

Finance advocacy: Prevention

Can a policy with no budget actually protect children?

Engage with your government on financing and investment for the prevention of sexual violence against children and adolescents.

Researched and developed by

ECONOMIST
ENTERPRISE

 Together
for girls

brave
movement.

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Finance advocacy

Prevention pillar

What this tool covers

This document helps you turn Index findings into an investment case and concrete budget 'ask'. It walks you through what governments need to budget to improve scores for different indicators, how to time your 'ask' to the right moment in the budget cycle, how to estimate a credible figure, and how to argue for the investment.

Only 9 countries

have life-skills-based sexuality and reproductive health education in lower secondary school that includes recognizing and seeking help for sexual abuse and online safety

Index indicator 2.1

Just 2 countries

Colombia and Kazakhstan require children's medical providers to receive training on sexual violence against children

Index indicator 2.4

60% of countries

do not require background checks for people working directly with children

Index indicator 2.3

How to use this tool

Start with the section that matches where you are:

- **Building your case?** Start with Why finance advocacy matters and Making the investment case.
- **Preparing for a meeting or submission?** Go to From indicators to budget lines for ready-made ‘asks’, then use Your submission paragraph to draft your written request.
- **Not sure about timing?** Check When to make budget ‘asks’ to find the right moment in the budget cycle.
- **Need a number?** Go to How to put a number on your ‘ask; for five practical costing approaches.

Use this alongside the Fact Sheet for background, the [Meeting Guide](#) when presenting your ask, and the [Email Toolkit](#) to follow up in writing.

Why finance advocacy matters

Laws and policies without budgets are promises without plans. The Out of the Shadows Index Prevention pillar’s five indicators track whether governments have put in place the programs, safeguards, and trained professionals needed to stop sexual violence against children and adolescents before it happens.

Even when these frameworks exist, they only work if they are funded. Every law, policy, program, and service depends on sustained, dedicated financing. Too often, however, government offices struggle to allocate budget for new initiatives. This financing gap is one of the biggest barriers to progress — and your advocacy can help close it.

Prioritize safeguarding

Review the Brave Movement’s tools for [Safe advocacy](#), [Safe advocacy events](#), and [Trauma-informed meeting tips](#) to ensure you are ready and you are fully supporting any survivor advocates accompanying you on our journey.

Consult our full [Risk-assessment toolkit](#) and consider implementing recommended mitigation strategies.

From indicators to budget lines

The Prevention indicators cover key laws, policies, programs, and services that governments should have in place to ensure no child or adolescent experiences sexual violence.

Use this guide to strengthen your advocacy requests. The tables below can help you to create targeted ‘asks’ to decision-makers within the right Ministry (for example: Education, Social Welfare, or Health), at the right moment. You do not need to address all areas at once — identify where your country scored the lowest and start there.

Indicator	What it tracks	Budget-line-to target	Template language
2.1 Education for students	Whether the national curriculum includes life skills-based sexuality and reproductive health education for lower-secondary students, including sexual violence awareness and online safety.	Ministry of Education: curriculum development, teacher training, teaching materials, integration of sexual violence awareness and online safety content.	“Allocate [amount] for the development and mandatory rollout of age-appropriate, life skills-based sexuality education across all lower-secondary schools, including content on sexual violence awareness, help-seeking, and online safety.”

Indicator	What it tracks	Budget-line-to target	Template language
2.2 Parenting and caregiver support	Whether home visiting programs and/or center-based parenting support are available.	Ministry of Health / Social Welfare: home visiting programs, parenting centers, community health worker deployment, family support services.	“Allocate [amount] to establish and scale both home visiting and center-based parenting support programs in [number] districts, equipping parents and caregivers to protect children from sexual violence.”
2.3 Background checks	Whether the country requires criminal background checks for all people working with children and adolescents.	Ministry of Justice / Interior / Education: criminal records system, vetting infrastructure, compliance mechanisms, sex offender registry.	“Allocate [amount] to implement mandatory criminal background checks for all nationals and non-nationals working with children, including staff, consultants, and volunteers, across both public and private settings.”
2.4 Pre-service training for health care providers	Whether national legislation requires training on sexual violence against children for general medical doctors providing primary care to children and adolescents.	Ministry of Health / Medical education authorities: pre-service curriculum development, training modules, continuing professional development on sexual violence against children and adolescents.	“Allocate [amount] to develop and integrate mandatory pre-service or ongoing training on identifying and responding to sexual violence against children and adolescents into the national medical curriculum for general practitioners and primary care providers.”

Indicator	What it tracks	Budget-line-to target	Template language
2.5 Availability of helpline	Whether the country has a nationwide, toll-free, 24 hours a day / 7 days a week helpline accessible to all children and adolescents with voice, text, and referral services.	Ministry of Social Welfare / Child Protection: national helpline operations, staffing, technology infrastructure, counselor training, referral systems.	“Allocate [amount] to establish and sustain a nationwide, toll-free, 24/7 child helpline with voice and text-based options, trained counselors, and referral mechanisms to appropriate child protection services.”

When to make budget ‘asks’

Finance advocacy is most effective when timed to your government’s fiscal cycle. This means making ‘asks’ during key moments when governments invite input on the budget or are actively making funding decisions. The table below outlines these key moments and what to do at each stage.

Budget cycle stage	What happens	Your action
Pre-budget consultations	The government invites input from stakeholders on spending priorities. Often happens 3–6 months before the budget is presented to parliament for deliberation.	Submit a written brief using the budget language above. Request a meeting with Ministry of Health and/or Finance officials. Use your Meeting toolkit .
Budget formulation	Ministries prepare their budget proposals. This is when line items (specific types of expenditures or initiatives) are decided.	Work with allied parliamentarians or ministry contacts to ensure Prevention pillar budget lines are included in the draft. Provide the specific costing language from the table above.
Parliamentary review	Parliament debates and approves the budget. Committees may hold hearings.	Request to present at committee hearings. Coordinate with coalition partners to amplify the ‘ask’.

Budget cycle stage	What happens	Your action
Budget execution and monitoring	Funds are (or are not) released and spent as allocated.	Track whether allocated funds are actually disbursed. Use Index data as a benchmark. If funds are not flowing, raise this in follow-up meetings and public statements.
Audit and evaluation	Government reports on spending. Audit bodies review.	Request access to spending reports. Compare actual spending to commitments. Use findings in your advocacy during the next budget cycle.

How to put a number on your ask

A costed request is harder to ignore. While you do not need to develop a perfect figure, a well-reasoned estimate with a source is always stronger than a vague ‘ask’. Here are five ways to arrive at a credible number for prevention programs and services.

- 1. Benchmark against a peer country.** Use the Index to identify a peer country that scores higher on your target Prevention indicator. Research what it budgets for school-based prevention education, parenting programs, or child helplines. Frame it as: **“If [peer country] funds a nationwide child helpline at [amount], [your country] should aim for comparable investment.”**
- 2. Build up from cost components.** Break your ‘ask’ into building blocks that a Finance, Education, or Health Ministry would recognize. Even a rough component-based estimate signals seriousness.

Indicator	Examples of components to estimate
2.1 Education for students	Curriculum development and review; teacher training rollout; teaching materials and digital resources; integration of online safety content; monitoring of delivery.
2.2 Parenting and caregiver support	Home visiting program staffing and training; community-based parenting centers; outreach and recruitment; program materials; supervision and quality assurance.
2.3 Background checks	Criminal records database development or upgrade; vetting unit staffing; compliance and enforcement mechanisms; sex offender registry maintenance.
2.4 Pre-service training for health providers	Curriculum module development; integration into medical training accreditation; continuing professional development delivery; training materials.
2.5 Child helpline	Telecommunications infrastructure and toll-free line; counselor recruitment and training; 24/7 shift staffing; referral system coordination; text and digital access channels.

3. Use published costings and reference tools:

- The World Health Organization (WHO) [INSPIRE technical package](#): even strategies for ending violence against children and the [INSPIRE Handbook](#) include implementation guidance and indicative cost ranges for parenting programs, education, and life skills interventions.
- [Child Helpline International](#) publishes operational guidance and benchmarks for establishing and running national helplines, including staffing models and technology costs.
- Cost-benefit analyses of home visiting programs (such as the [Nurse-Family Partnership](#)) are widely published and show returns of \$1.80–\$5.70 per dollar invested — useful for making the investment case for indicator 2.2.

4. **Ask the government for a figure:** Ask the Ministry of Education or Health: **“What would it cost to deliver prevention education in every lower-secondary school?”** or **“What would it cost to operate a national child helpline 24/7?”** This shifts the burden of costing to the actor with access to service delivery data, creates a paper trail, and — if the ministry cannot answer, especially if they have made a commitment — becomes its own advocacy point: the government has not costed its own promise.
5. **Use a percentage or benchmark framing:** When exact figures are unavailable, proportional asks still give specificity: **“Allocate at least [X]% of the education budget to life skills and prevention curricula”** or **“Dedicate [amount] per child for community-based parenting support in the most underserved districts.”**

REMEMBER:

Governments use rough estimates at the early stages of budget formulation. Your role is to ensure the ‘ask’ is **specific enough to be actionable and grounded enough to be taken seriously.**

Making the investment case

Policymakers respond to different types of arguments. You do not need to use all three — pick the one that will land best in the room, and find the data that makes it real for your context.

WHICH ARGUMENT FOR WHICH AUDIENCE?

- **Finance ministries, treasury, budget committees, donors** → Lead with the Economic Argument
- **Parliamentarians, human rights bodies, regional mechanisms** → Lead with the Rights Argument
- **Health ministries and delegations, public health agencies** → Lead with the Public Health Argument
- **Mixed audiences** → Combine two: “This is both a legal obligation and a smart investment.”

Below each argument we show examples of real data from different regions. Your job: find the equivalent for your country. National data is always more persuasive than global averages.

ECONOMIC ARGUMENT

The core message: Prevention is the most cost-effective way to address to sexual violence against children and adolescents. Every [currency] invested in education, helplines, background checks, and parenting support avoids the far greater costs of responding to harm after it has occurred — across health, justice, welfare, and education systems.

Examples of real data — find the equivalent for your context:

- **Global:** The United Nations Children’s Fund (UNICEF) estimated that the cost of violence against children could be as high as 8% of global gross domestic product (GDP).¹
- **Africa:** In South Africa, violence against children costs an estimated \$15.8 billion annually — nearly 5% of GDP. Sexual violence alone accounts for \$2.1 billion.²
- **Asia-pacific:** In the East Asia and Pacific region, violence against children costs approximately 2% of regional GDP.³
- **Official Development Assistance (ODA) gap:** In 2020, only 0.78% of global ODA went to ending violence against children — just \$0.64 per child, the lowest since 2015.⁴

1 Paola Perezniето et al., [The Costs and Economic Impact of Violence against Children](#) (London: Overseas Development Institute and ChildFund Alliance, 2014).

2 Celia Hsiao et al., “[Violence against Children in South Africa: The Cost of Inaction to Society and the Economy](#),” *BMJ Global Health* 3, no. 1 (2018): e000573

3 Xiangming Fang et al., “[The Burden of Child Maltreatment in the East Asia and Pacific Region](#),” *Child Abuse & Neglect* 42 (2015): 146–162

4 World Vision International et al., [Counting Pennies 3: Assessment of Official Development Assistance to End Violence against Children](#) (2022), 5–6

The return on prevention investment

- **Home visiting programs:** Cost-benefit analyses show that high-quality home visiting programs offer a return on investment ranging from \$1.80 to \$5.70 for every dollar spent, due to reduced expenditures on child protection, K-12 special education and grade retention, health care, and criminal justice. (indicator 2.2)
- **Parenting programs:** One high-quality study found that a combined home-visiting and early education program was cost-saving over a lifetime horizon, with \$7.18 dollars of benefit for every \$1 invested. (indicator 2.2)
- **Background checks:** The cost of implementing a criminal background check system is modest compared to the cost of a single prosecution for sexual violence against a child — or the lifetime service costs when a known offender is placed in a position of trust and re-offends. (indicator 2.3)

FIND YOUR OWN DATA

- Has your country conducted a survey on the prevalence of violence against children? Check [VACS data dashboard | Together for Girls](#) for Violence Against Children and Youth Survey (VACS) data.
- Has a national or regional costing study been done? Search for “economic cost violence against children” + “[your country].”

- What does your government currently spend on child protection? Compare to their crisis response spending.
- If no national data exists, that is itself a powerful advocacy point: “We cannot budget for what we do not measure.”

RIGHTS AND OBLIGATIONS ARGUMENT

The core message: You have likely already committed to protecting children and adolescents from sexual violence before it happens under international conventions and agreements (see below). Budgets are how those commitments become real. A ratification without a budget line is a promise without a plan.

Obligations your government has likely signed up to:

- **Convention on the Rights of the Child (CRC) article 19:** Governments must take all appropriate measures to protect children from all forms of violence, including sexual violence, while in the care of any person.
- **CRC article 34:** States must protect children from all forms of sexual violence, including preventive measures.
- **CRC general comment no. 13:** “Without the necessary human and financial resources, rights remain aspirational.” Budget allocation is explicitly required.
- **Sustainable Development Goal (SDG) 16.2:** End all forms of violence against children. WHO INSPIRE strategies provide the evidence-based framework, with prevention as a core pillar.

Regional instruments — find the ones your country has signed:

- **Africa:** African Charter on the Rights and Welfare of the Child (ACRWC) Articles 16 & 27; Southern African Development Community (SADC) Protocol on Gender and Development; East African Community (EAC) Child Policy.
- **Asia-Pacific:** Association of Southeast Asian Nations (ASEAN) Declaration on Ending Violence Against Children (EVAC); South Asian Association for Regional Cooperation (SAARC) Convention on Child Welfare; South Asia Initiative to End Violence Against Children (SAIEVAC) commitments.
- **Americas:** Belém do Pará Convention; Organization of American States (OAS) Resolution on the Rights of the Child.
- **Europe and All:** Lanzarote Convention on Protection of Children against Sexual Exploitation and Abuse.

FIND YOUR OWN DATA

- When did your country ratify the Convention on the Rights of the Child (CRC)? What did the Committee recommend on prevention in the most recent Periodic Report?
- Which regional instruments has your government signed? These are powerful for peer-comparison advocacy.
- Has your country made pledges at the [Global Ministerial Conference on Ending Violence Against Children](#), signed resolutions at the World Health Assembly (WHA), or made commitments at other international forums? Pledges without budgets are a strong accountability lever.

PUBLIC HEALTH ARGUMENT

The core message: Childhood sexual violence is a driver of chronic disease, mental illness, and premature death. Prevention is a public health imperative. Investing in education, parenting support, and early intervention reduces the long-term burden on health systems.

Examples of real data — find the equivalent for your context:

- **Global prevalence:** Approximately 1 in 5 women and 1 in 7 men report experiencing sexual violence in childhood.⁵ A 2025 analysis across 80 countries found 6.1% of children reported forced sex, with rates higher among girls and in lower-income countries.⁶
- **Burden of disease:** WHO classifies sexual violence against children as one of 24 risk factors contributing to the global burden of disease. Research across multiple regions shows a graded relationship: as adverse childhood experiences increase, so does the risk of heart disease, cancer, diabetes, depression, substance misuse, and suicide.⁷
- **Long-term impact:** A Lancet Public Health meta-analysis found that individuals with 4+ adverse childhood experiences face 2–3x the risk of cancer and heart disease, and 7x the risk of interpersonal and self-directed violence.⁸

5 UNICEF. [FAST FACTS: Violence against children widespread, affecting millions globally](#) (2024, November 4)], [Press release].

6 Alessandro Piolanti et al. “[Global Prevalence of Sexual Violence Against Children: A Systematic Review and Meta-Analysis](#)” JAMA Pediatrics 179, no. 3 (2025): 264–72

7 Derong Lin et al., “[Global, regional and national burden of childhood sexual abuse and bullying in adolescents and young adults](#)” Frontiers in Psychiatry 16 (2025): 1679479

8 Hughes, Karen, et al., “[The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis](#)” The Lancet Public Health 2, no. 8 (2017)

Why prevention is a health investment:

- **Parenting support programs** (indicator 2.2) reduce the risk factors most strongly associated with child maltreatment — family stress, isolation, and harmful disciplinary practices. High-quality home visiting has led to decreases in child maltreatment, which in turn reduces the downstream demand on mental health services, emergency care, and long-term chronic disease treatment associated with adverse childhood experiences.⁹
- **School-based prevention education** (indicator 2.1) enables earlier disclosure. Children exposed to a prevention program had greater odds of disclosing abuse.¹⁰ Earlier disclosure means earlier access to health and psychosocial support, reducing the duration of exposure and the severity of long-term health consequences.
- **Health worker training** (indicator 2.4) turns routine health contacts into prevention opportunities. Children see health workers for immunizations, check-ups, and illness. Without training, these encounters are missed opportunities. With training, health workers can identify early warning signs and connect children and families to support before harm escalates, reducing the later burden on crisis and specialist services.

9 Casey Family Programs. [Are home visiting programs effective in reducing child maltreatment?](#) Issue Brief (2022)

10 Ian G. Barron and Keith J. Topping, [School-based Abuse Prevention: Effect on Disclosures](#), Journal of Family Violence 25, no. 7 (October 2010)

- **Child helplines** (indicator 2.5) function as an early intervention point within the public health system. A child who can reach a trained counselor at the moment of crisis is far less likely to require emergency or inpatient mental health services later. The [WHO INSPIRE](#) technical package identifies helplines as part of the response and support services strategy, but their greatest value is in catching harm early.

FIND YOUR OWN DATA

- Use the Index score: “[Country] scores [X] on education for students. This tells us children are not being given the tools to protect themselves.”
- Has your country conducted a national survey on violence against children? Check [VACS data dashboard | Together for Girls](#) for Violence Against Children and Youth Survey data.
- What does your DHS (Demographic and Health Survey) or Multiple Indicator Cluster Surveys (MICS) data say about childhood violence and health outcomes?
- Does your Ministry of Education track whether sexuality education is being delivered? If not, this is itself the advocacy point.

Your budget submission paragraph

Fill in the blanks below to create a paragraph you can include in a written submission, letter, or policy brief.

The Out of the Shadows Index shows that **[country]** scores **[score]** on the Prevention pillar, which tracks whether a country has put in place the programs, safeguards, and trained professionals needed to stop sexual violence against children before it happens.

The key gap identified is **[describe the lowest-scoring indicator and what it means in practice — for example: "the national curriculum does not include any content on sexual violence awareness or online safety, meaning children have no formal opportunity to learn how to recognize harm or seek help"]**.

To close this gap, we request that the **[upcoming budget / supplementary estimates / sector plan]** include a dedicated allocation of **[amount or description]** for **[specific budget line from the table above — for example: mandatory rollout of age-appropriate prevention education across all lower-secondary schools, or establishment of a nationwide 24/7 child helpline with voice and text options]**.

Prevention is the most cost-effective investment a government can make. Evidence shows that home visiting programs return between \$1.80 and \$5.70¹¹ for every dollar spent. This allocation would bring **[country]** in line with **[peer country or regional average / international standard / CRC obligations]** and ensure that protection reaches children before harm does.

11 Karoly, Lynn A., M. Rebecca Kilburn et Jill S. Cannon, [Early Childhood Interventions: Proven Results, Future Promise](#), (Arlington, VA : RAND Corporation, 2011)

Where to go next

This budget tool helps you translate your country's scores into specific, costed funding requests your government can act on. The other toolkit components help you turn evidence into action:

Component	What it does
Meeting guide	10-minute meeting script, 2-minute intervention, accountability questions.
Email templates	Ready-to-adapt outreach and follow-up emails.
Fact sheet	Background on what the Healing pillar tracks and how scores are calculated. It can prepare you to use this budget tool.