



Lessons and Promising Practices of the Spotlight Initiative: Delivery of Quality Essential Services

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Introduction

The Spotlight Initiative commissioned this knowledge brief to share lessons learned and promising practices related to its work on a comprehensive approach to ending violence against women and girls (EVAWG). This brief draws on insights and analysis from a synthesis of 192 reports from 2019 to 2021 across all Spotlight Initiative country and regional programmes, trust funds, and global conversations.

The Spotlight Initiative's comprehensive approach to EVAWG is intersectional and engages women and girls across all diversities. Using a six-pillar approach, it addresses the issues of prevention, justice, service provision, and policy work to ensure that women and girls have the support and protection they can live a life free from violence.

This knowledge product shares lessons learned and promising practices of the Spotlight Initiative in one of the six pillars - Delivery of Quality Essential Services. This brief is focused on identifying strategies that are working across different contexts around providing quality services to survivors of violence. Ideas and insights from these lessons and examples can be adapted for use in other country contexts.

Lesson Learned #1

Employing creative outreach approaches and leveraging technology are powerful strategies to deliver and expand access to holistic and quality essential services, especially for women located in remote areas - ultimately reflecting the 'leave no one behind' principle in the course of EVAWG.

Spotlight Initiative countries were instrumental in delivering holistic and quality essential services to women, especially those situated in hard-to-reach areas, usually deprived of services.

This was realized through the implementation of creative, and at times, pioneering approaches that reached out to women in far-flung and rural locations in a given country. The Spotlight Initiative also leveraged the use of technology to expand the reach of essential services to women. This was specifically experienced in **Zimbabwe, Mozambique, Jamaica, Malawi, Liberia, Niger, Nigeria, Uganda, Belize, El Salvador, Guyana, Honduras, Timor-Leste, Tajikistan, ASEAN, and other countries such as Trinidad and Tobago and Papua New Guinea.**

Mobile one-stop centers were established in **Zimbabwe, Mozambique, and Belize**, making essential health and legal services closer to women in rural areas, most especially needed at the height of COVID-19. As one of Belize's women noted after accessing services in a mobile women's center during the pandemic, supporting leaving no one behind (LNOB):

"The centre is a great help to women like me. We can get services by visiting the nurse or advice on legal matters which we often don't get because it comes with a cost. I know the counselling helps so many women here. They feel good being able to talk to someone and get the advice they need. It gives me hope to push forward despite my problems...it gave me strength"

Ensuring consistent access to services in rural locations was a focus of the Spotlight Initiative in **Papua New Guinea**, when it opened a new outpost in Goroka, located in the Highlands region. It offered services such as safe housing, referral support, and repatriation for women and girls escaping violence. This was both a creative and strategic move as the Goroka outpost did not only complement the existing safe houses in adjacent areas - it also bridged the service gap for women living in the Highlands area. Since its opening in February 2021, the Goroka outpost has served as a refuge for over 100 women and children who experienced cases of sorcery accusation and intimate partner violence; some were even able to obtain protection orders through the support of the Goroka safe house.

Ensuring the needs of women migrant workers' rights and safety, **Indonesia's** Ministry of Manpower integrated gender-responsive services within its Migrant Worker Resources Center (MRC).

This mechanism aimed to strengthen coordination between villages and district-level governments in the delivery of comprehensive gender migration services. This has been piloted in several areas and created opportunities for women to avail a gamut of key services such as outreach services, pre-and post-employment consultation, psycho-social counseling services, case handling, legal aid, training for migrant workers (both potential and returnees) and their families.

The need to find creative solutions to ensure service provision has been amplified by the arrival of COVID-19, as restrictions prohibited physical access of services and especially with the growing rates of intimate partner and family violence. The Spotlight Initiative developed creative solutions to support women despite the physical limitations brought by the pandemic. In **Liberia**, for instance, a maternity waiting home furnished with a delivery room, labor room, and post-partum service was put up in Nimba County. Managed by skilled birth attendants, this facility has been significant most especially during the peak of the pandemic, as it provided timely access to maternal services for pregnant women.

Similarly, Domestic Violence Intervention Centres (DVICs) were established in **Jamaica**. The DVICs provided tele-counseling services and home visits. The center's services also reached out to perpetrators through counseling as a means to reduce the likelihood of repeated violence. The DVIC support services were also installed in police stations where counseling, immediate care to victims, and referrals to legal and health services were offered, further increasing access to critical services.

Technology has also been used in Spotlight Initiative Programmes during the pandemic. In **Jamaica**, for example, the APP Hope was launched. The app, available on IOS and Android, contains information on the legal and health GBV services that women can access. The app's main target is women living in marginalized communities and is intended to be a resource for awareness raising during the pandemic as stay-at-home restrictions confined people to using gadgets more. A similar initiative has commenced in **Guyana** through the iMatter.gy GBV App. This was the first of its kind in the country and the app serves as an information hub for the public on GBV essential services, laws, and policies and also functions as a linkage to the national GBV hotline.

Indeed, these initiatives ensure that women and children, confined in rural areas or restricted by the pandemic, are not left behind.

Lesson Learned #2

A participatory and collaborative approach with stakeholders creates cohesive programming and facilitates increased community ownership - which are fundamental elements in the successful delivery of quality essential services.

The provision of essential services to women would not be possible without collaboration, coordination, communication, and strong working relationships with stakeholders at the government and community level.

This has been practiced by the Spotlight Initiative in **Kyrgyzstan, Tajikistan, El Salvador, Belize, Zimbabwe, Malawi, Mozambique, Uganda, Jamaica, Trinidad and Tobago, Timor-Leste, Papua New Guinea, and Indonesia.**

The Spotlight Initiative in **Zimbabwe** coordinated closely with the government, service providers, civil society organizations, community workers, private sectors, and the United Nations (UN). Regional and local procurement actors were also engaged which increased coordination among mobile, static, and remote services. This resulted in creating a system where there is a comprehensive, seamless, and timely referral mechanism, case management, and service delivery. In **El Salvador**, Spotlight Initiative was instrumental in facilitating the coordination among local leaders, public sector, and private institutions which in turn boosted the stakeholders' ability for inter-institutional referrals.

A key ingredient in strong working relationships is the conduct of regular meetings with multiple stakeholders. In **Niger**, for example, Spotlight Initiative held monthly, and weekly meetings participated by Recipient UN Organizations (RUNOs), European Union (EU) Delegation, and Resident Coordinators. The meetings had been avenues to discuss outcome areas, ensure alignment of pillars and address communication gaps. This resulted in strong communication and collaboration among stakeholders ultimately leading to more coordinated and cohesive programming.

At the heart of collaboration is ensuring that the voice of the community is heard and integrated in the programming. This has been practiced in **Belize** where partners' and communities' inputs were reflected in programming through community-based dialogues with civil society organizations and beneficiaries, stakeholders' consultations, and regular programmatic visits. A participatory monitoring and evaluation (PME) was also set up to sustain the practice of participatory approach in programming. This approach not only promoted shared learning; it also strengthened ownership of local stakeholders of the project, which is significant to sustain the interventions of the Spotlight Initiative.

Malawi demonstrated a similar practice - during a mid-term review, the insights and experiences of communities and rights holders were gathered. The inputs of the communities were instrumental in identifying bottlenecks and corresponding solutions. The result guided and shaped the priorities of the next phase of the programming. The practice was also seen to enhance the ownership and participation of the community in the programme.

Lesson Learned #3

Standard procedures and protocols should be in place to ensure the quality delivery of essential services, and training of healthcare professionals, police, and other service providers and duty bearers.

Standard procedures and protocols provide formal guidelines on how to deliver services to women. This is essential in strengthening the response to both women's health needs and EAWG cases. This was even more important during the height of the pandemic when countries were put into unfamiliar circumstances, and guidelines were needed to render adequate services. This was exemplified by countries such as **Papua New Guinea, Jamaica, Liberia, Trinidad and Tobago, Kyrgyzstan, Argentina, Chile, Peru, Uruguay, and El Salvador.**

In **Trinidad and Tobago**, the National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence was implemented. This provided guidelines to both health workers and policymakers on the conduct of care and support for the survivors of sexual violence and domestic abuse. The guidelines also encompassed delivery of care while operating within the pandemic. As a result of its implementation, more than 100 rural health workers were trained under the guideline. The guideline is also planned to be a resource for a curriculum being developed on care for GBV survivors.





Likewise, in **Papua New Guinea**, the Sexual and Gender-Based Violence (SGBV) clinic guidelines and standard operating procedures (SOPs) was implemented. This national policy outlines the standards for clinical health care for all SGBV cases in the health system, such as SOPs for the referral system. The standard was cascaded to national and sub-national health administrators and health providers, and training sessions are slated to follow. The policy has significantly improved life-saving healthcare for GBV survivors. At the local level, the operations of Family Support Centres (FSCs) which provide healthcare service for GBV survivors were reviewed through functionality and service readiness assessment. Based on the World Health Organization (WHO) GBV quality assurance tool, the assessment will help identify operational weaknesses in attending to survivors. The results of the assessment will also be used in the development of a facility-based internal referral pathway SOP. It will also feed into the national framework for monitoring service readiness and capacity of FSCs in the country which is being drafted. In response to COVID-19, guidelines and SOPs were developed for shelters and safe houses to observe COVID-19 protocols vis-a-vis attending to GBV survivors.

Lifting up the best practice of having forensic labs dedicated to address cases of sexual violence, gender-based violence and other violent crimes, in **Nigeria**, an unprecedented milestone was achieved through the establishment of the country's first gender-based violence (GBV) DNA Forensic Laboratory. This landmark achievement has provided accessible forensic services for survivors of violence. The establishment of the laboratory also hopes to enable timely prosecution of perpetrators. Aside from this, Mirabel Center in Lagos has strengthened its psycho-social services and also expanded to providing shelter services to victims. Meanwhile, in Sokoto State, the newly built Nana Kadija one-stop center was operationalized, complementing the services of the Mirabel Center in Lagos. Both centers to date have provided essential services to over 1,000 men, women, and children.

In the **Latin America** region, the Spotlight Initiative facilitated the adoption of the essential services package. This is a UN instrument that contains guidelines and standards on the quality of care and response for GBV victims. The instrument also promotes a multisectoral (health, social, police, judicial), inclusive, effective, and responsive approach to servicing GBV survivors. The instrument was developed into a course and was institutionalized as part of trainings offered in five countries: (a) The Institute of Judicial Studies of the Supreme Court of Justice of the Provincia of Buenos Aires, Argentina; (b) The Faculty of Health Sciences of the University of Chile; (c) The Gender Justice Commission of the Court of Justice of Peru; (d) The National Advisory Council for a Life Free of GBV of the National Institute for Women Uruguay; and (e) The ISDEMU of El Salvador. More than 9,000 people have been trained under this instrument.

The Multi-Agency Referral Protocols for Gender-Based Violence and Multi-Agency Standard Operating Procedures for Providing a Continuum of Care to Survivors of GBV were developed in **Jamaica**. These documents lay the foundation at the national and local level for the implementation of a referral pathway and coordination platform among the government and the civil society organizations/service providers. This also activates a multi-stakeholder approach (social services, HIV/SRH/GBV services, psychosocial support, mental health, police, justice, education) to ensure a continuum of quality essential services for GBV survivors. These protocols and SOPs also encourage more engagement and commitment from different sectors.

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