing the DV module component of your training and survey.

It is **critical to connect** with the key service providers before the training and recruit/contract VAW/DV specialists to support the training.

The implementation process is outlined in the table below:

Step 1	Step 2	Step 3	Step 4	Step 5
<p><b>Form a team</b></p> <p>Identify key team members; they will provide support in the delivery of the trainings and the development of materials.</p>	<p><b>Understand participants</b></p> <p>Know your participants. If possible, verify whether the enumerators/ participants have undergone similar trainings. Are there specific requirements and needs that should be considered?</p>	<p><b>Connect with service providers and support services</b></p> <p>Ensure key stakeholders have a common understanding (of expectations, purpose of the survey, roles, responsibilities, and timelines), are available to provide support, and can collaborate.</p> <p>Note: Engagement with service providers should take place in the planning phase, as it is important for the service providers to understand the survey process, especially if it is included in MICS. Take careful note of the support they provide or will be providing as this will involve resources which will need to be included in the budget and planning phase.</p> <p>This should be done separately. Support services should be consulted as part of the overall planning of the survey so they can develop the support plan alongside the survey plan. This should take place months before the survey training is conducted. However, the training should include at least two sessions involving the service providers:</p> <ol style="list-style-type: none"> <li>1) understanding IPV; and</li> <li>2) implementing the support plan for both respondents and enumerators.</li> </ol>	<p><b>Deliver training and briefing</b></p> <p>Schedule the training for the DV module, with a day set aside for the briefing, meetings, and a session with support services/ counsellor.</p> <p>Role play: The training should include time for the enumerators to practice the protocols to establish privacy and to ask violence questions in role play format.</p>	<p><b>Debrief and monitor</b></p> <p>If you have time to participate in the pilot test/pre-testing, observe and take notes. Suggestions can be made to improve how data/ information is collected (e.g. the way the question is being asked and the tone used). Emphasise the debriefing with enumerators, supervisors, and counsellors. This can also be done one-on-one.</p>

## II. PLANNING FOR THE FIELDWORK TRAINING

### VENUE

- The venue depends on the number of field staff, content, and duration of the fieldwork.
- DV training should be carried out in a central location that is easily accessible by field staff, including 'guest speakers/specialists in the area of DV', counsellors and the trainer.
- The venue should encourage a safe, inclusive atmosphere, allowing for interaction, teambuilding and requests for support or clarification.
- It is recommended to have specialists in particular areas serve as trainers and to engage a counsellor and DV specialist or DV technical experts to speak to the field staff.
- The venue should offer adequate space, lighting and ventilation. Ideally, the space would be sufficient to allow for small breakout sessions or role-play activities.

### RECRUITMENT OR SELECTION OF FIELD STAFF (DV MODULE)

- Identify and select female field staff who are experienced in carrying out sensitive surveys or have had similar experience in undertaking a similar national survey.
- Only female interviewers are employed to interview women.
- Ensure local understanding of the country/context, including professional fluency in the local language.
- Attitude plays a key role in respondents sharing more comfortably and honestly. A good fieldworker should show a positive attitude and maturity.
- Given that one in three women experience IPV globally, some enumerators will be survivors. It is important to be aware of this likelihood and to be prepared to support these enumerators. Debriefing and counselling should be available to all staff working on the survey and a few additional interviewers should be trained in case replacements are required.

### IDENTIFICATION OF KEY STAKEHOLDERS TO SUPPORT THE TRAINING, FIELDWORK AND POST-FIELDWORK

- Identify a pool of key stakeholders who will be available to assist and support with:
  - Counselling
  - Briefing and debriefing in the field (undertaken by fieldwork supervisors)
  - Teambuilding
  - Nurse (on call)
  - First Aid
  - DV support and gender training

### TRAINERS

- Trainers should be familiar with the questionnaire, including the skips (skip patterns, branching questions or skip sequencing of a series of questions associated with conditional response) and the purpose of the questions.
- Trainers should be experienced with the survey methodology and protocols to ensure safe, ethical survey implementation and appropriate interviewing techniques suitable for this sensitive topic.
- Trainers should have knowledge in conducting the pre-test or be involved in coordinating, assisting, and supporting fieldwork.
- Trainers should have good facilitation skills and have expert knowledge on DV or work closely with others who are experts on the subject.
- Guest speakers/specialists in DV should be invited to introduce or speak on DV. It is important that they not provide their personal views or cast doubt on the way the questions are asked as this can undermine the training.

### III. EXAMPLE OF A STANDARD TABULATION PLAN FOR A SHORT DOMESTIC VIOLENCE MODULE

Data tabulation plans provide a model of the tables presenting the major findings of a survey. They are usually constructed in a manner that will be useful to programme managers, policy-makers and decision-makers. The tabulation plan provides guidance for the most important indicators that should be presented in the survey report and the level of analysis to be carried out.

Standard tabulation plans (example below) are used to further customise tabulation plans for countries.

- Tabulation plans are produced at the planning and design phase
- Tables are later produced during the data-processing phase
- Stakeholders are invited to review the tables during the data interpretation phase

Chapter/Tables
<b>Standard DV module tables</b>
DV.1.0 Characteristics of the respondents/interviewees to the DV module
*Table DV.1.0: Background characteristics of respondents for the DV module
<b>DV.1 Experiences of physical and sexual violence</b>
Table DV.1.1: Experience of physical violence by any perpetrator
Table DV.1.1b: Experience of physical violence by non-partner
Table DV.1.2: Persons committing physical violence by any perpetrator
Table DV.1.2b: Persons committing physical violence by a non-partner
Table DV.1.3: Experience of sexual violence by any perpetrator
Table DV.1.3b: Experience of sexual violence by a non-partner
Table DV.1.4: Persons committing sexual violence
Table DV.1.5: Age at first experience of sexual violence by any perpetrator
Table DV.1.6: Experience of different forms of violence
Table DV.1.6b: Experience of different forms of violence by a non-partner
Table DV.1.7: Experience of violence during pregnancy by any perpetrator
Table DV.1.8: Marital control exercised by husbands
<b>DV.2 Spousal violence</b>
Table DV.2.0: Spousal violence by background characteristics
Table DV.2.1: Spousal violence by husband's characteristics and empowerment indicators
Table DV.2.2: Violence by any husband/partner in the last 12 months
Table DV.2.3: Experience of spousal violence by duration of marriage
Table DV.2.4: Injuries to women due to spousal violence
Table DV.2.5: Violence by women against their husband by the women's background
Table DV.2.6: Violence by women against their husband by the husband's characteristics and empowerment indicators
<b>DV.3 Help seeking to stop violence</b>
Table DV.2.7: Help-seeking behaviours undertaken to stop violence
Table DV.2.8: Sources for help to stop the violence



## SOURCES AND FURTHER READING

Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office. 2016. kNOwVAWdata: sources of data.

Demographic and Health Surveys (DHS) Program. Domestic Violence (module) – prevalence of domestic violence and consequences of violence. <https://www.dhsprogram.com/Methodology/Survey-Types/DHS.cfm>

United Nations Economic Commission for Europe (UNECE). 2012. Survey module for measuring violence against women. <https://statswiki.unece.org/display/VAW/Survey+module+for+measuring+violence+against+women>

United Nations Children's Fund (UNICEF). 2022. The Multiple Indicator Cluster Surveys (MICS). <https://mics.unicef.org/>

World Health Organization (WHO). 2005. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia Garcia-Moreno ... [et al.]. World Health Organization. <https://apps.who.int/iris/handle/10665/43309>

World Health Organization (WHO). 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. <http://www.who.int/gender/violence/womenfirtseng.pdf>

# MODULE C

**TRAINING FOR DOMESTIC VIOLENCE  
MODULES WITHIN LARGER SURVEYS ON  
A DIFFERENT TOPIC**



# I. TENTATIVE PROGRAMME FOR DOMESTIC VIOLENCE MODULES WITHIN LARGER SURVEYS ON A DIFFERENT TOPIC

An ideal training would be a minimum of 5 days; however, we recognise that most countries will only have three days and therefore the sample outline is for a three-day training.

If five days are available it is helpful to include: an overview session about the objectives of the survey; more sessions on understanding violence, the impact on women and children, risk factors and coping mechanisms to further

sensitise interviewers; a day of field testing and debriefing with interviewers; and sessions on the way data is analysed and how it is used to assist in understanding the importance of collecting high-quality data.

This table provides an overview of the areas to cover during a three-day DV training. In most cases, due to time limitations and financial constraints, the training is limited to one or two days.

Day 1	Day 2	Day 3
What is Gender? What is VAW/GBV?	VAW throughout the life cycle The cycle of violence	Support services available Counsellor to provide tips on handling sensitive information
<b>Morning Break</b>		
Human Rights and VAW/DV Overview of VAW/DV	Causes and consequences of VAW/DV Myths and stereotypes about DV	DV module questionnaire familiarisation (role-playing and testing)
<b>Lunch Break</b>		
DV module questionnaire familiarisation	Guest speakers/specialists in DV/DV technical experts Review the "support plan", referral plan and interviewer tips/plan	DV module questionnaire familiarisation (role-playing and testing)
<b>Afternoon Break</b>		
DV module questionnaire familiarisation	DV module questionnaire familiarisation (role-playing and testing)	DV module questionnaire familiarisation (role-playing and testing)

## II. DOMESTIC VIOLENCE MODULES WITHIN LARGER SURVEYS ON A DIFFERENT TOPIC

During a DV module training, it is essential to review the key points outlined below. These key points can be adjusted and contextualised, depending on the local setting and audience, with the enumerators and fieldworkers before conducting the survey.

### WHY DO WE COLLECT VAW/DV DATA?

Despite the increasing number of VAW/DV cases, especially against women, and increasing awareness on this issue, limited data is available on its prevalence. It is critical to collect VAW/DV data, especially reliable and comparable data on VAW prevalence, as it informs and facilitates monitoring effective prevention and response efforts and is essential to end all forms of violence against women and girls (VAWG).

In 2011, the UN Statistical Commission adopted nine standard indicators for measuring VAW. This resulted in the adoption of Target 5.2 by UN member states, giving rise to a growing call for reliable and comparable VAW prevalence.

### Part of Sustainable Development Goal (SDG) 5, Target 5.2:



“Elimination of all forms of violence against women and girls (VAWG) in the public and private spheres, including trafficking and sexual and other types of exploitation”

### Two specific indicators for monitoring the prevalence of VAW:



5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age



5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

### WHAT OTHER TYPES OF DATA AND INFORMATION WILL THE DV MODULE PROVIDE?

Types of information provided by the DV module:	Other type of data and information provided by the DV module:	Who will be interviewed?
<ul style="list-style-type: none"> <li>Prevalence rate of physical, sexual and/or psychological partner violence since the age of 15 years (lifetime partner violence)</li> <li>Prevalence rate of physical, sexual and/or psychological partner violence in the past 12 months (current partner violence)</li> <li>Frequency of violence</li> <li>Injuries from violence</li> <li>Consequences and severity of the violence</li> <li>Potential risks or triggers associated with the violence</li> <li>Help-seeking behaviours</li> <li>Violence/anger/retaliation by women against the husbands/partners</li> </ul>	<ul style="list-style-type: none"> <li>Identification of different perpetrators               <ul style="list-style-type: none"> <li>Husband/partners</li> <li>Family members</li> <li>Non-family members</li> </ul> </li> <li>Different types of violence data               <ul style="list-style-type: none"> <li>Control</li> <li>Physical</li> <li>Sexual</li> <li>Emotional</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>One woman aged 15–49 years in every household visited</li> </ul>

## SELECTION

### REMEMBER: “IT IS VERY IMPORTANT THAT INTERVIEWERS KNOW THAT MOST WOMEN WHO DISCLOSE THEIR EXPERIENCE OF VIOLENCE IN THE INTERVIEW HAVE NOT TOLD ANYONE ELSE ABOUT THEIR EXPERIENCE.”

The interviewer may be the first person to hear her story. Respondents may be hesitant to disclose, and some may try to avoid the questions. Some may be aggressive and not want to respond. All respondents have the option to end the interview or not answer the questions. To obtain

high response rates, interviewers should be highly skilled in building interviewer trust. The interviewer should always remain supportive of the respondent but neutral and non-judgemental. She should not offer any counselling or advice but can offer to provide a contact at the end of the survey.

*The purpose for the survey, or the DV module, needs to be kept private and only disclosed to the woman to be interviewed once they are in a private setting. The interview should only be done if privacy can be established. If there is no privacy, then the interview should not take place.*

Interviewers need to be prepared to hear information about all forms of violence, including harsh and severe forms of violence.

If interviewers are well trained and sensitised to the violence, they can record cases of very serious or prolonged abuse and violence. Remember to be patient and polite, and to ask if you should return at a better time.

## III. INTERVIEW TIPS

### When interviewing, remember the following:

- Know your subject
- Know the flow of the questions
- Understand the questions
- Present yourself well – dress, tone, language
- Respect the culture and norms
- Always remain calm and courteous
- Be neutral
- Never suggest answers
- Do not change the wording or sequence of questions
- Do not skip questions unless it is prompted
- Try to politely persuade hesitant respondents
- Do not judge the woman
- Do not hurry the interview
- Do not show the questionnaire to anyone



### Points for interviewers to remember

- VAW is an especially sensitive topic.
- Use your training and experience as an interviewer: Be composed, be polite, and never push for an interview. The interview must be voluntary; you may reschedule and ask to visit during a better time.
- If you feel you cannot conduct the DV interview for any reason, including personal experience as a survivor, it is important to inform the supervisor in advance so another interviewer can be identified.
- Respondents may feel offended and may laugh/joke about the topic and questions. **Stay composed, politely explain the reasons the DV module is being implemented and ask to continue the interview.**
- Both you and the respondent could be at risk. **Ensure privacy, be aware of other people at home during the interview and ensure no one over the age of two years is present or able to hear the interview.**
- The subject can trigger unexpected emotions and behaviours from respondents as well as from you, especially if either/both are/were survivors of violence. **Take a break and return to the questions later or ask the supervisor for a replacement.**
- Respondents may become emotional. **Hold your emotions, offer tissues, give the respondent the time and space to cry/express herself, and continue the interview when she is ready. Do not rush the interview.**
- Be ready to hear unexpected and severe DV stories.
- Do not show surprise, do not take sides, and express empathy but do not show sympathy.
- Remember that you are not a counsellor, but you can offer support at the end of the survey by putting the survivor in touch with a response service.

### Confidentiality

- The women talking or sharing experiences with you expect their stories to remain private. Respect their right to confidentiality.
- You are likely bound by a Statistics Act in your country requiring you to treat each story with strict confidence.
- Reassure the respondents that no individual story or identifying information or data will be published. Results will be aggregated.

### Impacts

- Conducting DV can be traumatic.
- Counsellors will be available for interviewers.
- Referral contacts will be given to all respondents and are available for interviewers.
- Talk/debrief with your team but do not share individual stories. Note the size of the community and understand that stories can spread quickly through the “coconut wireless” and could subject respondents and interviewers to risks of violence and community shame.

### Coping strategies

- It is essential to identify helpful ways to cope and process your thoughts and emotions. Allow yourself the space to cry and express yourself with a counsellor or another trusted person, and/or exercise, play sports, or participate in a religious or spiritual activity to release the emotions in other healthy ways.

### Ending the interview

- Thank the respondent for the time she has spent with you and for entrusting you with personal information.
- Stress that the information she has provided is important and will remain confidential.
- Offer a takeaway (list and contacts of organisations that may be of use to her and/or to her friends and relatives). Explain to her that the information provided includes response services in case she or someone she knows may need such services now or in the future. Allow her to decline the information if she determines that it is not beneficial to her.
- Only refer her to relevant support services if she requests these.

### For domestic violence survivors

- Acknowledge that you understand that the DV survivor has experienced difficult times and emphasise that no one has the right to treat another person unsafely or to deny that person her right to freedom from violence.
- Explain that there is a counsellor available, if the DV survivor needs to talk to someone. Consider referring her directly to a counsellor (only if there is a counsellor accompanying the interview team), or provide her with the list of relevant support providers or make alternative arrangements. (Verify the best next step with your supervisor if you are unsure.)
- Provide the referral list for Gender/Social Welfare/Police to the DV survivors if they request the list or consent to receive it.

## IV. EXPLORING GENDER, GENDER-BASED VIOLENCE/VIOLENCE AGAINST WOMEN AND HUMAN RIGHTS DURING A DOMESTIC VIOLENCE MODULE TRAINING

A basic training guide is provided below to support you and the participants to understand key concepts. Please note that these are examples of training topics, and topics may change based on the context and participants.

To encourage in-depth, contextualised and meaningful discussions when delivering this training, please prepare in advance or include examples of the responses to the questions below.

**Note:** *Service providers need to be part of this training and work closely with a lead agency, so they can contribute to the introductory session.*

Refer to the links below for more information on the following:

- Gender statistics: <https://data.unwomen.org/resources/gender-statistics-training-curriculum>
- Facilitator's Guide for Media Reporting on Gender-Based Violence: [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf)

This section covers four specific topics:

1. What is gender?
2. What is violence against women and what is gender-based violence?
3. What are human rights, gender-based violence and key violence against women terms?
4. Violence against women throughout the lifecycle



## TOPIC 1: WHAT IS GENDER?

**Duration:** 30 minutes

**Objectives:**

- Strengthen and increase participants' understanding of gender.

**Materials/resources:**

- Flipcharts
- Markers
- Post-it notes

**Process:**

- Welcome participants. Inform them of the objectives of this session.
- Ask participants what they understand by the term, 'gender'.
- Trainer: Review the basic 101 gender PowerPoint slideshow.
- Trainer: Divide the group into pairs or into two groups to discuss the term, 'gender'.

**Presentation:<sup>10</sup>**

- Sex, which is typically assigned at birth, refers to the physical and biological characteristics distinguishing people as 'male' or 'female', while gender is determined by whether a person identifies as a 'man' or a 'woman'. Are there words or concepts in your language that distinguish people from one another?
- 'Gender' refers to the roles and responsibilities the society decided to allocate to women and men. (Give an example in the context of the local community or country.)
- Gender also includes the expectations held by people about what women and men can/should do, and how they are socially permitted to behave. It refers to how femininity and masculinity are understood and the characteristics of women and men that are valued in a society. Ask the participants to describe a "real/good" man and a "real/good" woman. (Give an example in the context of the local community or country.)
- The roles of, and expectations towards, women and men are learned, change over time, and differ by culture and location. (Give an example in the context of the local community or country.) Emphasise that, if roles and expectations are learned, they can also change or even be changed.

- Because of their gender, women and men have different life experiences, knowledge, skills, needs and priorities. Those differences are not a problem. The issues arise when we fail to acknowledge those differences that may have important implications on how we deliver our services and treat everybody the same, thinking they all have the same knowledge, needs, capacities, and priorities.
- In most societies, the relationships between men and women of different locations, backgrounds, and identities are based on inequality. This inequality results in women being traditionally dependent on men and less valued than men and men having more rights, more opportunities, and more control over resources and society.
- Inequalities between women and men also result in women being generally more vulnerable to situations of poverty, exploitation and violence, and they **impact people's capacity to access and benefit from public services and development programmes**. (Give an example in the context of the local community or country.) It is important for public servants and development practitioners to be aware of those inequalities and be able to adapt the way they deliver their services to avoid increasing the inequalities and effectively help eliminate them.
- Gender roles and gender relationships change over time based on developments in our societies. (Give an example in the context of the local community or country.)

**Activity:<sup>11</sup>**

- Ask participants to form a circle. Explain that you will read statements about activities that people undertake. When an activity you mention is one in which they have ever been involved, they should take one step forward (within the circle).
- Ask the participants which activities were performed more often by men and which were more often performed by women. Ask them why those activities were more often performed by men or women. Ask them to reflect on how people learn to do those activities.
- Discuss.

<sup>10</sup> SPC, Social Development Programme (2019), Gender, Module 1 – Awareness Raising Trainers Manual.

<sup>11</sup> SPC, Social Development Programme (2019), Gender, Module 1- Awareness Raising Trainers Manual.

## TOPIC 2: WHAT IS VIOLENCE AGAINST WOMEN AND WHAT IS GENDER-BASED VIOLENCE?

**Duration:** 1 hour, 30 minutes

**Objectives:**

- Strengthen and increase participants' understanding of violence against women (VAW) and gender-based violence (GBV).
- Understand the terminology and concepts around gender, VAW and GBV.
- Distinguish between sex and gender.

**Materials/resources:**

- Flipcharts
- Markers
- Post-it notes

**Process:**

- Ask participants what they understand by the terms.
- Trainer: Review the basic presentation.
- Carry out the activity.

**Activity:**

- Before the presentation, have the participants write down what they understand or how they define these terms on post-it notes. This can serve as a brainstorming exercise.

**Sex and gender**

- Explain that you are seeking to gauge their understanding of the difference between sex and gender. Read a few of the following examples (or write your own statements) and ask participants to indicate whether the statement is based on sex (S) or gender (G).
  - Women give birth to babies, men do not (S).
  - Little girls are gentle; boys are tough (G).
  - Women can breastfeed babies; men can bottle-feed babies (S).
  - Most construction workers in Jordan are men (G).
  - Men's voices break and deepen at puberty, women's voices do not (S).

- According to UN statistics, women perform 67 per cent of the world's work; yet, their earnings amount to only 10 per cent of the world's income (G).<sup>12</sup>
- On the flipchart, write the word 'sex' on the left-hand side and 'gender' on the right-hand side:
  - Ask participants to explain the meaning of these two words. Write their responses under the appropriate heading.
  - Ask what the two words mean in the participants' mother tongue.
  - Ask them about their cultural beliefs regarding sex and gender.
  - Explain the definitions of sex and gender, including the key discussion points below.
  - Write on another blank flipchart 'social/cultural expectations' and divide the sheet into two columns: one for men/boys and one for women/girls.
  - Ask participants to list social/cultural expectations for women and girls.
  - For each expectation noted, discuss with participants if this expectation is based on sex or gender. For example, the expectation for women to have children is based on sex but the expectation for women to do the cooking for a family is based on gender.

**Gender-based violence (GBV) and violence against women (VAW)<sup>13</sup>**

- Write the following questions on three flipcharts:
  - What are GBV and VAW? What are the different forms of GBV and VAW? What are the consequences of GBV and VAW?
  - Ask participants to answer and write their responses on the paper.
  - Discuss with the group and emphasise that the terms GBV and VAW exist to highlight the root causes of the violence, which is the socially ascribed gender roles that are imposed by society.

<sup>12</sup> See: [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf).

<sup>13</sup> See: [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf).

### TOPIC 3: WHAT ARE HUMAN RIGHTS, GENDER-BASED VIOLENCE AND KEY VIOLENCE AGAINST WOMEN TERMS?

**Duration:** 1 hour, 30 minutes

**Objectives:**

- Increase participants' understanding of human rights.
- Strengthen and increase participants' understanding of violence against women (VAW) and gender-based violence (GBV), including with respect to human rights.
- Understand the terminology and concepts around gender, VAW and GBV.

**Materials/resources:**

- Flipcharts
- Markers
- Post-it notes

Human rights<sup>14</sup>

- Write 'human rights' on the flipchart. Ask participants: 'Who in the world has human rights?' Write their responses on the paper. Then discuss the fact that everyone in the world has human rights.
  - Ask the respondents who or what grants human rights. Discuss the fact that nobody gives these rights to us and that we have them automatically from birth.
  - Ask participants to write why it is important to understand human rights when reporting on VAW/GBV.
  - Ask participants for examples of human rights and write their responses on the paper.

Key terminology<sup>15</sup>

- Divide the participants into three groups.
- Randomly distribute cards with the definitions/ explanations of the terms listed below, and write down the same terms on the flipchart:
  - Child sexual abuse
  - Coercion
  - Intimate partner violence
  - Perpetrator
- Psychological/emotional abuse
  - Rape
  - Sexual exploitation
  - Sexual violence
  - Survivor/victim
- Give 10 minutes to every group to discuss the explanation on the cards and decide the right terminology related to their cards.
- Ask participants to come up one by one and pin their cards to the corresponding term.
- Check their scores.
- Discuss the terminology as a group.

<sup>14</sup> Ibid.

<sup>15</sup> See: [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf).

## TOPIC 4: VIOLENCE AGAINST WOMEN THROUGHOUT THE LIFECYCLE

**Duration:** 1 hour, 30 minutes

**Objectives:**

- Understand the cycle of violence.
- Distinguish between survivors and perpetrators.

**Materials/resources:**

- Flipcharts
- Markers
- Post-it notes

**Activity:**<sup>16</sup>

- Write 'survivor' and 'victim' on the flipchart.
- Ask the group to explain the difference between these two terms.
- Discuss:
  - What comes to mind when you hear the term, 'victim'? when you hear the term, 'survivor'?
  - What does a survivor look like? What does a victim look like?
  - The words we use communicate a message to people who are listening. Survivor is the preferred term for those who have lived through a violent incident.

- Who might be especially at risk of becoming a victim or a survivor?
- On a blank flipchart, write the word 'perpetrator'.
- Explain that a perpetrator is a person who commits an act of violence against women (VAW). There might be only one perpetrator, or there could be more than one.
- Ask the group to list types of people who could be perpetrators. (Emphasise that names should not be used, just the characteristics or types of people.) Write the responses on the flipchart. Continue to ask the participants to reflect on this, until you have a long list (including at least 10 types of people).
- Close the session by emphasising to the group that, in any act of VAW, there is a survivor and a perpetrator. Therefore, all of our preventative actions must address potential survivors and potential perpetrators. And, all of our response actions must address both the survivor and the perpetrator, when the perpetrator is known.

## SOURCES AND FURTHER READING

Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office. 2016. kNowVAWdata: sources of data.

The Demographic and Health Surveys (DHS) Program. Domestic Violence (module) – prevalence of domestic violence and consequences of violence. <https://www.dhsprogram.com/Methodology/Survey-Types/DHS.cfm>

The Pacific Community (SPC). 2019. Social Development Programme, Gender, Module 1 – Awareness Raising Trainers Manual.

United Nations Economic Commission for Europe (UNECE). 2012. Survey module for measuring violence against women. <https://statswiki.unece.org/display/VAW/Survey+module+for+measuring+violence+against+women>

United Nations Population Fund (UNFPA). 2016. Facilitator's Guide – Reporting on Gender-Based Violence. [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf)

United Nations Children's Fund (UNICEF). 2022. The Multiple Indicator Cluster Surveys (MICS). <https://mics.unicef.org/>

UN Women and the Statistical Institute for Asia and the Pacific (SIAP). 2020. Gender Statistics Training Curriculum. <https://data.unwomen.org/resources/gender-statistics-training-curriculum>

World Health Organization (WHO). 2005 . WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia Garcia-Moreno ... [et al.]. World Health Organization. <https://apps.who.int/iris/handle/10665/43309>

World Health Organization (WHO). 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. <http://www.who.int/gender/violence/womenfirtseng.pdf>

16 See: <http://www.endvawnow.org/uploads/browser/files/Interagency%20Multisector%20Response%20to%20VAW.pdf>.

# MODULE D

## REFERRALS, SUPPORT PLAN AND TIPS



# I. DOMESTIC VIOLENCE MODULE CONCEPT

## NOTE: EXAMPLE<sup>17</sup>

(Insert name of country)

### BACKGROUND

The formulation of the (country) Survey domestic violence (DV) module 'Support plan for respondents' is based on the World Health Organization (WHO) Multi-country Study methodology on 'Women's Health and Domestic Violence against Women'.

The (provide context/situational analysis) and the high percentage of Intimate partner violence (IPV) within (country) mean that measures will be taken to ensure the confidentiality, privacy and safety of the respondent while conducting the interviews. These measures are the result of lessons learned from similar research and surveys on VAW in families in (country) and in other Pacific nations and comply with WHO ethical and safety considerations. Furthermore, evidence shows that, when interviews are carried out in a sensitive, confidential, and non-judgemental manner, women are more willing to disclose and share their experiences and might be able to access support services for their own benefit/need or for someone else.

The WHO Multi-country study methodology promotes a model of participatory research that is ethically sound,

and where women's safety, security, health and well-being are paramount.

To ensure such ethical standards when researching violence against women (VAW), WHO developed the WHO ethical and safety recommendations for research on VAW,<sup>18</sup> emphasising the importance of ensuring no further harm or traumatising for respondents, guaranteeing their privacy, and respecting their choices and decisions.

### OBJECTIVE

The support plan is an essential component of the domestic violence (DV) module, which aims to fully adhere to WHO's ethical and safety recommendations for research on VAW and is required to be endorsed by (insert relevant United Nations [UN] body responsible) before the DV module is included in the (insert larger survey name). Therefore, the support plan is designed to ensure confidentiality and safety, reduce any possible distress caused to the participants, and ensure that interviewers are trained to refer women who request assistance to available support services or service providers (health, police, legal, and social and community services).

While there are a limited pool of resources providing support to survivors of violence in (country), the support plan includes procedures to provide support to those who request it.

<sup>17</sup> kNOwVAWdata training materials.

<sup>18</sup> WHO. Putting women first: Ethical and safety recommendations for research on domestic violence against women. Geneva, World Health Organization, 2001. [http://whqlibdoc.who.int/hq/2001/WHO\\_FCH\\_GWH\\_01.1.pdf](http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf)

Psychosocial support is essential and trained counsellors and service providers have been identified to provide the necessary support during and after the survey is conducted.

## INTRODUCTION

The Concept Note should be drafted and finalised by the survey planning group, and it is essential that local DV support organisations are involved in assisting to set up the response plan and the principles of safety, privacy and do no harm are maintained. In particular, women are only referred if they ask for assistance, or there is imminent threat of harm.

*Note that this is only a template and can be modified or adapted by the country. It is recommended to contextualise and adapt the information provided here to best suit the needs of the country. Coloured text will need to be replaced with relevant information.*

## RESPONSE PLAN MODEL: TEMPLATE/EXAMPLE

Ideally, there will be two counsellors from (country) on the DV interviewer team. The counsellors will have been trained to administer the survey and will be available to provide onsite counselling should this be requested. **Option 1:** The DV module respondents have been requested to come to a central location to complete the DV module interview, and the venue has been set up to ensure privacy in terms of access for respondents and in terms of conducting the interviews. *Inviting women to a different location will require additional resources for transport and follow-up to ensure women come to the interview.* OR **Option 2:** Continue the interview in the home, IF privacy can be assured.

At the end of the interview, (full or incomplete) respondents will be given a (insert relevant material produced that includes contact details, e.g. a calendar) with services in (country) with phone numbers on the reverse side. Interviewers will highlight the two free hotline phone numbers in the list to facilitate and support access to safe, confidential, and anonymous counselling and psychosocial support. The services on the card include health, police, government ministries, non-governmental organisations (NGOs)/civil society organisations (CSOs) and others. Respondents can refuse to accept the (insert relevant material produced that includes contact details, e.g. a calendar), although it is unlikely they will do this. Interviewers will not force the (insert relevant material produced that includes contact details, e.g. calendar) to respondents even if they have reported experiencing violence. It is important to remember that respondents know best what they need to do to ensure their safety.

A direct referral process will be offered to respondents who disclose having experienced violence and abuse in their past or present, and who request additional support and information. The interview team supervisor will be responsible for the coordination of all referrals of respondents to (the relevant ministry/NGO or other organisation) (in country) as the focal point to contact the respondent and organise appropriate support services with her. This support plan outlines the process through which the referrals will be made. Be considerate and mindful that there will be some cases where respondents may not disclose DV but may seek help later.

It may also be the case that the respondent and/or interviewer becomes at risk of harm during the interview. A process for immediate intervention needs to be available. In most cases, this will involve the interviewer ending the interview and immediately contacting their supervisor.

## RESPONSE PLAN

- Once the (relevant ministry/NGO or other organisation) has received the referral information, (relevant Ministry/NGO or other organisation) will make all reasonable efforts to ensure that the respondent is contacted to provide referral to necessary support services, including counselling and other services (e.g. health, legal, police, etc.) as the respondent requests.
- Service providers should have discussed in advance the potential increase in caseload that may arise from the survey, and service providers will meet every two weeks to discuss the referral process and the implementation of this support plan. (Relevant ministry/NGO or other organisation) will work to establish a 24-hour 'call centre' to be staffed by service providers on a roster basis.
- The National Statistics Office and (relevant ministry/NGO/other organisation) will follow up on all referrals to confirm that the service provider assigned to the respondent implemented the support plan in a timely manner.
- Referral to counselling and social work services will be offered to respondents at the time of the interview, with onsite services available; however, demand for counselling and social work services may continue once fieldwork is completed. Service providers will refer the respondents to additional government bodies, NGOs and faith-based support services, as appropriate, and services should expect self-referrals to occur for at least six months post-survey.

## LOCATING THE RESPONDENT

The information on the referral form will be used first to contact the respondent. However, in cases where the respondent is difficult to contact or the (relevant ministry/NGO or other organisation) cannot find the respondent, the options below may be considered:

- If the respondent has nominated a safe person who (relevant ministry/NGO or other organisation) can contact to locate her, the person will be approached to determine the respondent's whereabouts and arrange a safe place to meet.
- If necessary, (relevant ministry/NGO or other organisation) can provide information about the location of her household and a counsellor can approach her to follow up on the larger survey. This is a **very high-risk last resort** and will be implemented with caution, as it could compromise the respondent's safety.

Service providers will follow their standard practices and develop appropriate action plans for referred cases on a case-by-case basis to determine the best response for the respondent and to ensure the respondent's safety.

## TIMING OF RESPONSE

(Relevant ministry/NGO or other organisation) will make all possible efforts to reach the respondent the same day or, otherwise, within 48 hours to determine the appropriate services needed.

## PROCESS OF REFERRAL

- During interviews, if a respondent wants a direct referral, the interviewer will seek the respondent's permission to obtain her contact details and a safe way for the (relevant ministry/NGO or other organisation) to contact her and where a counsellor or support service provider can find her.
- The interviewer will also list services on (insert relevant material produced that includes contact details, e.g. a calendar) or a 'handout' developed containing contact details of service providers. This must be finalised and tested prior to the survey.
- Interviewers should also respect the choices made by the survivor. Survivors know what is best for them.
- The interviewers will provide a summary of their concerns on the 'notes' section of the referral form as well as the DV questionnaire. Respondent contact information will be recorded on a referral form that is separate from the other

survey forms to ensure the information remains confidential.

- The referral form needs to be thoroughly discussed with the survey team as well as with the relevant ministry/NGO or other organisations prior to conducting the survey, as this may have negative implications on the Statistics Act of the country.
- The referral form is to be completed by the interviewer, who will then provide it directly to the supervisor for action. The referral form will not be copied and will be kept confidential. Counsellors from (country) will be present during the interviews and are available to provide immediate counselling services if a respondent requests or accepts such services.
- All referral forms will be given to supervisors immediately who will forward the information immediately to (relevant ministry/NGO or other organisation). (Relevant ministry/NGO or other organisation) will then contact the respondent using the contact methods from the referral form and arrange the appropriate referral service with the respondent.
- Referral forms must be safely stored; confidentiality and safety must remain paramount.
- If the interviews are held in a central location, it is likely that some respondents will not come and will have to be located in the village to be interviewed. The survey team will include interviewers from (location), and the same referral process will be followed.
- The interviewers and supervisors have received specialised training on the response plan and specifically how to make a referral. A checklist is also provided to guide the interviewer through the process of referral.

## SERVICE PROVIDERS AND COUNSELLORS

(Support services) will be available at the interviews to provide counselling services, or referrals to other service providers. For all referrals, supervisors will contact (relevant ministry/NGO or other organisation) to contact the respondent to determine the services required. The (relevant ministry/NGO or other organisation) will be responsible for counselling services or for referring respondents aged 15–17 years through the Child Protection Unit.

The following are the contact details for (relevant ministry/NGO or other organisation) and the (country) onsite counsellors:

Name	Organisation	Phone	Notes

**DOMESTIC VIOLENCE MODULE SURVEY STAFF**

Coordinator: (insert details)

Supervisors: (insert details)

Domestic Violence Module Manager: (insert details)

Manager of 'larger survey': (insert details)

- Reasons for lack of follow-up with individuals who have dropped out
- Number of women referred to additional/local services and which service providers
- Reasons for referral (e.g. experienced severe physical violence [general information only])

**DATA COLLECTION AND MONITORING**

The National Statistics Office will monitor the implementation of the support plan as follows:

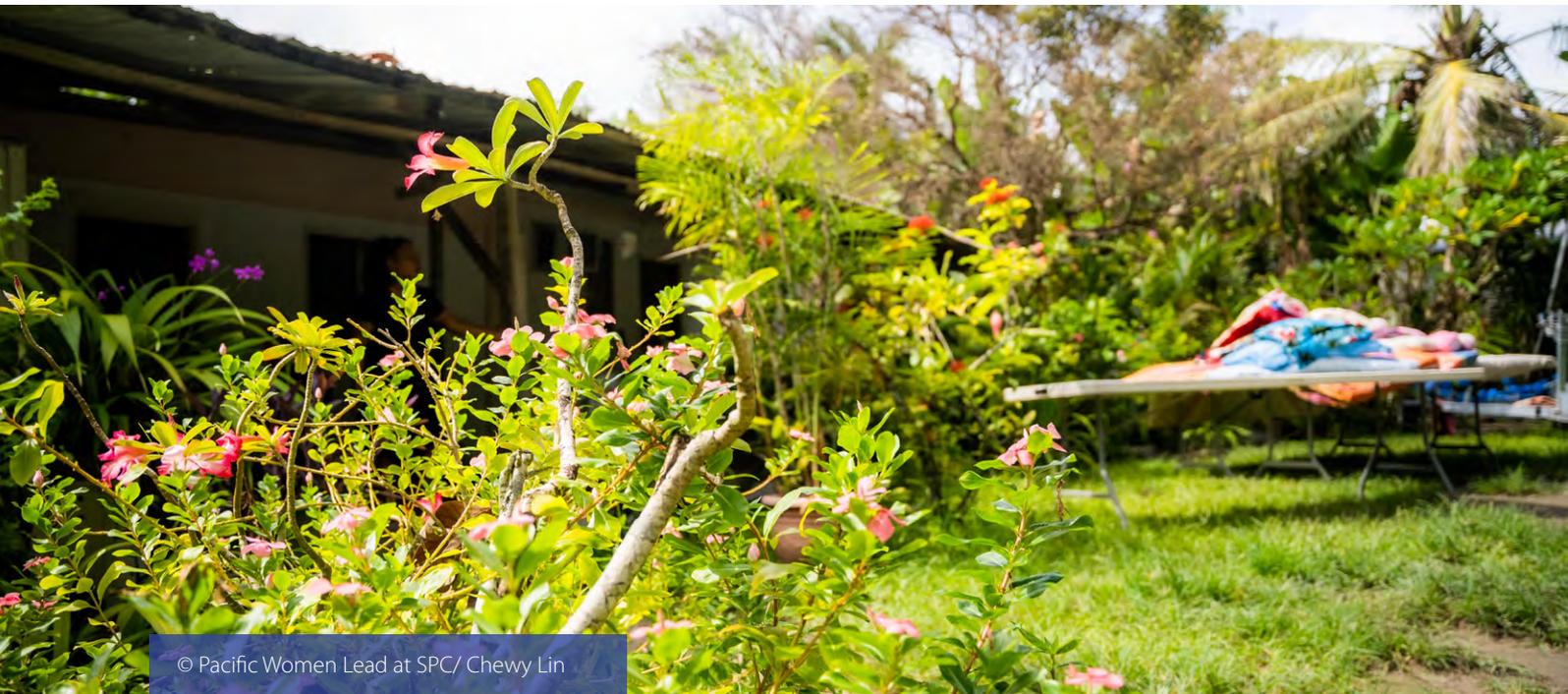
- Number of respondents interacting with the onsite counsellors
- Number of respondents requesting support services (referral forms completed)
- Number of respondents successfully reached and within which timeframe
- Number of respondents referred to service providers by (relevant ministry/NGO or other organisation)
- Number of counselling and social work sessions provided to each respondent

**PRIVACY AND CONFIDENTIALITY**

Privacy and confidentiality will always be maintained when relaying or handling information about respondents.

**Coordination with other supporting bodies**

(Insert name and details) is the local contact and coordination person for: (insert details of leading agency, including contact details and name). Additionally, (name of person providing technical assistance) from (insert name of regional organisation supporting this work, e.g. the Pacific Community (SPC) or name of NGO) will monitor implementation of the response plan to ensure that high-quality and immediate counselling and social work services are provided to respondents who need support.



## II. ETHICAL AND SAFETY PROTOCOL/ RECOMMENDATIONS FOR DOMESTIC VIOLENCE PREVALENCE SURVEY

- Prevalence survey on DV is a sensitive subject that could impact the physical safety and psychological well-being of both respondents and interviewers.
- Ethics and safety protocols require that the survey/ research does not harm respondents or put them at increased risk of violence.
- Compliance with the ethical and safety recommendations is essential, not only for the ethical conduct of the survey, but also for the quality and utility of the data it generates.

The following principles are adopted from WHO and need to be respected, as these will help address the safety protocols for the DV survey.<sup>19</sup>

### 1. The safety of the respondents and the research team is paramount and should guide all project decisions

1.1 The following table provides the support plan for the respondents and interviewers

Risk	Risk management strategy	Responsibility
<b>Respondent's confidentiality</b>	<ul style="list-style-type: none"> <li>• The consent form will give the potential respondent information about the study and will provide her with the opportunity to ask questions and decide whether or not to participate.</li> <li>• Women will <b>not</b> be required to sign the informed consent, as this would breach the promise of confidentiality and hinder disclosure since the respondent may fear that someone could link the findings with her and that her partner could find out, thus impacting data quality.</li> </ul>	Interviewer
<b>Interruptions during the interview</b>	<ul style="list-style-type: none"> <li>• Interviewers will be trained on how to deal with interruptions during the interview (e.g., a husband or partner wanting to know what is being discussed).</li> <li>• In such a case, the interviewer can change the topic (e.g., by using a decoy questionnaire on women's health).</li> <li>• The respondents are to be forewarned about this.</li> </ul>	Interviewer
<b>Support and referral services</b>	<ul style="list-style-type: none"> <li>• Information on support and referral services will need to be collected in advance, and contacts and possible collaboration will need to be established.</li> <li>• At the end of every interview, information on support services will be given to all respondents in a way that will not increase their risk to violence if their husbands find the document. This may be achieved by hiding the relevant information among information about other services or between general health information leaflets. In some cases, an actual referral might be necessary.</li> <li>• If respondents and interviewers need support during the fieldwork, contact information will be provided with reliable addresses in public services or non-governmental services that support women.</li> <li>• The research team may want to consider hiring a counsellor to join during the fieldwork to support respondents and interviewers, when necessary.</li> </ul>	Interviewer/ Supervisor
<b>Interviewers' health</b>	<ul style="list-style-type: none"> <li>• Interviewers themselves could be deeply disturbed by the moving stories they may hear during their work. This could influence the emotional well-being of the interviewers. These possibilities need to be discussed fully during the interviewer training.</li> <li>• Regular de-briefings should be held for interviewers to discuss disturbing experiences shared during the research. Guidance and group support should be provided to decrease potential emotional stress that the interviewers may experience. This will be an opportunity to exchange experiences and lessons learned and to document these. It also gives interviewers the chance for closure and to receive recognition for their work.</li> </ul>	Survey Coordinator

\*Town Officers and District Officers need to be aware of the larger survey (e.g., Multiple Indicator Cluster Survey [MICS]).

\*Police and service providers responsible for monitoring VAW/DV need to be on alert.

<sup>19</sup>The principles are taken from DV surveys conducted by various countries in previous years.

## 2. Prevalence studies need to be methodologically sound and to build upon current research on minimising the underreporting of violence

- Consultations with stakeholders who are directly involved in providing services on VAW need to be held at the beginning of the survey so that they will collaborate with the National Statistics Office in coordinating and planning the delivery of the DV prevalence survey.
- It is not ethical to conduct a poorly designed study.
- If the findings of the survey lead to a low prevalence rate, this undermines advocacy and response efforts. Policymakers may decide that violence is not that important.
- Inaccurate/ineffective data is worse than no data.
- Using biased or leading terms, like 'abuse', 'rape' or 'violence', will affect how respondents/women answer the questions.
- Female interviewers are the most appropriate to interview women on the DV survey.

## 3. Protecting confidentiality is essential to ensure both women's safety and data quality

- Confidentiality is essential for safety and data quality.
- Do not ask women to sign their names to indicate consent, secure only their verbal consent.
- If presenting data about a particular place, or a case study, identifying details must be removed.
- Maintain confidentiality and anonymity where and when possible. If sample size is small, try to collect fewer demographic variables. When anonymity is not possible due to a small sample size, steps should be taken to preserve and protect the confidentiality of the study. It is best to retain data without any identifiers so that individual participation is anonymous, and data collected cannot be linked back to the women. Sampling considerations need to be taken into account for maintaining confidentiality.

## 4. All research team members should be carefully selected and receive specialised training and on-going support

### 4.1 Gender and violence exercise

- Conduct a gender sensitisation training over the course of two days, depending on the level of knowledge and skills of the interviewers. Training should cover gender and violence, as well as technical issues specific to the survey, and should also be designed to help interviewers address their own experiences. It is recommended that the survey be conducted in collaboration with

local, relevant stakeholders who are directly involved in providing services on gender-based violence (GBV).

### 4.2 Selection, training, and support of the team

- Recruit women as interviewers on the basis of their skills, local suitability and attitude. Recruit more than you need.
- Provide in-depth training to help interviewers overcome biases and fears, and deal with stereotypes about VAW.
- Be clear on the role of the interviewer.

## 5. The study design must include actions aimed at reducing distress caused to the participants by the research

### Actions to reduce possible distress

*"When I encounter a case of abuse, sometimes I feel tense and end up stopping the interview to invite the woman to take some water, give her a tissue and at the same time take a sip of water myself to restore my own psychological balance."*Quantitative interviewer, Vietnam

## 6. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support

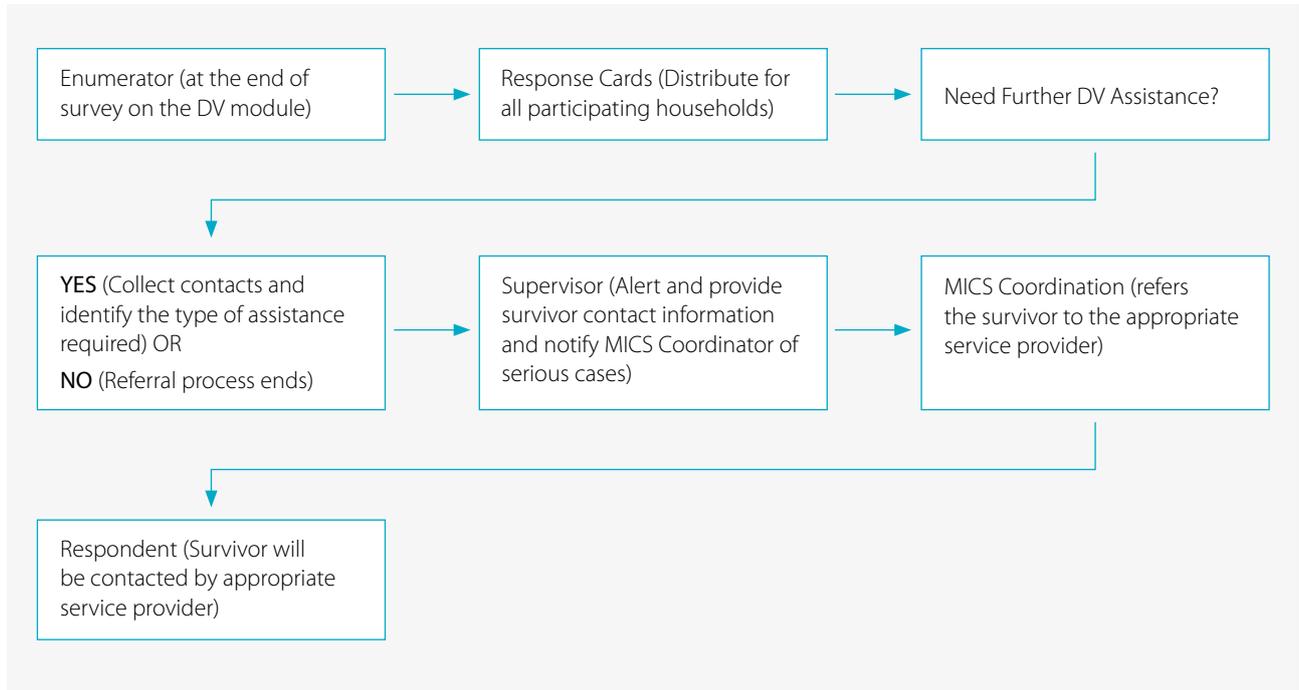
### 6.1 Referral and support mechanism:

- Map the services available in each site. Consult local women's groups when developing the map.
- Meet with local service providers, if possible, prior to fieldwork.
- Develop an information sheet with the contact details of services/service providers and offer this sheet to all respondents. Make the sheet small so it can be hidden, or 'bury' the services in a range of women's health services listed on the sheet. Women may choose to put numbers in their phone.
- You may want to have a trained support person (advocate, counsellor) join the teams.

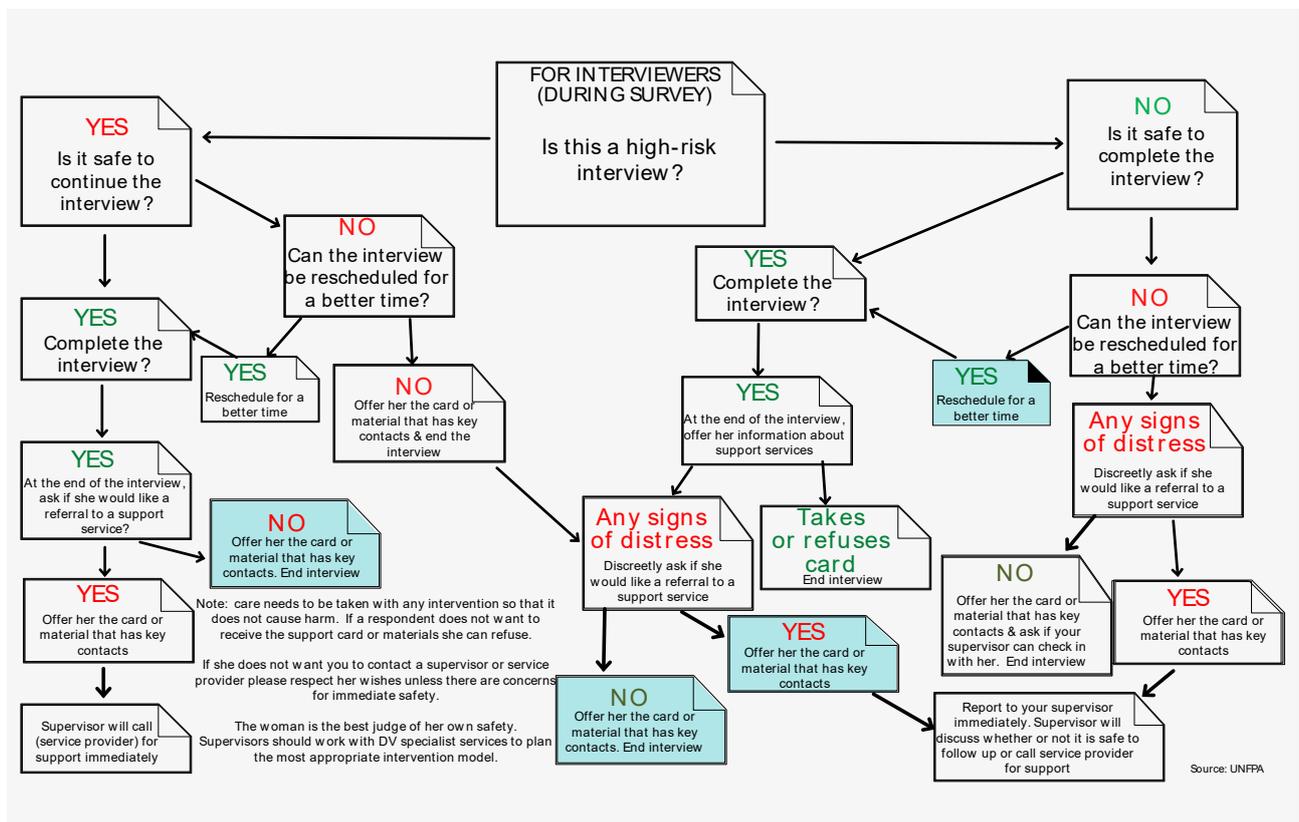
## 7. Researchers and donors have an ethical obligation to ensure their findings are properly interpreted and used to advance policy and intervention development

- The United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), National Statistics Office (NSO) and DV stakeholders will be responsible for the proper interpretation of the findings of the data.
- The women told you their stories, they took a risk. We must ensure this data is used for action.
- Involve key stakeholders (e.g. the advisory committee) from the start.

### III. REFERRAL PROCESS: EXAMPLE



### IV. REFERRAL PROCESS FOR INTERVIEWERS: EXAMPLE



## V. SUPPORT PLAN CHECKLIST FOR SURVIVORS: EXAMPLE

### SUPPORT PLAN Checklist

**Did the respondent tell you about/disclose violence experienced in the past?**

YES

NO

**Did the respondent show any signs of being upset at any point during the time of the survey/interview (e.g. sad, tearful, angry, anxious, shaking body, difficulty breathing, etc)?**

YES

NO

**Did the respondent at any time tell you about feeling unsafe in her current living situation or request help dealing with current or past experiences of violence at any point during the interview?**

YES

NO

If NO was selected for all of the above and the respondent DID NOT disclose any violence, continue to finish option 1.

If YES was selected for any of the above, continue to finish option 2.

#### **FINISH OPTION 1:** respondent DID NOT meet any response plan criteria.

Thank you so much for helping me. I really appreciate the time that you have taken to respond to the questions. I understand and realise that these questions may have been difficult for you to answer, but it is only by listening to strong people like you that we can better understand the health and life experiences of women here in (Name of Country).

I understand that some questions I have asked might remind you of times when you or people you know have experienced difficulties in life and you may think that you would like to talk to someone about this. This might be now or at any time in the future. I have a (card or materials that have the key contacts) that provides phone numbers of various types of services that may be of interest to you. Please contact them if you need help or wish to find out more information about what they offer. You can contact them whenever you would like.

#### **Do you have any questions you would like to ask me?**

#### **FINISH OPTION 2:** The respondent met one or more response plan criteria.

Thank you so much for helping me. I really appreciate the time that you have taken to respond to the questions. I understand and realise that these questions may have been difficult for you to answer, but it is only by listening to strong people like you that we can better understand the health and life experiences of women here in (Name of Country).

From what you have shared with me, I understand that you have experienced some very painful and difficult times in your life. No one deserves to be treated in the manner you have been treated. You have the right to receive protection and support when you need it. Know that you are not alone and there are people who can help. As part of the survey we are doing, we care about the welfare of the people we interview and are committed to make sure that support and help is offered and provided.

There may be a time when you may like to speak to someone about your experience. This might be now or at any time in the future. I have a (card or materials that have the key contacts) that provides phone numbers of various types of services that may be of interest to you, as they provide support, advice, and legal advice to people like you who may have experienced challenges like you have described. Please contact them if you want to talk about your experiences, need help, or wish to find out more information about what they offer. You can contact them whenever you feel ready, either soon or later on.

I also understand that it may be difficult to ask for help when you need it. If you would like, I can help put you in contact with a counselor who is specially trained to listen to and support people with challenges similar to the ones you have mentioned, or if you would like to meet the counselor in a private safe place, this can be easily arranged. Sometimes, having people listen to your thoughts and feelings can be helpful to relieve stress and help you decide what you need to do. There are also other services in this area that provide support services. Our counselor can discuss them with you, and help put you in touch with these organisations, if you wish.

**SUPPORT PLAN**  
Checklist (continuation)

If I put you in touch with a counselor, I will only share with that person the information you want to share. As I explained at the beginning, your answers are confidential.

**Would you like to talk to one of our counselors/or another, recommended counselor?**

**YES**

*(If YES, continue to the service referral form; or contact the counselor from the response team, if available.)*

**NO**



It is fine that you do not want to speak with a counselor now. However, if you change your mind at any time in the future, please contact the phone number provided on the (card or materials that have the key contacts) if you would like to discuss your situation with someone. You can call whenever you feel ready, either soon or later on.

**Do you have questions you would like to ask me?**

## VI. SUPPORT PLAN FOR INTERVIEWERS: EXAMPLE

**SUPPORT PLAN**  
(Interviewers)

All survey team members and interviewers should be carefully selected and receive specialised training and ongoing support.

Attend daily 'sharing debriefs with fellow interviewers and supervisor, as well as morning team reflection and briefing meetings.

**YES**

Have all of the survey team members, including interviewers, participated in specialised training and received support over and above what is normally provided to survey staff?

**NO**

Are the survey team members aware of domestic violence issues and overall orientation to the concepts of gender, gender discrimination/inequality and are socialised to the findings of their country Domestic Violence Study (or its equivalent)

→ Training has provided a change in knowledge and a change in attitude among fieldworkers with respect to domestic violence.

→ Training includes an opportunity for the survey team to acknowledge and address their own experiences with abuse.

→ If during the survey, responses trigger emotions, internal confusion and conflict.

→ Refer to the (card or materials that have the key contacts) OR speak to your supervisor OR a counselor.

Are the survey team members aware that counselor are available to talk to them before they start this work? Prior to fieldwork, the survey team should be provided an opportunity to speak voluntarily to a qualified counselor.

→ When a survey team member or fieldworker has not experienced violence, listening to stories of violence and abuse may be draining and even overwhelming.

→ Refer to the (card or materials that have the key contacts) OR speak to your supervisor OR a counselor.

→ Should there be an urgent need, the supervisor will call (phone number) for support immediately.

## VII. SUPPORT FOR INTERVIEWERS

Support for Interviewers					
Risks are involved during the project/survey 1	Be aware 2	News travels fast 3	Journaling 4	Confidentiality 5	Counselling 6
<p>Some of these risks are:</p> <ul style="list-style-type: none"> <li>interviewer burnout</li> <li>vicarious trauma-indirect exposure to a traumatic event through first-hand account or narrative of that event.</li> </ul>	<p>Always be aware of your situation and how to get out of the house if necessary. DO NOT discuss the DV module with anyone- including your family and friends.</p>	<p>Rumours about the topics and the nature of questions asked can quickly spread.</p>	<p>Use the field diaries to record events that are difficult or traumatic.</p>	<p>Debrief with supervisors and your team- BUT keep stories confidential.</p>	<p>Seek counselling or speak to your supervisor if you need professional help. Sometimes you can be triggered by hearing stories and responses.</p>
<p><b>Don't forget!</b> It is important to have and work in an enabling and supportive environment. Supervisors can help create a safe space which allows for rest, relaxation and fun.</p>					

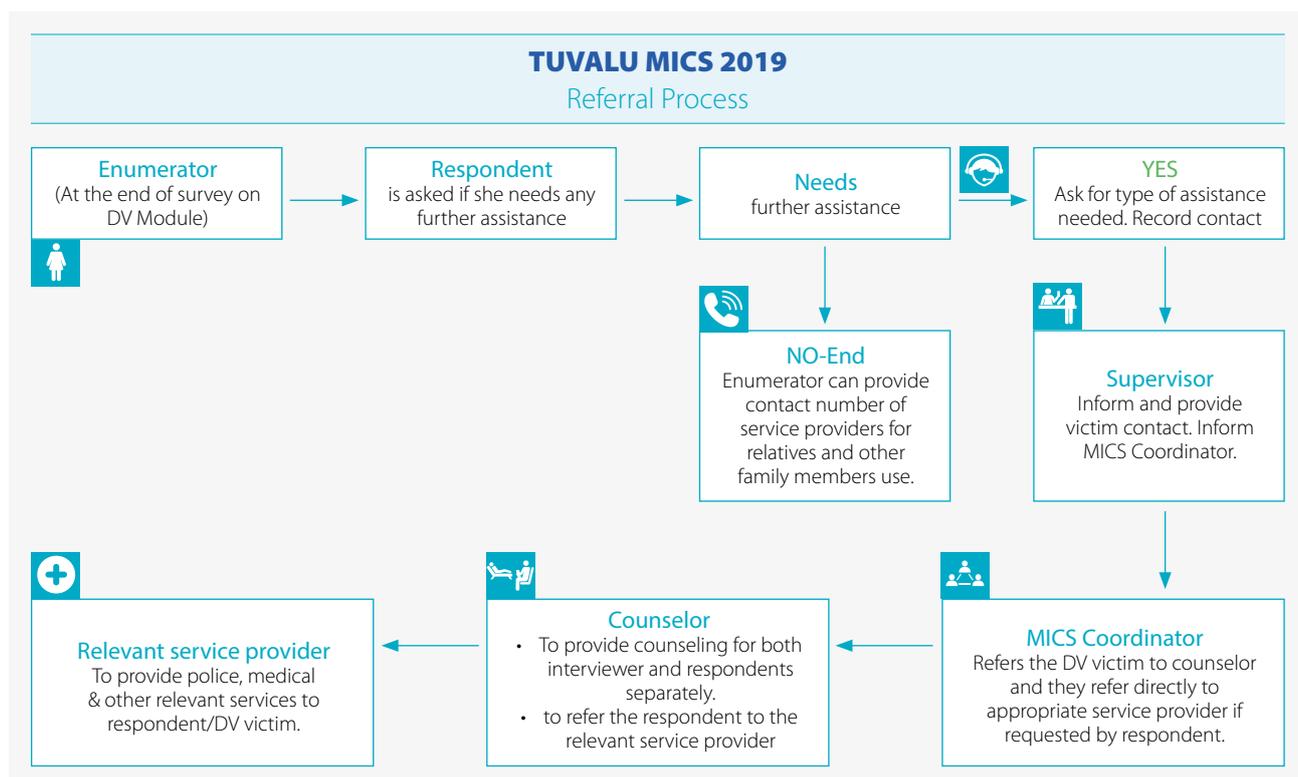
## VIII. SUPPORT TIPS FOR INTERVIEWERS: EXAMPLE

<p><b>Emotional Needs</b> 1</p>	<p>There are a number of ways to address the emotional needs of researchers and fieldworkers. During the training, the subject of violence will be openly discussed and unpacked, and the survey team members will be given the option of withdrawing from the survey without prejudice.</p>	<p>During the fieldwork, regular briefing and debriefing meetings should be scheduled to enable the research team to discuss what they are hearing, their feelings about the situation, and how it is affecting them.</p>
<p><b>Counselling</b> 2</p>	<p>Counseling support services will be available to the interviewers and survey team! Counseling support services will help with their feelings about the survey and also process the information they have been absorbing during fieldwork.</p>	<p>Interviewers will be given the opportunity to discuss this in private with their supervisor or with someone they trust. Prior to fieldwork, all interviews will meet with the counselor individually to prepare them (mentally and emotionally).</p>
<p><b>Take a break</b> 3</p>	<p>Despite these measures, some interviewers may need to be given less emotionally draining tasks or be allowed to take a break from the research, or may have to withdraw from the survey altogether.</p>	<p>Interviewers will be helped to learn and understand their role. They will not tell a woman what to do. they should not take on the personal burden of trying to save her. Interviews will not take on the role of counselors.</p>

## IX. REFERRAL FORM: EXAMPLE

<b>REFERRAL FORM</b> For support services	
<p>There are support services available if you want to talk to someone more about any of the experiences we have discussed today. If you are feeling upset about the things we have discussed or you currently don't feel safe, we can help put you in touch with someone who can provide support, legal advice, and services. Is this something you would like us to do? We will need to note down your contact information, including your name and safe place (e.g. a friend's house, health centre, cafe, etc) where our counselor can find you. They will contact you within one week. We will not give them any of the information you have shared with us. There is no way for you to be connected with this survey. The survey team will not keep your contact information.</p>	
<b>Contact Information</b>	
Date:	Name:
Is the woman under 18 years of age? (Yes or No)	
What is the best and safest way for our counselors to find you or contact you?	
Phone number:	Best time to call:
Other notes:	
<b>To be completed by the interviewer</b>	
I certify that I have read the above procedure for offering to put the respondent in contact with direct counseling support services and the respondent has given me permission to share the above contact information with a service provider.	
Initials of the interviewer:	Counseling immediately provided on-site by (insert details] (Yes or No)
Supervisor's signature:	Supervisor phoned (insert details) (Date/Time)

## X. REFERRAL PROCESS: EXAMPLE – TUVALU MULTIPLE INDICATOR CLUSTER SURVEY 2019



## XI. JOURNALING IN THE FIELD

### JOURNALING (in the field)

Name:

Date:

Fieldwork:

Time:

#### Journal writing: An Exercise

A journal allows you to freely express yourself without fear of disapproval or criticism. Not only is it a good outlet, it is also a way to sharpen your writing skills. In your journal, write about a significant event that shifted your perspective without breaching confidentiality..

#### TIPS

How are you feeling?

What did you witness?

Describe your environment.



# XII. CONTACT DETAILS FOR FRONTLINE SERVICE PROVIDERS: EXAMPLE

## SAMOA EXAMPLE

**2020 Calendar Samoa**

**January**  
S M T W T F S  
01 02 03 04  
05 06 07 08 09 10 11  
12 13 14 15 16 17 18  
19 20 21 22 23 24 25  
26 27 28 29 30 31

**February**  
S M T W T F S  
01  
02 03 04 05 06 07 08  
09 10 11 12 13 14 15  
16 17 18 19 20 21 22  
23 24 25 26 27 28 29

**March**  
S M T W T F S  
01 02 03 04 05 06 07  
08 09 10 11 12 13 14  
15 16 17 18 19 20 21  
22 23 24 25 26 27 28  
29 30 31

**April**  
S M T W T F S  
01 02 03 04  
05 06 07 08 09 10 11  
12 13 14 15 16 17 18  
19 20 21 22 23 24 25  
26 27 28 29 30

**May**  
S M T W T F S  
01 02  
03 04 05 06 07 08 09  
10 11 12 13 14 15 16  
17 18 19 20 21 22 23  
24 25 26 27 28 29 30

**June**  
S M T W T F S  
01 02 03 04 05 06  
07 08 09 10 11 12 13  
14 15 16 17 18 19 20  
21 22 23 24 25 26 27  
28 29 30

**July**  
S M T W T F S  
01 02 03 04  
05 06 07 08 09 10 11  
12 13 14 15 16 17 18  
19 20 21 22 23 24 25  
26 27 28 29 30 31

**August**  
S M T W T F S  
01  
02 03 04 05 06 07 08  
09 10 11 12 13 14 15  
16 17 18 19 20 21 22  
23 24 25 26 27 28 29

**September**  
S M T W T F S  
01 02 03 04 05  
06 07 08 09 10 11 12  
13 14 15 16 17 18 19  
20 21 22 23 24 25 26  
27 28 29 30

**October**  
S M T W T F S  
01 02 03  
04 05 06 07 08 09 10  
11 12 13 14 15 16 17  
18 19 20 21 22 23 24  
25 26 27 28 29 30 31

**November**  
S M T W T F S  
01 02 03 04 05 06 07  
08 09 10 11 12 13 14  
15 16 17 18 19 20 21  
22 23 24 25 26 27 28  
29 30

**December**  
S M T W T F S  
01 02 03 04 05  
06 07 08 09 10 11 12  
13 14 15 16 17 18 19  
20 21 22 23 24 25 26  
27 28 29 30

**Holidays:**  
**1 JAN** New Years Day  
**2 JAN** Day after New Years Day  
**10 APR** Good Friday  
**13 APR** Easter Monday  
**11 MAY** Mother's Day  
**1 JUN** Independence Day  
**10 AUG** Father's Day  
**11 OCT** White Sunday  
**11 OCT** Lotu a Tamaiti  
**25 DEC** Christmas Day  
**26 DEC** Boxing Day

**SERVICES IN SAMOA**

### Samoa Services Directory

<b>Health Services</b>		<b>Police Services</b>	
Samoa Family Health Association	26929	Police Emergency	911
Faataua Le Ole (Samoa Lifeline)	000-5430	Afega Outpost- Police	28921
National Health Services	21212	Asau Outpost- Police	58022
Tupua Tamasese Meaole National Hospital	21212	Fagamalo Outpost- Police	54309
Goslien Mental Health Services Trust	27407	Faleata Outpost- Police	29127
		Faleolo Outpost- Police	42685
		Lalomanu Outpost- Police	47700
		Lotofaga Outpost- Police	35140
		Main HQ Apia - Police	22222
<b>Government Department/Ministries</b>		Maritime Outpost- Police	25418
Ministry of Police, Prison and Fire Services	22222	Poutasi Outpost- Police	40716
Samoa Fire and Emergency Services Authority	20404	Tuasivi Outpost- Police	53515
Ministry of Justice and Courts Administration	22671 - 74 53514	Vaito'omuli Outpost- Police	50018
Samoa Competition and Consumer Commission	20441		
Ministry of Women, Community & Social Development	22421		
		<b>Non-Governmental Organisations, Civil Society organisations, Church groups and networks</b>	
		Women in Business Foundation	21959
		Habitat for Humanity in Asia and the Pacific	21690
		Samoa Teacher's Association	21911
		The Salvation Army Church	8400566/ 7706566
		Samoa Faafafine Association Incorporated	22055
		Samoa Red Cross Society	23686
		Animal Protection Society	22403
		Teen Challenge Samoa	25051
		Rainbow of Love/National Council of People with Disabilities in Samoa	25932
		Samoa Victim Support Group Inc.	800-7874
		O le Siosiomaga Society Inc/ National Environment Society	21993
		Pan Pacific and South East Asia Women's Association of Samoa	26113
		Samoa Association of NGOs	24594



## TONGA EXAMPLE

### DOMESTIC VIOLENCE – FRONTLINE SERVICE PROVIDERS

#### 1. Tongatapu

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 22-240 or 0800-444 (hotline)
- Tonga National Center for Women & Children (TNCWC)  
Tel: 26-567
- Ma'a Fafine mo e Famili (MFF)  
Tel: 25-991

##### Police & Legal Services

- Police Domestic Violence Unit (DVU)  
Tel: 26-496 or 922  
'Anamalia'Aho
- Family Protection Legal Aid Center (FPLAC)  
Tel: 26-388

##### Health Services

- Vaiola Hospital  
Tel: 740-0403 or 933
- Tonga Family Health Association (TFHA)  
Tel: 22-770

#### 2. Vava'u

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 22-240 or 0800-444 (hotline)

##### Police Services

- Police Domestic Violence Unit (DVU)  
Tel: 70-233 or 922  
Sela Naeata

##### Health Services

- Ngu Hospital  
Tel: 70-201 or 933
- Tonga Family Health Association (TFHA)  
Tel: 77-60400

#### 3. Ha'apai

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 60-444 or 0800-444 (hotline)  
'Olivia'Olie
- Tonga National Center for Women & Children (TNCWC)  
Tel: 60-483 or 73-14470  
Napualani Mahe

##### Police Services

- Police Domestic Violence Unit (DVU)  
Tel: 60-222 or 922  
Havea Mahe

##### Health Services

- Niu'ui Hospital  
Tel: 60-203 or 933
- Tonga Family Health Association (TFHA)  
Tel: 77-42383

#### 4. 'Eua

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 50-668 or 0800-444 (hotline)  
'Ana Veituna Pola

##### Police Services

- Police Domestic Violence Unit (DVU)  
Tel: 50-275 or 922  
Tu'itupou Fa'asolo

##### Health Services

- Niu'eiki Hospital  
Tel: 50-111 or 933
- Tonga Family Health Association (TFHA)  
Tel: 50-626

#### 5. Niuatoputapu

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 0800-444 (hotline)

##### Police Services

- Police  
Tel: 75-85149 or 922

##### Health Services

- Likamonuu Hospital  
Tel: 77-28193 or 933

#### 6. Niuafu'ou

##### Psychosocial / Counselling Services

- Women & Children Crisis Center (WCCC)  
Tel: 0800-444 (hotline)

##### Police Services

- Police  
Tel: 80-007 or 922

##### Health Services

- Tu'akifalelei Hospital  
Tel: 80-100 or 933

## SOURCES AND FURTHER READING

Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office. 2016. kNOwVAWdata: sources of data.

kNOwVAWdata. kNOwVAWdata initiative. Knowledge Hub, resources. <https://knowvawdata.com/resources/>

The Demographic and Health Surveys (DHS) Program. Domestic Violence (module) – prevalence of domestic violence and consequences of violence. <https://www.dhsprogram.com/Methodology/Survey-Types/DHS.cfm>

The Pacific Community (SPC). 2019. Social Development Programme, Gender, Module 1 – Awareness Raising Trainers Manual.

United Nations Economic Commission for Europe (UNECE). 2012. Survey module for measuring violence against women. <https://statswiki.unece.org/display/VAW/Survey+module+for+measuring+violence+against+women>

United Nations Population Fund (UNFPA). 2016. Facilitator's Guide – Reporting on Gender-Based Violence. [https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s\\_Guide\\_English\\_InDesign\\_Version.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/-Facilitator1s_Guide_English_InDesign_Version.pdf)

United Nations Children's Fund (UNICEF). 2022. The Multiple Indicator Cluster Surveys (MICS). <https://mics.unicef.org/>

UN Women and the Statistical Institute for Asia and the Pacific (SIAP). 2020. Gender Statistics Training Curriculum. <https://data.unwomen.org/resources/gender-statistics-training-curriculum>

World Health Organization (WHO). 2005. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia GarciaMoreno ... [et al.]. World Health Organization. <https://apps.who.int/iris/handle/10665/43309>

World Health Organization (WHO). 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. <http://www.who.int/gender/violence/womenfirtseng.pdf>

# MODULE E

## TEMPLATES AND EXAMPLES



**TONGE  
INEPW  
COUNS  
CENTER**

Phone: 330-842  
930-3495/3492  
email: ticc.gbv.c  
FB: TiccGbv

## TAX INVOICE TEMPLATE

### TAX INVOICE

(Insert consultancy reference number/contract number)

INVOICE #XX

(Date)

FROM: (insert full name) TIN #: (tax identification number)

CONTACT: (email address), (postal address) and (phone number)

TO:

CONTACTS:

Milestone/Output	% Payment	Amount (currency)	Total (currency)
Insert/list outputs	XX%	XXXX	XXXX
Total amount to be paid:			XXXX
<b>Payment to be made to:</b>			
Bank name:	XXXX		
Account no:	XXXX		
Account name:	(Insert name)		
Contractor Signature: (Insert Name)			

## TRAVEL REPORT TEMPLATE<sup>20</sup> FOR CONSULTANTS OR TRAINERS

Duty travel report

Name, Title

---

Date and duration:

---

Place visited:

---

Type of visit:

Meeting  Workshop

Technical assistance (specify type, e.g. policy review, policy drafting, policy finalisation, etc.):

---

Service provided:  Gender mainstreaming  Gender policy  Gender analysis  Gender statistics

---

Partner:

---

Objectives:

---

Outputs:

---

Content of the duty travel:

---

Follow-up:

---

Comment:

---

MEL

---

Financial acquittal:

---

Annexes

---

<sup>20</sup> Social Development Programme's duty travel report template.



## CONTRACT TEMPLATES

### A. Steering committee<sup>21</sup>

Suggested composition:

- A small group at a high management level (director, representative, or those appointed by these)
- National counterpart for the coordination of the social sectors
- National development planning agency
- Key line ministries
- Memoranda of understanding (MOU) partners (National Statistics Office, other organisations)
- United Nations Children’s Fund (UNICEF) country office
- Other donors

It is critical for a member to have the capacity and experience in conducting ethical research in the country and to be willing to serve as Ethical Focal Point, providing oversight on related matters of the Technical Committee and the Management Team.

*Note: Every survey management organisation differs slightly. The terms of reference (ToR) below and that of the Technical Committee serve only as guiding tools; customisation is necessary. These ToRs are based on a particular and common management setup of a Multiple Indicator Cluster Survey (MICS): 1) a small high-level steering committee oversees the survey and meets only a few times, at very critical stages; 2) a much wider, sector-level technical committee advises on technical details of the survey (e.g. questionnaire content, sample size, reporting, etc.); and 3) a management team runs the day-to-day operations of the survey.*

### Terms of Reference for the Country/Survey Multiple Indicator Cluster Survey Year

Steering Committee

#### Objectives:

- Provide oversight on: the implementation of the Country/Survey MICS Year; the survey’s technical committee advising on the process and content of MICS; as well as the management team of the survey’s day-to-day operation.
- Promote ownership of the process, results, dissemination and further analysis of the data for the purpose of policy, advocacy and monitoring the 2030 Agenda for Sustainable Development and related goals, as well as national commitments.
- Encourage and promote financial and in-kind contributions towards the funding of the survey.

#### Major tasks:

- Acquire approval of the survey plan and budget, including the questionnaire and sample design, as well as the timetable.
- Oversee the survey implementation process.
- Oversee the survey management and institutional arrangements.
- Approve the key findings report and, if produced, the final report.
- Ensure that issues related to ethics are documented, investigated and resolved, including those presented by the IRB (or suitable alternative).

<sup>21</sup> UNICEF, <https://mics.unicef.org/tools>.

## B. Technical committee<sup>22</sup>

Suggested composition:

Technical experts from the organisations represented on the steering committee, VAW service / specialists should be included if the DV module is being used, and other relevant institutions that can provide assistance on topics covered by the MICS:

- National Statistics Office/implementing agency
- UNICEF country office
- Ministry of Education
- Ministry of Health
- Ministry of Social Affairs
- Other ministries, as appropriate to the design
- Academic institutions
- Non-governmental organisations (NGOs)
- Other partners with technical expertise, as appropriate

It is critical that several members have capacity and experience in conducting ethical research in the country.

*Note: Every survey management organisation differs slightly. The terms of reference (ToR) below and the ToRs of the steering committee serve only as guiding tools; customisation is necessary. These ToRs are based on a particular and common management setup of a MICS: 1) a small high-level steering committee oversees the survey, and meets only a few times, at critical stages; 2) a much wider, sector-level technical committee advises on technical details of the survey (e.g. questionnaire content, sample size, reporting, etc.); and 3) a management team runs the day-to-day operations of the survey.*

## Terms of Reference for the Country/Survey Multiple Indicator Cluster Survey Year

Technical Committee<sup>23</sup>

### Objectives

- Provide guidance and support to the management team on technical decisions and processes.
- Promote understanding and utilisation of the survey and its results.
- Provide technical advice to the steering committee on survey planning, implementation and dissemination.

### Specific tasks

- Review the data gaps indicated in the data needs assessment and advise on the list of indicators, the questionnaire modules and content.
- Appoint dedicated focal points on ethics and develop a protection protocol for ensuring that ethical concerns are reflected on and mitigated against during the life cycle of the survey.
- Review and advise on the sampling plan and sample design.
- Review and advise on the customised questionnaires and manuals.
- Assist in identifying facilitators for selected sessions of the training for the pre-test exercise and fieldwork exercises.
- Coordinate preparation for the fieldwork, including informing all related stakeholders.
- Review the draft tabulations, the statistical analysis and draft chapters, the key findings and final reports, and provide technical inputs of the organisations represented on the technical committee.
- Reach out and consult experts, if needed, for the preparation of the final report, if produced.
- Highlight key messages for the dissemination of the findings.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

### C. Terms of reference: national Multiple Indicator Cluster Survey consultant<sup>24</sup>

#### Multiple Indicator Cluster Survey (MICS)

Terms of Reference – National MICS Consultant

12–18 months

#### Background

The Multiple Indicator Cluster Surveys (MICS) is an international household survey programme developed and supported by UNICEF. MICS is designed to collect estimates of key indicators that are used to assess the situation of children and women. Over the past 20 years, MICS has evolved to respond to changing data needs, expanding from 28 indicators in the first round to more than 200 indicators in the current sixth round, and becoming a key source of data on child protection, early childhood education, and a major source of data on child health and nutrition. In addition to being a data collection tool to generate data for monitoring the progress towards national goals and global commitments for promoting the welfare of children, MICS provided valuable data for millennium development goal (MDG) monitoring as a major source of data for the United Nations (UN) Secretary-General's Final Millennium Development Goals Report.

Since the inception of MICS in the 1990s, over 300 surveys have been carried out in more than 100 countries. As part of the global effort to further develop national capacities to generate and analyse high quality and disaggregated data, the United Nations Children's Fund (UNICEF) launched the sixth round of MICS in October 2016, with results of first surveys expected to be available by the end of 2017. This new round is in accordance with the list of Sustainable Development Goal (SDG) indicators endorsed by the UN Statistical Commission in 2016, following the global adoption of the 17 SDGs and 169 targets of the 2030 Agenda for Sustainable Development. The final SDG indicator framework currently includes 230 global indicators, of which around 30 per cent are household survey-based indicators. Today, MICS, covering almost half of the household survey-based SDG indicators, is well positioned to play a central role in this new Agenda alongside other key demographic, health, and socio-economic surveys and to complement data from administrative sources and censuses. The MICS questionnaires have undergone rigorous methodological and validation work to broaden the scope of the tools and include new topics that reflect SDG indicators and emerging issues in the 2030 Agenda for Sustainable Development context, including: rapid water quality testing; social transfers; foundational learning skills (children aged 7–14 years); child and adult functioning; migration status; use of clean fuels and technology; and victimisation.

As governments develop national frameworks to monitor progress towards the SDGs and establish baselines, strategic planning and investments will be required to collect robust, more frequent, and timely data. This round of MICS presents a unique opportunity to support this process.

The UNICEF Country Office has already supported MICS surveys in Year, Year and Year. To support establishing a baseline / as part of the mid-term review / other key objective of the (YEAR) Country Programme cycle, the UNICEF Country Office will support a MICS as part of the sixth round of the survey programme in Year. To ensure implementation of the MICS survey is smooth, specific deadlines are met and the implementing partner, the National Statistics Office (NSO) receives the technical assistance necessary to produce statistically sound and reliable data, the UNICEF (Country) Country Office will hire a full-time consultant to oversee the MICS process from preparatory work through the release of results.

The Year Country MICS will be implemented using CAPI (Computer-Assisted Personal Interviewing) in which the interviewer uses a tablet to record data. CAPI data collection can reduce the time needed to collect and process survey data, facilitate real-time monitoring, improve the quality of the data, and reduce survey costs.

#### Purpose of the job

Under the overall supervision of the Monitoring and Evaluation Officer, the National MICS Consultant (NMC) will support and provide guidance to UNICEF Country and the NSO for the preparation, implementation, and completion of the MICS survey in Country. The NMC will advise the NSO, especially the Survey Coordinator and sampling and data processing experts, during survey planning, questionnaire design, sampling, training, fieldwork, data processing and analysis, dissemination and archiving, ensuring that MICS protocols and recommendations are followed at all times. The NMC will communicate effectively between the UNICEF Country Office (CO) and NSO, responding promptly to MICS-related needs and issues, as they arise.

The NMC will be responsible for coordinating and supporting the work of other resource persons hired by UNICEF to provide technical assistance to the MICS process. The consultant will work in close collaboration with the survey team, the stakeholders, and Steering and Technical Committees and will represent UNICEF in meetings and workshops in relation to the survey, as needed. The NMC will also work in close collaboration with the regional MICS Coordinator and the Global MICS Team in UNICEF Headquarters (HQ).

<sup>24</sup> Ibid.

**Main tasks related to the job**

1. Provide technical and managerial support to the MICS survey.
2. Present the MICS methodology, tools and guidelines to partners/stakeholders (e.g. ministries, UN Agencies, etc.).
3. Finalise, in collaboration with national partners and the UNICEF CO, the survey plan and budget, including timetable and share with the UNICEF Regional Office (RO).
4. Ensure the Ethical Protocol and other ethical recommendations are addressed in the survey implementation process and that all MICS-related documents are shared with the national Ethical Committee on time for approval.
5. Oversee each stage of the survey process and ensure that the MICS protocols and standards are followed by the NSO, more specifically during training and field supervision visits.
6. Communicate regularly with the UNICEF CO, RO and/or Headquarters (HQ) responding to all MICS-related issues in a timely manner.
7. Provide monthly updates on MICS activities to the UNICEF CO/RO/HQ.
8. Coordinate the work of NSO specialists and UNICEF regional consultants and other resource persons assigned by the UNICEF CO and/or RO to support different survey stages.
9. Ensure external technical reviews by experts (i.e. Regional Sampling Consultant, Regional Data Processing Consultant, and Regional Household Survey Consultant) are carried out at key survey stages, and coordinate the feedback and response between the CO/RO/HQ and NSO.
10. Ensure that all survey-related documents and deliverables are properly archived throughout the survey process (e.g. memorandum of understanding, survey plan and budget, questionnaires, manuals, sample design, training/pre-test reports, expert reports, CAPI application, output and tabulation plan tables, syntaxes, data sets, survey findings report and final report, dissemination materials, etc.).
11. Participate in all MICS Steering and Technical Committee meetings.
12. Participate in, and contribute to, MICS regional workshops.
13. Ensure lessons learned, challenges, and good practices are documented throughout the MICS process and rapidly shared with the MICS community (other MICS implementing countries, RO, and HQ) through all means available.

**Specific activities**

In consultation and collaboration with the UNICEF CO and NSO, the NMC will be responsible for ensuring the following activities have been undertaken following the MICS guidelines and will contribute to the coordination of these activities:

**1. Survey planning:**

- A Steering Committee is established and comprised of all relevant national and international stakeholders, including the National Ethical Committee.
- At least one Technical Committee comprised of all relevant technical experts is established.
- The survey plan and budget, including timetable, are finalised and shared with all stakeholders.
- A memorandum of understanding between UNICEF Country and NSO is signed before funds are spent on survey activities.
- Survey supplies are procured and distributed in time for training and data collection.
- Sample design:
  - The UNICEF Regional Sampling Consultant is provided with necessary information, and visits are well managed and coordinated within survey plans.
  - The sample design is finalised by the sampling expert of NSO with the guidance and review of the UNICEF Regional Sampling Consultant.
  - Listing and mapping materials and operations are reviewed by the UNICEF Regional Sampling Consultant and carried out in the field per MICS recommendations.
  - The sample design is reviewed by the UNICEF RO and/or HQ before finalisation.
  - The final selection of households is reviewed.
  - The weights are reviewed.
- MICS questionnaires:
  - Appropriate UNICEF programme staff and the Technical Committee are involved in reviewing the customisation of relevant sections of the MICS questionnaire.

- Selected modules address country data gaps and address SGD data needs.
- Questionnaires undergo translation and back translation process.
- Questionnaires and manuals undergo an ethical review.
- Questionnaires are pre-tested, and a pre-test report is produced.
- Questionnaires are reviewed by the UNICEF RO and HQ before finalisation.
- Manuals:
  - MICS household listing and mapping, supervisor, measurer, and interviewer manuals are customised for the country specific context and translated.
- CAPI application template:
  - The CAPI application template is customised by the data processing expert of the NSO with the guidance of the UNICEF Regional Data Processing Consultant.
  - The CAPI application template is reviewed by the UNICEF RO and/or HQ before finalisation.
  - Secondary editing guidelines and field check table syntax are customised by the data processing expert of the NSO with the guidance of the UNICEF Regional Data Processing Consultant.

## **2. Listing and mapping, training and fieldwork, and data processing:**

- Listing and mapping are planned and performed per MICS guidelines.
- Training schedules are adequately adapted to the county context while following MICS guidelines.
- Appropriate resource persons are identified to facilitate training (i.e. nutritionists for anthropometry training, survey experts for methodology, etc.).
- Listing and mapping, training and fieldwork, and data processing each contribute to the fieldwork training.
- Fieldwork and fieldwork monitoring visits are planned and performed according to MICS guidelines.
- Field check tables are produced on a weekly basis, immediately analysed by survey managers, and main findings reported to field supervisors for action. Field check tables are immediately shared with the UNICEF RO.
- Participation of UNICEF CO staff is organised to assist in monitoring data collection.

- The UNICEF Regional Data Processing Consultant is provided with necessary information in a timely manner, and country visits are well managed and coordinated.
- Hardware is made available for the CAPI application (data collection and central office menu components), and software is properly installed and a working, data transfer system and data backup system are established.
- Data processing and secondary data editing are monitored.

## **3. Data analysis and report writing:**

- Sampling weights are included in the data sets and reviewed by the sampling expert of the NSO with the guidance and review of the UNICEF Regional Sampling Consultant.
- The MICS tabulation plan and standard syntax are customised and used in generating SPSS data set and tables.
- Data set/tables, including the wealth index, are substantively reviewed by a technical expert (e.g. sampling expert) and subject matter expert at the NSO, as well as by the UNICEF RO and HQ MICS team before the report-writing commences.
- The elaboration of the survey findings report (and eventually the final report) must be coordinated and substantively contributed to, using the MICS template and according to MICS standards, to ensure a timely release.
- The survey findings reports (and final report) must undergo a technical review process by the RO and HQ.
- The printing and distribution of the survey findings report (and final report) must be coordinated.
- The presentation of the survey findings report (and final report) must be organised and facilitated through a national seminar.
- Technical expertise and advice must be provided for wide dissemination of the survey findings report (and final report) and main results.
- The MICS survey archive, with all final survey documents and materials (memorandum of understanding [MOU], Country Survey Plan (CSP), questionnaires, manuals, sample design, field reports, CAPI application, syntaxes, database, tables, survey findings report and final report, dissemination materials, etc.) must be produced by the NSO.

**4. Attend to all MICS regional and/or national workshops:****Deliverables**

1. Monthly progress report of activities (describing activities undertaken, problems encountered, and solutions put in place to mitigate the problems over the course of the month)
2. Field trip reports
3. Regional workshop trip reports
4. Presentations and training materials used in trainings, workshops, and other meetings

**Reporting line**

The NMC will report directly to the [Monitoring and Evaluation Officer](#) in the UNICEF Country Office.

**Confidentiality of data and MICS documents**

The NMC must respect the complete confidentiality of the MICS data as well as any specific MICS documents that will be produced throughout the MICS process. The NMC can use the documents and the data sets only for the tasks related to these terms of reference.

**Qualifications and competencies***Education:*

A university degree in demography, statistics, social sciences, epidemiology or any other related technical field is required.

*Skills and experience:*

- A minimum of five years of experience in the coordination and/or management of quantitative household surveys (prior MICS or Demographic and Health Survey [DHS])
- Strong computer skills and strong expertise in statistical analysis (familiarity with data processing and data analysis software, particularly SPSS)
- Experience with CAPI data collection
- Training experience and ability to organise and facilitate training and presentations
- Experience in data analysis and survey report-writing

*Other competencies:*

- Excellent communication and interpersonal skills

- Excellent oral and written communication skills in [language\(s\) required](#)
- Familiarity and previous experience of working in [country](#) and/or in the region highly desirable
- Demonstrated ability to work in a multicultural environment and to establish harmonious and effective relationships both within and outside the organisation, more specifically with NSOs
- Demonstrated leadership, managerial and supervisory ability
- Ability and willingness to travel extensively in-country and to attend regional workshops

**Office arrangements and travel requirements**

During the contract period, the NMC is expected to travel within the country and to MICS regional workshops in other countries and the UNICEF Regional Office. The travel costs will be covered by the UNICEF Country Office. The NMC will be based at the [NSO](#), which will provide space, adequate working conditions with Internet access and equipment, as necessary.

**Estimated duration of contract and fees:**

The NMC should be recruited at the start of MICS planning and should remain on board until the survey findings report (and final report) and the survey archive are produced. Without significant and unforeseen delays, the MICS survey can be conducted in 18 months.

The duration of the consultancy should cover [a minimum of 12 months and a maximum of 18 months](#), depending on the time it will take to finalise the whole MICS process. Only candidates who can commit for the entire duration will be considered.

The consultant is to indicate the monthly fee for the services to be provided. The fees payable to a consultant shall follow the 'best value for money' principle (i.e. achieving the desired outcome at the lowest possible fee). This contract does not allow payment of off-hours, medical insurance, taxes, or sick leave.

UNICEF reserves the right to withhold all, or a portion, of payment if performance is unsatisfactory, if work/output is incomplete or not delivered, or for failure to meet deadlines.

## D. Memorandum of understanding between the National Statistics Office and the country office<sup>25</sup>

MEMORANDUM OF UNDERSTANDING between the NATIONAL STATISTICAL OFFICE and the UNICEF COUNTRY OFFICE to execute the project “Multiple Indicator Cluster Survey (MICS) Year”

### Preamble

Whereas the Country Country Office of the United Nations Children’s Fund (hereinafter UNICEF) and the National Statistics Office (hereinafter NSO) share a common objective in light of their respective mandates; namely, monitoring the well-being of children, adolescents and women;

Whereas country and UNICEF have defined, as a principal initiative in the Programme of Cooperation for 20XX – 20YY, to generate data on the Sustainable Development Goals (SDGs) indicators and other national and international commitments, providing data to specifically monitor the situation of children and women in country;

Whereas country has signed a (Common) Country Programme Document / Basic Cooperation Agreement and (Common) Country Programme Action Plan with UNICEF for the period 20MM–20NN and the NSO a Rolling Work Plan with UNICEF for the period 20JJ–20KK;

Whereas the NSO and UNICEF defined the terms for mutual cooperation to conduct a Multiple Indicator Cluster Survey (hereinafter MICS), as per Work Plan signed on date;

In view of the foregoing and based on mutual confidence and a spirit of cooperation, the NSO and UNICEF hereby agree, as follows:

### Article I. Definitions

The following definitions shall apply for the effects of the present Agreement:

1. The “Parties” shall be understood as the NSO and UNICEF.
2. “UNICEF” shall be understood as the Country Country Office of the United Nations Children’s Fund, a subsidiary agency of the United Nations established through Resolution 57 (I) adopted by the United Nations General Assembly on 11 December 1946.
3. “This Agreement” or “the present Agreement” shall be understood as the present Memorandum of Understanding and its appendix on Technical Collaboration to implement the project entitled

“Multiple Indicator Cluster Survey (MICS) 20XX”.

4. The “Survey Plan and Budget” shall be understood as the operative implementation plan of this present Agreement, which the Parties agree to jointly develop.
5. The “Project” shall be understood as all its constituting documents, processes and equipment.
6. The “UNICEF Representative” shall be understood as the Country Representative of UNICEF or his/her representative.
7. “Expenditure” shall be understood as all disbursements and all commitments relating to the implementation of the Project.
8. “Force majeure” shall be understood as a natural disaster, war (declared or undeclared), invasion, revolution, insurrection or any other event of equal nature or force.
9. The “UNICEF MICS Team” shall be understood as the staff and consultants of UNICEF at its Country, Regional and New York Headquarters offices engaged in coordinating, managing and providing technical assistance to MICS surveys in the Global MICS Programme.

### Article II. Objective and scope of the present Agreement

1. The present Agreement sets forth the terms, conditions and procedures for the cooperation between the Parties regarding the accomplishment of the objectives of the Project.
2. The Parties agree to collaborate and to maintain a close working relationship to accomplish the objectives of the Project and develop the technical and operative details of Project implementation in the Survey Plan and Budget, consistent with the overall recommendations of the Global MICS Programme, including the Technical Collaboration described in the appendix.
3. The NSO and the UNICEF MICS Team will have access to all survey documents, including sampling plans, data processing programmes, microdata files, field check tables, tabulation programmes, and all other technical documents at any time during survey implementation for the purpose of technical review and quality assurance.
4. The NSO and the UNICEF MICS Team will have

<sup>25</sup> Ibid.

access to questionnaire and data entry application pre-tests, fieldwork and data processing and related trainings for the purpose of quality assurance and monitoring activities.

5. The NSO and the UNICEF MICS Team will not – under any circumstances – share full or partial microdata with any person or entity outside its members before the public dissemination of the results and anonymisation of the microdata.
6. The Parties agree that every effort will be made to release the survey findings report, including all methodological details, tabulation and annexes, within six months after completion of the fieldwork. Should the process, at any time, be anticipated to exceed this deadline, the UNICEF MICS Team will, in a collaborative manner, escalate technical support and, in consultation with the NSO, develop the survey findings report and submit it to the NSO.
7. As the survey findings report is being finalised, the SPSS microdata files will be anonymised in accordance with international guidelines, in such a way that no information which would permit identification of the specific person(s)/households interviewed or cluster locations shall be divulged. No personal information regarding any individual or household will be disseminated. This process meets the requirements of country legislation.
8. Within one month of the release of the survey findings report, the microdata files, in SPSS format, will be made available to the public. The Parties will have equal rights to distribute the final, anonymised SPSS microdata files.
9. UNICEF will distribute the microdata files through the global MICS website (mics.unicef.org), maintained by UNICEF, for legitimate statistical analysis upon request of registered users. The release of microdata will be conditional upon the recipient's agreement to give specific recognition to the contribution made by the NSO in conducting the survey and collecting the data, and the provision to the NSO and UNICEF of a copy of any report/analysis produced using the data. Recipients will not be allowed to redistribute the microdata and/or host the microdata in any other public platform.
10. Before making any changes to the microdata sets that are being distributed, the Parties agree to consult each other and agree on the changes that may be found to be technically necessary. The Parties

will make every effort to ensure that recipients of microdata files up to that point are made aware of the changes made.

11. The Parties agree to encourage and undertake data dissemination activities promoting the use of the survey results and microdata. For such purposes, UNICEF may recode the micro data to produce a uniform data set with all MICS surveys and employ such for cross-national online tabulator platforms hosted on the MICS website. Such a data set will not be publicly available.

### Article III. Term of the Agreement

1. The present Agreement shall take effect on the date of signature of all Parties and shall remain in force until [date](#). The Project shall initiate and terminate pursuant to the timetable provided in the survey plan and budget, which may be updated over the course of the Project.
2. If, during the course of the Project, either Party determines the expiration date established in Article III (1) above must be extended to accomplish the objectives of the Project, the said Party shall inform the other, without delay, so as to initiate consultations to reach an agreement on a new expiration date. Upon reaching an agreement on a new expiration date, the Parties shall sign an amendment to this effect, pursuant to Article XII.

### Article IV. General and specific responsibilities binding on the Parties

1. The Parties agree to fulfil their particular responsibilities in accordance with the provisions of this Agreement.
2. The NSO agrees to place, at the disposal of the Project, the technical and administrative personnel who will conduct and manage the MICS, doing so pursuant to the requirements and professional qualifications indicated in the Project, specifically in the survey plan and budget.
3. The Parties shall assume responsibility for oversight, execution and supervision of the Project. This implies that personnel assigned to the Project may not conduct activities that are not contemplated in the survey plan and budget.
4. The NSO agrees to place, at the disposal of the Project, the physical facilities required for the MICS to be conducted properly.

5. The Parties agree to fund and to seek funding to defray the operating costs ([transportation](#), [travel allowances](#), [consumable materials](#), [human resources](#), etc.) required to execute the Project satisfactorily, as per and up to the limit to be specified in the survey plan and budget.
6. The Parties shall cooperate mutually to secure and acquire all licenses and permits required by national law, provided such licenses and permits are appropriate and necessary to accomplish the objectives of the Project.
7. Both parties shall ensure that ethical considerations are reflected on and mitigated against to the best of their ability and that mechanisms are in place to protect members of participating households, stakeholders and Parties and consequent to the implementation of the Project.
8. The NSO agrees that no individuals participating in or administering the household survey should be prosecuted consequent to questions posed and responses given within the survey.
9. Both Parties shall designate focal points who shall act as the main channel of communication between the Parties on all matters concerning the Project.
10. Both Parties will be full members of Steering and Technical Committees established to oversee the Project. These committees cannot take decisions that alter this Agreement in whole or in part.
11. Technical assistance will be provided by the UNICEF MICS Team throughout the duration of the Project. Ongoing technical assistance will be provided to the Project through visits to [country](#) and off-site support by Regional UNICEF consultants in three main areas: sampling; data processing; and household survey implementation; as well as support by the Global MICS Team in the UNICEF regional and headquarters offices. The Parties agree to facilitate such technical assistance and its objectives, as outlined in the Technical Collaboration Framework of the Global MICS Programme (appended).
12. The UNICEF MICS team shall additionally provide technical assistance to the Project through three MICS workshops to which both Parties agree to participate with relevant Project staff.
  - a. Survey Design: work with the participants on survey design and operations based on MICS modules/questionnaires and standards, including sample design.
  - b. Data Processing: work with participants on the data entry application (CSPPro), tabulation software (SPSS), and archiving tools.
  - c. Data interpretation, further analysis and dissemination: work with participants to review the findings, and make plans for dissemination and further analysis.

#### **Article V. Personnel requirements**

1. The NSO personnel assigned to the Project shall not be considered employees or agents of UNICEF. The NSO shall guarantee observance of all national labour laws that might be applicable, and shall pay and maintain the wages of all employees assigned to the Project on a timely basis. It is understood that UNICEF shall not accept liability for any claims resulting from death, bodily injury, disability, property damage or other hazards suffered by NSO employees as a consequence of their employment or work related to the Project. Consequently, it shall be the responsibility of the NSO to cover and maintain all appropriate compensation for its workers, and to furnish public liability insurance to protect its employees in any of the aforementioned cases, together with all other insurance policies agreed on by the Parties.
2. UNICEF shall be responsible for hiring the consultants and temporary technical assistance personnel identified, as required, to accomplish the objectives of the Project, doing so under the terms stipulated by the United Nations. UNICEF shall also facilitate the technical assistance, quality assurance, and review processes as needed and as required by participation in the Global MICS Programme. The consultants and temporary technical assistance personnel shall enjoy the privileges afforded to United Nations personnel. The hiring of experts, technicians and consultants by UNICEF shall be free of discrimination by reason of race, religion, gender, disability, ethnic group, national origin or similar factors. All consultancy contracts shall include a clause on confidentiality with regard to all documentation and data compiled during the Project.

#### **Article VI. Supplies, vehicles and purchases**

1. The materials, the input and the other non-consumable goods furnished or funded by UNICEF shall be transferred to the NSO on completion. [If vehicles are loaned to the Project by UNICEF, UNICEF shall be responsible for the maintenance and proper care.](#)

2. All off-shore supplies financed with UNICEF resources shall be procured by UNICEF. Given its privileges and immunity, the said organisation is exempt from the payment of direct taxes or customs tariffs.
3. As part of the Project, complete and precise records shall be kept of all input, equipment and other goods purchased with UNICEF funds, and regular physical inventories of all non-consumable equipment, goods, materials and supplies shall be conducted. Archiving and the ultimate disposal of such records should happen per prevailing institutional guidelines on retention periods.
3. Within 30 days of the notification of termination, the NSO shall return to UNICEF the balance of the funds UNICEF might have supplied pursuant to the execution schedule contained in the present Agreements, provided such funds were not irrevocably committed at the time the notice of termination was given.

#### **Article IX. Force majeure**

1. In the case of force majeure, as defined in Article I (8), each Party shall advise the other promptly. Should the Party or Parties be unable to fulfil all or part of the obligations or responsibilities acquired under the Project Agreement, details of the event and consequences should be communicated, in writing if possible. The Parties shall consult on the appropriate action to be taken. This may include suspension of the Project or termination of this Agreement.
2. Should the present Agreement be terminated for reasons that constitute force majeure, the provisions outlined in Article VIII, paragraphs 2 and 3 shall apply.

#### **Article VII. Financial and operating agreements**

1. Funds allocated to the Project by UNICEF shall be managed in accordance with the operating policies and procedures of UNICEF and in compliance with the International Public Sector Accounting Standards. Necessary documentation required for financial reporting shall be provided by the NSO in a timely manner, in accordance with the Harmonised Approach to Cash Transfers (HACT) and the provisions of the United Nations Development Assistance Framework (UNDAF).
2. The NSO shall provide the personnel and services to be agreed upon in the survey plan and budget. It is understood that financial contributions from UNICEF to the project budget may not be used to cover the salaries of NSO staff or personnel or to defray direct and indirect expenses incurred to maintain facilities.

#### **Article X. Arbitration**

1. Any dispute, controversy or claim arising from the present Agreement or in relation to it, even breach and subsequent termination of this Agreement, if not resolved amicably through direct negotiation, shall be submitted, at the request of either Party, to an arbitral tribunal comprised of three arbitrators. The NSO shall appoint one of the arbitrators; the United Nations General Secretariat shall appoint another. These two arbitrators shall appoint the third arbitrator. Should one of the Parties fail to appoint an arbitrator within 30 days of having been invited to do so by the other Party, or should the two arbitrators fail to reach an agreement on the third arbitrator within 30 days of their appointment, the Chief Justice of the International Court of Justice shall proceed to make the necessary appointments at the request of either Party. The arbitrators shall establish the procedures for arbitration and the cost of arbitration shall be borne by the Parties in a proportion to be determined by the arbitrators. The arbitral decision or award shall indicate the motives on which it is based and shall be accepted by the Parties as a binding ruling on the controversy, even if issued in default of one of the Parties.

#### **Article VIII. Early termination**

1. Either Party may terminate this Agreement 30 days after having given written notice to this effect, if the other Party is unable or unwilling, or in some way prevented from fulfilling its obligations and responsibilities under the present Agreement, thereby jeopardising accomplishment of the objectives of the Project, and provided the Parties have consulted, without success, in an attempt to eliminate the obstacle.
2. Upon being notified of termination, as provided for in the preceding paragraph, the Parties shall immediately take the necessary steps to finalise their activities under this Agreement, doing so promptly and in an organised manner intended to minimise losses and additional expenses. UNICEF shall disburse no additional funds to the Project.



**Article XI. Privileges and immunity**

1. Nothing contained in this Agreement or related to it may be regarded as an expressed or implicit waiver of any privileges or immunity determined for the United Nations and UNICEF.
2. For all its effects, (Common) Country Programme Document/Basic Cooperation Agreement/other superseding agreement signed between the Government of country and the UNICEF Country Office on date shall take precedence over any provision in the present Agreement that might conflict with it.

**Article XII. Amendments**

1. The present Agreement or its attachments may be modified or amended only through a written agreement signed by both Parties.

IN WITNESS WHEREOF, the undersigned, duly authorised for this effect and acting in representation of the Parties, place their signatures to the present Agreement on the date and at the place indicated below:

Signed in [city](#) on [date](#).

On behalf of

[National Statistics Office](#)  
Name  
Title

On behalf of

UNICEF [Country](#) Country Office  
Name  
Title

## SOURCES AND FURTHER READING

Dr Henrica A.F.M. Jansen, UNFPA Asia and the Pacific Regional Office. 2016. kNOWVAWdata: sources of data.

kNOWVAWdata. kNOWVAWdata initiative. Knowledge Hub, resources. <https://knowvawdata.com/resources/>

The Demographic and Health Surveys (DHS) Program. Domestic Violence (module) – prevalence of domestic violence and consequences of violence. <https://www.dhsprogram.com/Methodology/Survey-Types/DHS.cfm>

United Nations Children's Fund (UNICEF). 2022. The Multiple Indicator Cluster Surveys (MICS). <https://mics.unicef.org/>

World Health Organization (WHO). 2005. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia Garcia-Moreno... [et al.]. World Health Organization. <https://apps.who.int/iris/handle/10665/43309>

# MODULE F

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## COMMUNICATION TEMPLATES



## I. MEDIA RELEASE GUIDANCE: TEMPLATE<sup>26</sup>

Action Orientated Headline Here in Title Case

Title should be powerful with a focus on an achievement or news from the event

Dateline – CITY (name of organisation/department) – The opening sentence is the most important element in a press release. The opening statement should succinctly summarise an announcement/achievement or news. A media release is sent AFTER an event or achievement/news has taken place. Make sure the opening paragraph grabs the attention of the readers. There needs to be a ‘strong hook’ and important facts must be included.

A media release should at least consist of three to five paragraphs where you provide all the relevant facts and the information that a reporter should use to write a story. The most important information should be listed first and be concise. Write in plain English without the use of jargon or technical terms. Remove unnecessary adverbs, modifiers or cliché statements/words or phrases. Each paragraph should consist of three to five sentences written in the third person.

Each media release should include a relevant quote from the head of the organisation/officer in charge/project lead or a recipient of the project. Try to make sure that the “quotes are no more than three sentences and clearly connected to and integrated with the surrounding content”. Do not repeat information. Keep it concise.

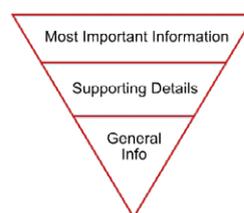
Media releases should make use of relevant/available statistics or facts/evidence whenever possible.

Be sure to check the spelling and verify facts in the media release.

Do not forget other languages. If you can translate your media release into the local language to reach your audience, this is encouraged.

The average media release consists of 500 words or less and fits onto a single page.

Refer to the inverted pyramid if you are unsure of the media release structure. The inverted pyramid is a tool to help emphasise the information that should be presented first within a text.



Boilerplate: (Example: This includes a statement of your organisation or project, when it was established, its key purpose and with whom it works. It should be no longer than three to four sentences.)

Learn more at: (insert website). Contact: Name/Title of Media Contact (name of organisation) Contact Number and Email: (insert number and address)

<sup>26</sup> Adapted from the SPC Media Release Guidance template, SPC Corporate Communications.

## II. MEDIA ALERT GUIDANCE: EXAMPLE FROM SPC CORPORATE COMMUNICATIONS<sup>27</sup>

### Media alert guidance

An Alert is provided to give the media information needed to determine whether or not to attend or cover an event. While some news may be printed as a result of an Alert, its primary purpose is NOT to create a news story. A successful Alert is best judged by how many media groups attend or call to obtain more information about the described activity. An Alert is always sent before an event or activity takes place.

#### Information Oriented Headline Here in Title Case

**WHAT:** Two sentences about the key details of the event or activity

**WHO:** Brief information about who will be taking part: participants, special guests, key speakers, partners

**WHEN and WHERE:** Location and time of the event; details of what parts are open to the media; special emphasis on key moments (e.g. launches, press conferences or other highlights).

**WHY:** One paragraph on the reason for the event or activity

What will likely be accomplished: What is it contributing towards? This can provide some detail but should not be too long.

**HOW TO REGISTER:** Details on what media need to do in order to take part. How do they register? Where can they obtain more information? If the event or activity is fully open with no resignation required, that should also be highlighted.

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Boilerplate: (Example: This includes a statement of the organisation or project, when it was established, its key purpose and with whom it works. It should not be longer than three to four sentences.)

Learn more at: [\(insert website\)](#). Contact: [Name/Title of Media Contact \(name of organisation\)](#) Contact Number and Email: [\(insert number and address\)](#)

## III. SOCIAL MEDIA GUIDANCE: EXAMPLE FROM SPC CORPORATE COMMUNICATIONS<sup>28</sup>

Guidelines for publishing in social media are the same as the values, ethics and confidentiality policies that the Pacific Community (SPC) staff are expected to follow every day. Remember: Your responsibility as a representative of SPC does not end when you leave the office.

- Be transparent: If you share work-related matters that are within your area of job responsibility, you must make your affiliation with SPC clear. You must also state that the views expressed are your own. This should be made clear on your platform profile.
- Act responsibly and ethically: When participating in online communities, do not misrepresent yourself. Do not post any defamatory, libellous, vulgar, obscene, abusive, profane, threatening, racially or ethnically hateful or otherwise offensive or illegal information or material.
- Help promote our work: The easiest way to help promote the work of SPC is by sharing and liking the material from the official SPC social media accounts. Likes and shares from @spc\_cps, @spc\_live, and the SPC Facebook Page are always appreciated and safe.
- Replace error with fact: When you see misrepresentations made about SPC in social media, you may identify and correct the error. Always do so with respect and with the facts. When you speak to someone who has an adversarial position, make sure that what you say is factual and respectful. Do not argue; just correct any misinformation.
- Local posts can have global significance. Social media is global. Even if you are responding or engaging locally, every post has the potential to be shared around the world. Assume that what you post is being read everywhere.

<sup>27</sup> Adapted from the SPC Media Release Guidance template, SPC Corporate Communications.

<sup>28</sup> Adapted from the SPC Media Release Guidance template, SPC Corporate Communications.

- The Internet is permanent. Once information is published online, it is part of a permanent record, even if you “remove/delete” it later or attempt to make it anonymous.
- If your complete thought, along with its context, cannot be squeezed into a character-restricted space (e.g. Twitter), provide a link to an online space where the message can be expressed completely and accurately.
- Internal numbers: Non-public financial or operational information should never be shared. This includes strategies, estimates and most anything with a dollar-figure attached to it. If it is not already public information, it is not your job to make it so.
- Legal information: Anything pertaining to internal legal issues, legal cases, contracts, disputes or agreements should never be posted on social media.
- Personal information: Never share personal information about SPC staff, members, partners or donors.
- When in doubt, do not post. Ultimately, you bear sole responsibility for what you post. Exercise sound judgement and common sense. If there is any doubt, DO NOT POST IT.

## IV. HOW TO WRITE A BLOG OR STORY: GUIDANCE

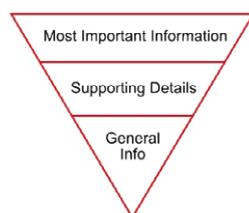
Before you write a blog, or a story:

- Plan
- Draft
- Review

Carefully think and plan before writing. This will help ensure that your work is well-written and tailored appropriately to meet its objectives.

Before writing, the key questions to ask are:

- What does my writing need to achieve?
- Who is going to read my story/blog? (Who is the main audience?)
- In what circumstances or context/environment, will my audience read my blog/story?



When writing, always refer to the inverted pyramid for guidance and for structure.

Blogs and stories are framed/built on the 5 Ws and H. When writing a blog, aim to build it around the following:

- **WHO:** Who was involved? Who did the news happen to?
- **WHAT:** What is important about this story/blog? What happened? What makes this event newsworthy?
- **WHEN:** When did it happen?
- **WHERE:** Where did it happen?
- **WHY:** Why did it happen? What was the motivation or driving force behind it?
- **HOW:** How did it happen?

Make sure you review your story/blog, check the spelling, and verify the facts before it is published. You can request a third-party to read it before publishing/posting it.

## SOURCES AND FURTHER READING

Pacific Community (SPC). 2019. Social Development Programme, Gender, Module 1- Awareness Raising Trainers Manual.

Pacific Community (SPC). 2021. SPC’s Editorial Guide – Write here, write now. A writing guide for the digital world.

Press Books. Writing for Strategic Communication Industries. Chapter 5 – new writing basics. Inverted pyramid

style. <https://ohiostate.pressbooks.pub/stratcommwriting/chapter/inverted-pyramid-style/>

Progressing Gender Equality in the Pacific (PGEP) II Project. 2021. PGEP Communication for Development Workshop Materials.



## NOTES





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