SYNTHESIS REVIEW SERIES: PAPER #9

LEARNING FROM PRACTICE:

SURVIVOR-CENTRED, MULTISECTORAL SERVICE PROVISION AS PART OF PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS

Lessons on prevention from civil society organizations funded by the United Nations Trust Fund to End Violence against Women

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Cover photo description and credit: Women fisherfolk brought out protest against fishing ban decision. Photo: Yusuf Shahrier Muntaqim/Badabon Sangho (Bangladesh). Badabon Sangho leads a project that provides legal assistance to women landowners who are also survivors of violence and forced displacement.

About the United Nations Trust Fund to End Violence against Women

The United Nations Trust Fund to End Violence against Women (UN Trust Fund) is the only global grant-making mechanism dedicated to eradicating all forms of violence against women and girls. Managed by UN Women on behalf of the United Nations system since its establishment in 1996 by United Nations General Assembly Resolution 50/166, the UN Trust Fund has awarded $198 million to 609 initiatives in 140 countries and territories. In 2021, the UN Trust Fund managed a grants portfolio of 157 projects aimed at preventing and addressing violence against women and girls in 68 countries and territories across five regions, with grants totalling $74.7 million. Grant recipients are primarily civil society organizations (CSOs). Since 2018 (cycle 20), the UN Trust Fund has been funding only CSO projects. In 2021, the majority (59 per cent) of these CSOs were women's rights organizations.

About the learning from practice series on prevention

In this series, the UN Trust Fund has prioritized engagement with what has – to date – been a fairly neglected area within research on prevention of violence against women and girls, practice-based insights from civil society organizations. In 2020 it commissioned a synthesis of this knowledge emerging from 89 UN Trust Fund civil society organization grants, implemented or closed during the period covered by its 2015–2020 Strategic Plan. Findings were captured from two types of source documents from grantees: final progress reports (written by grantees) and final evaluation reports (written by external evaluators commissioned by grantees). The first step in the series was a synthesis review and identification of common approaches or thematic areas in prevention across the 89 projects, to determine the focus of knowledge to be extracted (Le Roux and Palm, 2020). Ten key thematic areas or "Pathways towards Prevention" (Box 1) were identified through an inductive process including a desk review of reports and a series of consultations with grantees/practitioners in English, French and Spanish. The UN Trust Fund aims to analyse and co-create knowledge under each pathway. Each pathway has been analysed and the corresponding synthesis co-created by a researcher/s and ten grantees per pathway whose work generated significant practice-based insights on the particular theme and who could offer contextual and embedded best practices, challenges and useful tools on the topic that emerged from iterative learning from practice.

The intended audience for this synthesis review is threefold: (i) practitioners, (ii) donors and grant makers and (iii) researchers, all working in the area of VAWG prevention. The "learning from practice" series is intended to highlight practice-based insights from CSOs as highly valuable and important to planning, designing and funding interventions and research in VAWG prevention. Each longer synthesis review will be accompanied by a shorter summary, available on the UN Trust Fund website.

BOX 1: PATHWAYS TO PREVENTION IDENTIFIED

1. Community mobilization
2. Engaging faith-based and traditional actors
3. Exploring intersectional approaches
4. Mobilizing women
5. Training for behaviour change
6. Adolescent-focused approaches
7. Resistance and backlash
8. Adaptive programming
9. **Survivor-centred, multisectoral service provision**
10. Working together for law and policy implementation and reform

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Activity for burned survivors to improve their physical mobility at the International Foundation for Crime Prevention and Victim Care (PCVC) Recovery and Healing Center. This is an example of developing survivor-centered services led by PCVC in India. Credit: Gomathi/PCVC

EXECUTIVE SUMMARY

Introduction

The World Health Organization and UN Women's RESPECT Women: Preventing Violence against Women framework highlights that good-quality services that are delivered in ways that respect women and their rights can reduce risk factors for violence against women and girls (VAWG) and support factors that protect against VAWG, and that such services can also assist in the early identification of violence and reduce its reoccurrence. Furthermore, primary prevention interventions often lead to an increase in the number of women disclosing the violence they are experiencing or have experienced. Services for survivors therefore exemplify how VAWG prevention and response are connected in a mutually reinforcing cycle, both contributing to the eradication of VAWG.

This synthesis review contributes to this focus on service provision but explores it through the lens of civil society organizations (CSOs), learning from 11 projects implemented by 8 CSOs that received funding from the UN Trust Fund to End Violence against Women (UN Trust Fund). In each of the projects, ensuring the delivery of one or more services to survivors was the main focus of the programming. This synthesis review will focus on the practice-based knowledge that these organizations gained in the process of developing and implementing their projects. These contributions are valuable, as theorizing around services and VAWG response often centres on the role and activities of State actors. Therefore, the synthesis review offers a novel contribution to the existing evidence base, as it (a) synthesizes learning from the programming of CSOs and (b) focuses on the **why** and **how** of survivor-centred, multisectoral service provision.

Methodology

This synthesis review focuses on 11 UN Trust Fund-funded CSO projects (implemented by 8 grantee organizations). All 11 projects took survivors and their needs as the entry point into addressing VAWG. An inductive analysis explored their reflections on **why** they worked to ensure service provision, to be survivor-centred and to collaborate with multisectoral stakeholders, and **how** they did so in their specific contexts. To accomplish this, key monitoring and evaluation reports from each project were reviewed. This synthesis review collects these practice-based insights and showcases examples from different projects. The document review was complemented by a brief literature review and three focus group discussions with representatives from the eight grantee organizations.

Key emerging themes from practitioner insights

Five key themes emerged from practitioner learning and were used to synthesize the data and structure this synthesis review.

1. **The fluidity of the link between prevention and response:** Grantee experiences and reflections reveal that prevention and response are viewed as linked and mutually reinforcing, that working with and for survivors is an important element of prevention, and that activities typically associated with primary prevention are also a crucial element of response.
2. **Survivor-centred approaches:** All of the grantees' projects centred survivors, although they did so in different ways. These different approaches to survivor-centred programming lie on a continuum, from grantees approaching survivors as beneficiaries to grantees engaging with survivors as empowered agents. Organizations' position on the continuum is influenced by many contextual factors. CSOs ideally should work towards including survivors increasingly in the design of, implementation of and learning from programming.
3. **CSOs providing services:** All of the projects discussed in this synthesis review were designed to fill gaps in,

build the capacity of or bolster existing services. Their service delivery complexifies a binary understanding of general services and specialized services, and the role of CSOs in each, as their specialized services for survivors often also served the community at large, and some of their projects were explicitly focused on strengthening general services. In all of the grantees' projects, community volunteers emerged as important in ensuring that survivors were supported. This highlights the link between prevention and services.

4. **Multisectoral collaboration on services:** The projects in this synthesis review demonstrate that CSOs are not only partners within the multisectoral collaboration (MSC) structures created by other stakeholders; they are very often the ones creating and leading MSC around service provision. MSC crossed different sets of sectoral boundaries: local, national and international, and government, civil society and the private sector. It also covered different disciplines, for example health, education, justice and law enforcement. MSC by the eight grantees was focused on three main domains: training different service providers, establishing referral networks and ensuring that survivors are well treated at the different service points, and advocacy around VAWG and survivors and their needs. Their activities promoting MSC also highlighted that approaching prevention and services as separate categories creates a false dichotomy.

5. **COVID-19 and services:** The COVID-19 pandemic brought many additional challenges to grantees striving to assist survivors. Many service providers ceased operating owing to COVID-19 mitigation measures, while the pandemic increased the need for support for survivors and at-risk women. Grantees developed several plans and strategies to ensure that they could continue to roll out their VAWG prevention activities, including adaptations to service provision and to how MSC was done. The pandemic also highlighted the importance of having specialized services for survivors recognized as essential services, to ensure that CSOs providing such services can continue to operate when governments restrict movement.

Wellness Officer creating awarness with Market Vendor (Rakiraki). Credit: Courtesy of Medical Services Pacific (Fiji).

Conclusion and recommendations

This synthesis review focused on synthesizing learning from CSO projects that focused on ensuring that survivors of VAWG receive the services they need. In the process, a number of key lessons emerged. First, CSOs providing services to survivors view VAWG prevention and response as inextricably linked and mutually reinforcing. This warns against policies and funding that take a binary view that does not allow practitioners to design and continuously adapt response programming to best serve survivors and suit the context. Second, CSOs play a much more crucial and **leading** role in providing and/or ensuring services to survivors than is currently recognized, and in providing these services their PBK offers an opportunity to understand the complex relationship between general services and specialist services, and between services and prevention. Third, recognizing that CSOs play a role in both general and specialist services does not free duty bearers from their responsibilities towards survivors. CSOs can be supported to provide services without taking State actors' responsibility for service provision away. The fluidity of the connection between general and specialist services highlights the importance of State and non-State actors working **together** to respond to survivors' needs. Fourth, CSOs are creating, leading and managing MSC around service provision, often in extremely challenging, high-risk settings. Finally, this synthesis review highlights the leading role that CSOs play in unpacking and guiding what it means to be survivor-centred in VAWG prevention programming.

A final set of recommendations are offered at the end of the synthesis review.

Recommendations for practitioners include (a) developing and continuously adapting VAWG prevention programming, aiming to become increasingly survivor-informed and -led by ensuring that VAWG prevention programming (design and implementation) is determined by the nature of the survivors, their context and the forms of violence that they experience; (b) exploring the possibility (if resources and capacity permit) of taking the lead in creating, leading and managing MSC around service provision; (c) avoiding binary views of prevention and response when designing VAWG prevention programming, recognizing that service provision may be an entry point for prevention, or vice versa; and (d) recognizing that community volunteers may be an important element of service provision, and ensuring that they are carefully selected and adequately trained and supported.

Recommendations for donors and policymakers include (a) designing policies and funding in ways that give practitioners the flexibility to respond and adapt to their context, integrating prevention and response in ways that holistically address the particular aspects of VAWG that they have identified; (b) recognizing that CSOs, including smaller local women's organizations, can create, lead and ensure MSC on service provision, and therefore supporting CSOs in this role (including financially); (c) funding CSOs, especially women's organizations, as they are filling significant gaps in service provision and ensuring MSC that serves the needs of survivors; and (d) developing policies and funding that support the economic empowerment of survivors, as it is often an important element of responding to survivors' needs, potentially also affecting the success and impact of other services.

Recommendations for researchers in the field of ending VAWG include (a) conducting more research on CSOs and their role in service provision, both as providers of specialist support services and in relation to the fluid connection between general services and specialist services; (b) developing research and evaluation methodologies that can engage with an approach to ending VAWG that sees prevention and response activities and outcomes as inextricably linked; (c) Explore the prevention–response continuum, investing in evaluations that carefully unpack the likelihood of a preventative impact as a direct result of an effective response programme, and vice versa; (d) conducting more research on the role of CSOs in creating, leading and coordinating MSC on service provision, exploring how they fulfil these roles and investigating how they can be best supported in doing so ; and (e) conducting more research on survivor-centred approaches, learning from CSOs that are taking steps to embody such approaches in their VAWG prevention programming.

CONTENTS

ABBREVIATIONS

Al Shehab	Al Shehab Institution for Comprehensive Development
COVID-19	coronavirus disease 2019
CSO	civil society organization
FGD	focus group discussion
FYF	Free Yezidi Foundation
HIV	human immunodeficiency virus
IDP	internally displaced person
MSC	multisectoral collaboration
MSP	Medical Services Pacific
NGO	non-governmental organization
ONIC	Organización Nacional Indígena de Colombia
PBK	practice-based knowledge
PHR	Physicians for Human Rights
PPE	personal protective equipment
UN Trust Fund	United Nations Trust Fund to End Violence against Women
VAWG	violence against women and girls
WHI	World Hope International

1. INTRODUCTION

1.1. Why is service provision important for VAWG prevention?

In 2019, the World Health Organization and UN Women, in collaboration with 12 other United Nations agencies and bilateral partners, launched the RESPECT Women: Preventing Violence against Women framework (RESPECT Women framework). This comprehensive framework on how to prevent violence against women and girls (VAWG) is intended to inform policymakers and implementers and was designed based on existing global evidence, expert recommendations and practitioner consensus. It outlines seven interrelated intervention strategies critical to VAWG prevention. One of these strategies is ensuring that VAWG survivors receive the essential services that they need (UN Women et al., 2020).

The RESPECT Women framework highlights that good-quality services that are delivered in ways that respect women and their rights can reduce risk factors for VAWG and support factors that protect against VAWG, and that such services can also assist in the early identification of violence and reduce its reoccurrence. Furthermore, because prevention interventions often lead to an increase in the number of women disclosing the violence they are experiencing (UN Women et al., 2020, p. 1), having services in place is necessary for prevention interventions. VAWG prevention and response are therefore connected in a mutually reinforcing cycle, both contributing to the eradication of VAWG.

This synthesis review contributes to the debate on the inextricable link between prevention and services through the lens of civil society organizations (CSOs), learning from the projects of eight CSOs funded by the United Nations Trust Fund to End Violence against Women (UN Trust Fund). As one of the UN Trust Fund's three focus areas is "improved access for women and girls to essential, specialist, safe and adequate multisectoral services", a considerable number of potential grantee projects could be included in this synthesis review. The eight CSOs that were selected **not only aimed to improve, provide and bolster services but also did so in a way that was survivor-centred and relied on multisectoral collaboration (MSC).**

Numerous scholars have discussed the importance of being survivor-centred in VAWG prevention programming (Cattaneo et al., 2021; Davis, 2015; Goodman et al., 2016; Koss et al., 2017; Kulkarni, 2019; Nichols, 2013; Oo and Davies, 2021), with key policies, such as United Nations Security Council Resolution 2467, also highlighting the importance of survivor-centred approaches. The 2030 Agenda for Sustainable Development recognizes the importance of MSC for achieving sustainable development, and its particular importance in addressing VAWG has been emphasized in literature (Coluccia et al., 2012; García-Moreno and Temmerman, 2015; Michau et al., 2014) and by global institutions (e.g. the United Nations Commission on the Status of Women) and VAWG frameworks (e.g. the United Nations Joint Global Programme's Essential Services Package).

For each of the eight grantees, ensuring the delivery of one or more services to survivors constituted the majority of programmatic activities. **This synthesis review will focus on the practice-based knowledge (PBK) that these organizations gained in the process of developing and implementing their projects. These contributions are valuable, as theorizing around services often centres on the role and activities of State actors.** Therefore, the synthesis review offers a novel contribution to the existing evidence base, as it (a) synthesizes learning from the programming specifically of CSOs and (b) focuses on the **why** and **how** of survivor-centred, multisectoral services for survivors.

1.2. Notes on terminology

1.2.1. Survivor versus victim

There is an ongoing debate over the use of the terms "victim" and "survivor", with some suggesting that the term "victim" should be avoided because it implies passivity, weakness and inherent vulnerability and fails to recognize the reality of women's resilience and agency. For others the term "survivor" is problematic because it denies the sense of victimization experienced by women who have been the target of violent crime (United Nations, 2006, p. 6).

While fully recognizing the ongoing debate on the terms "victim" and "survivor", **this synthesis review uses the term "survivor" to refer to both women and girls who have experienced and escaped violence, and women and girls who are still caught up in violent circumstances**. This is because the grantees included in the synthesis review used the term "survivor" in this way.

1.2.2. General services versus specialist services versus essential services

The grantees included in this synthesis review used a range of terms in three languages to refer to the services they provide to survivors, including "support services", "follow-up services", "EVAW [ending violence against women] services" and "GBV [gender-based violence]-related services". There is therefore not one general term used by grantees that this synthesis review can use.

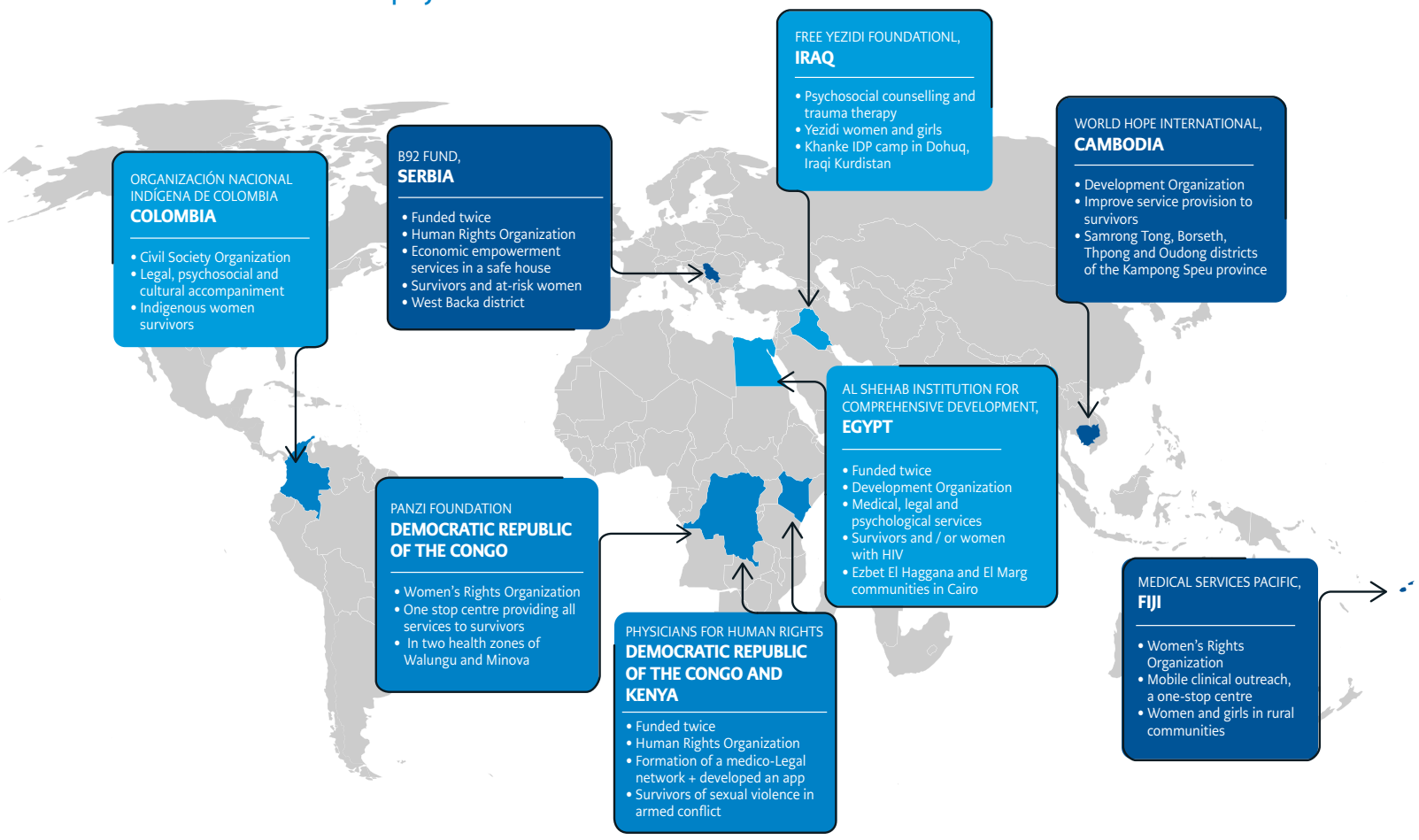
In the literature on VAWG, three key terms are used to refer to services provided to survivors. "Essential services" are defined as "a core set of services provided by the health-care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence" (UN Women et al., 2015, p. 9). The Istanbul Convention, in discussing services for survivors, distinguishes between "general services" and "specialist services". General services are those "offered by public authorities such as social services, health services, [and] employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large" (Council of Europe, 2011a, p. 23). Specialist services, on the other hand, are services especially designed to meet the specific needs of survivors, and are not available to the general public (Council of Europe, 2011a, p. 24).

Not all countries recognize specialist services for survivors as essential services. Therefore, the term "essential services" is avoided in this synthesis review, to prevent the reader from misconstruing which services are referred to. It is used only when included in a quotation from or the title of a document, or when discussing what services should be recognized as essential services. **Furthermore, the PBK synthesized in this review** offers an opportunity to understand the complex relationship **between general and specialist services, as well as who provides which type of service (see section 2.3).**

1.3. Centring practitioner insights

At the heart of this synthesis review are practitioner insights from eight CSOs implementing VAWG prevention programming. **Responding to the needs of survivors was in all projects implemented by these CSOs their entry point into VAWG prevention** (three grantees – Physicians for Human Rights (PHR), Al Shehab Institution for Comprehensive Development (Al Shehab) and the B92 Fund – received two rounds of funding from the UN Trust Fund and were therefore able to implement two projects each). However, the nature of the situation and the needs of survivors, as well as the specific approaches used and activities implemented to address them, were very different for each of the eight organizations included in this review. For example, Organización Nacional Indígena de Colombia (ONIC) and its partner organizations in Colombia focused on how indigenous survivors are ignored and made invisible in national policies and services, and worked to ensure that indigenous survivors were acknowledged and recognized, and received the various services they needed. PHR, on the other hand, in its work in the Democratic Republic of the Congo and Kenya, identified the failure of the forensic evidence chain as an issue to respond to (as it means that sexual violence survivors do not receive justice), and its projects focused on capacitating the service providers involved in the forensic evidence chain.

FIGURE 1:
The UN Trust Fund projects included in this brief



The eight grantees also centred survivors in their projects in different ways. For example, PHR in the Democratic Republic of the Congo and Kenya and World Hope International (WHI) in Cambodia did not work directly with survivors. Rather, they worked to capacitate the service providers and systems that are supposed to assist survivors. Al Shehab in Egypt and Medical Services Pacific (MSP) in Fiji, on the other hand, did engage directly with survivors, by offering medical, legal and psychological services.

Although all of the grantees' projects focused on responding to survivors' needs, **they prioritized different services and engaged in different activities**. Some grantees focused exclusively on filling a specific gap in the services available to survivors. The Free Yezidi Foundation (FYF), in its work in the Khanke camp for internally displaced persons (IDPs) in Iraq, focused on providing psychosocial support to survivors, while the B92 Fund in Serbia focused on developing and implementing a new model of economic empowerment options and opportunities for survivors in safe houses. Other grantees aimed to provide integrated services to survivors. For example, Al Shehab offered medical, legal, psychological and economic empowerment services at its drop-in and community centres, while the Panzi Foundation's scaling of its holistic Panzi model in the Democratic Republic of the Congo led to the development of two rural one-stop centres that provided medical, legal, psychosocial and socioeconomic support to survivors.

All of the grantees collaborated with multiple stakeholders across various sectors to ensure that survivors got the service, or services, that they needed. Such collaboration was needed in all of the settings, but the grantees engaged in MSC with different partners in different ways and played different roles in the collaboration – including initiating, driving and leading the MSC. For example, MSC was a crucial element of PHR's project, as a functioning forensic evidence chain is not possible without several sectors working together effectively. PHR therefore put significant effort into developing, promoting and sustaining MSC between the various sectors involved (law enforcement, health providers, prosecutors and judges) to ensure that the forensic evidence chain as a whole functioned for all survivors. ONIC and its partners, on the other hand, worked with multisectoral stakeholders to ensure that survivors received the specific services that they needed, for example medical assistance or legal advice.

The eight grantees were also different kinds of organizations. FYF, MSP and the Panzi Foundation describe themselves as women's organizations; Al Shehab and WHI classify themselves as development organizations; the B92 Fund and PHR are as human rights organizations; and ONIC identifies itself as a CSO.

Although all eight grantees used responding to survivors and their needs as their entry point into VAWG prevention in their contexts, they differed in many ways. **The selection criteria for inclusion in this review prioritized diversity in five categories:** geographical location of project implementation, services provided, nature and extent of MSC, and size of and duration of UN Trust Fund grant. The projects were also selected because their annual project and final evaluation reports contained specific insights based on their practical experiences of responding to survivors' needs. Placing this diverse collection of projects into conversation with each other creates rich synthesized reflections on lessons learned from providing survivor-centred, multisectoral services as part of VAWG prevention. **More details on the goals, approaches and results of these 11 projects can be found in appendix A.**

1.4. Inductive methodology

This synthesis review identifies, analyses and synthesizes PBK on survivor-centred, multisectoral services as part of VAWG prevention. The oldest project started in 2011 and the most recent in 2019. Using selected monitoring and evaluation reports from the 11 projects implemented by 8 grantees, an inductive approach was taken to explore why and how responding to the needs of survivors was their entry point into VAWG prevention, and why and how survivor-centredness and MSC played a role in ensuring that they were able to respond to VAWG. The synthesis review does not answer pre-decided research questions in a deductive way; rather, it allows diverse practitioner reflections and priorities to be centred. Owing to the inductive approach used to analyse this synthesis review's data, three broad research questions were used only as a guide to surfacing detailed practitioner insights from reports and discussions.

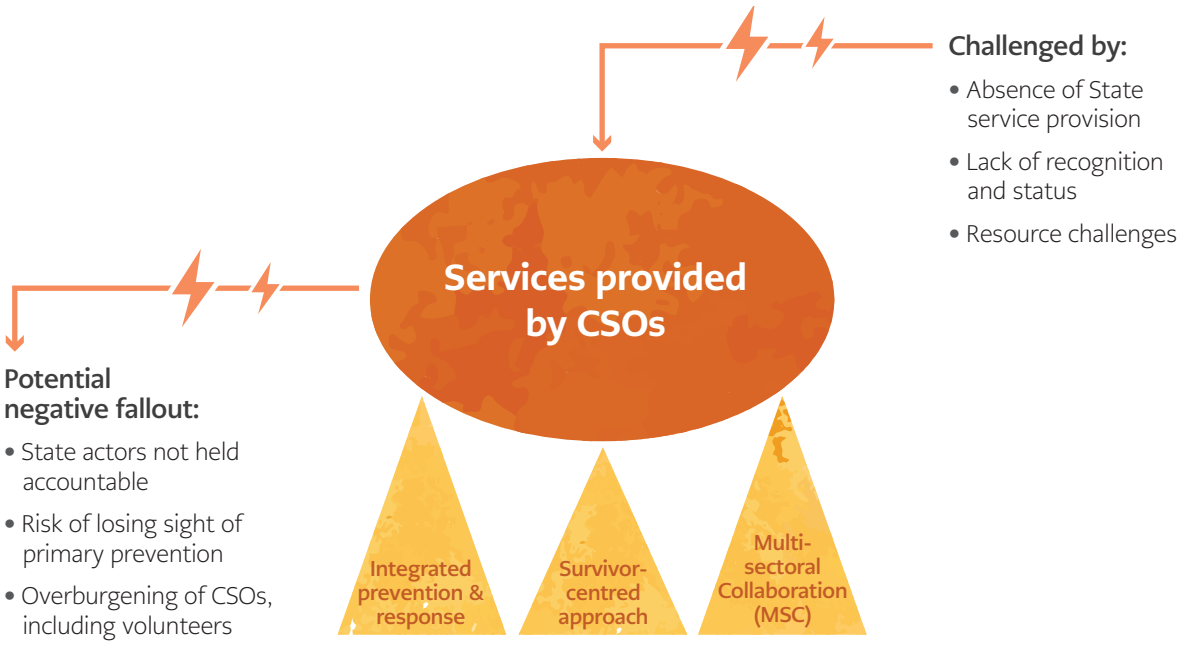
- What lessons can be learned about the provision of services as a **component of prevention**?
- What lessons can be learned about the implementation of **survivor-centred approaches** in VAWG prevention programming?
- What lessons can be learned about engaging in **MSC** around service provision?

The themes explored and insights emerging in this synthesis review were strongly determined by PBK in project reports. This means that information is lacking where project documentation did not discuss certain issues or left gaps in its reflections. The main process (the document review) was complemented by a brief review of other literature and three focus group discussions (FGDs) with representatives of the eight grantee organizations. The first two FGDs collected data, with new insights emerging from practitioners. The third FGD validated the preliminary lessons learned that had been synthesized by the researcher. **For more on the methodological approach, please see appendix B. The FGD guides are available in appendix C.**

1.5. Conceptual framework

The conceptual framework below was designed as a tool to increase understanding of CSO service provision. It was designed in the aftermath of the inductive research process, based on the practical learning that had emerged about how and why CSOs design and implement services for survivors. Figure 2 depicts an oval balanced on three triangles. This delicate balance is challenged (by aspects on the right), which may lead to negative consequences (shown on the left).

FIGURE 2:
Key elements of service provision by CSOs for survivors of VAWG, with challenges and potential negative consequences



As illustrated by the precariousness of the oval balanced on the three triangles, the provision of services by CSOs relies on three key elements. CSOs providing services or strengthening other service providers must have the following.

- **An integrated view of prevention and response:** Sometimes providing certain services may require the implementation of prevention activities. An integrated view recognizes that both prevention and response are important to addressing survivors' needs.
- **A survivor-centred approach to service provision:** The nature of this approach will differ depending on the organization, and CSOs may work towards including survivors increasingly in the design of, implementation of and learning from programming.
- **MSC:** CSOs have to partner with others, as they cannot provide all of the services that a survivor requires alone.

Figure 2 also highlights that providing services is challenging, requiring a balance between those three elements. This balancing act is put at risk by three challenges.

- **The absence of State service provision:** State and non-State actors each have unique roles and abilities that they contribute, and both are needed to

respond to survivors' needs. CSOs face considerable obstacles in addressing survivors' needs where State service providers are absent or do not have the capacity to provide services.

- **Lack of recognition and status:** There is often little recognition by regional and national counterparts that CSOs are crucial to providing services to survivors, especially in fragile settings. This lack of recognition and acknowledgement means that CSOs are not included in the decision-making processes that affect their service delivery, nor do they receive adequate funding and support.
- **Resource challenges:** CSOs have limited resources, especially financial resources. This poses a significant threat to their ability to provide the necessary services to survivors.

The eight grantees included in this synthesis review provided services and/or capacitated other service providers. Although such service provision is much needed, there is potential negative fallout for CSOs providing these services.

- **State actors are not held accountable:** CSOs are stepping in to fill the gaps in service provision. Where these CSOs are not properly resourced and supported by the State, State actors may be perceived (by themselves and/or others) as no longer having a responsibility to ensure that these services are provided.
- **Risk of losing sight of primary prevention:** CSOs providing services function with an integrated view of prevention and response. Yet where they are providing services in high-risk settings (e.g. conflict-affected areas) they may prioritize responding to the immediate needs of survivors, as these are overwhelming. This may mean that longer-term response strategies and primary prevention activities are postponed or sidelined, to the detriment of overall VAWG prevention goals.
- **Overburdening of CSOs, including volunteers:** CSOs are operating on small budgets, yet are trying to address comprehensive needs. This may overburden CSO staff and volunteers, who are constantly trying to fulfil needs while knowing full well that they do not have adequate resources to do so. Staff often suffer burnout as a result.

The Free Yezidi Foundation's women's centre in the Kurdistan Region of Iraq. Photo: Pari Ibrahim/Free Yezidi Foundation (Iraq).

2. KEY THEMATIC LESSONS EMERGING FROM PRACTICE

This section showcases **the experiences of practitioners who used survivor-centred, multisectoral service provision for survivors as their entry point into VAWG prevention** in eight diverse contexts around the world. Five themes emerged from these contexts and are discussed in the following five subsections. A short literature review is included in each subsection.

2.1. The fluidity of the link between prevention and response

LITERATURE REVIEW

Different models and typologies exist that identify how interventions address VAWG. The public health typology of primary, secondary and tertiary prevention has historically been used to indicate whether a VAWG intervention aims to stop violence before it happens (primary prevention); detect violence and prevent recurrence (secondary prevention); or meet the immediate needs of survivors to mitigate its impact (tertiary prevention) (Kirk et al., 2017, p. 2; The Prevention Collaborative, 2020, p. 2). Informal categories, such as prevention versus response, upstream versus downstream, and prevention versus intervention, have also cemented the understanding that interventions either prevent violence from happening in the first place, or address the consequences of violence.

However, rigid distinctions can be problematic. The differentiation between primary, secondary and tertiary prevention in public health was initially developed in the prevention of health problems such as tobacco use, meaning that it cannot be applied easily to complex social issues such as VAWG (Storer et al., 2016, p. 251). Therefore, there appears to be a gap between how VAWG prevention is understood at a conceptual level and how it is implemented in practice (Storer et al., 2016, pp. 253–263). In the light of the shift towards emphasizing the importance of primary prevention (Flood, 2011, p. 360), it is important to investigate this gap, determining "how relevant clearly delineated Western public health frameworks, with prescribed definitions of primary, secondary, and tertiary prevention approaches, are to the field of violence against women both globally *and* domestically" (Storer et al., 2016, p. 263).

In responding to the complexity of the link between prevention and response, there have been efforts to design VAWG prevention typologies that are more responsive to realities on the ground. For example, Salter and Gore (2020) introduced the "Tree of Prevention" as a conceptual model that posits primary, secondary and tertiary prevention as an interdependent system that is strengthened through investment across all levels. The Prevention Collaborative (2020) recently developed a categorization that distinguishes prevention programmes based on who is targeted by programming: universal prevention programmes are directed at an entire group, regardless of whether they experienced or used violence or are at risk; selective prevention programmes are directed at specific groups/individuals who are at higher risk or already experiencing violence; and response programmes deliver services to address the needs of survivors and strengthen institutional capacities that can ensure timely service provision and accountability. Both these typologies strive to consider what is happening in practice. Yet there remains a need for a greater understanding of how practitioners, and CSOs specifically, understand prevention and how this understanding is embodied in their activities. As CSOs are almost always small and often grass-roots based, they can offer unique insights into how VAWG prevention and response are understood and linked in practice.

The grantees' projects all took survivors and their needs as their entry point into addressing VAWG. Their experiences and reflections on the role and necessity of their activities reveal that they view prevention and response as linked and mutually reinforcing, where work with and for survivors is an important element of prevention, and activities typically associated with primary prevention are also a crucial element of response.

All of the grantees believe that their activities with and for survivors have a preventative impact in the long run and in different ways. For example, PHR understood its work in the Democratic Republic of the Congo and Kenya with service providers from different sectors to ensure legal justice for sexual violence survivors as combating the impunity surrounding sexual violence, with this danger of being prosecuted making perpetrators less likely to commit violence. Al Shehab's work in Egypt to help survivors and at-risk women to access the various services they need has helped to prevent the institutional violence that these women often face. Similarly, the B92 Fund in Serbia understood its economic empowerment work in safe houses with survivors and at-risk women as important prevention work, as it helped these women to achieve economic independence, which can be crucial to preventing VAWG.

Women's organization FYF in Iraq explained that its psychological services for survivors contributed to the prevention of violence against children, as was illustrated during the final evaluation in the stories of recipients of FYF's psychological services. This help allowed these women to deal with their own trauma and not take it out on their children:

I was hitting my children all the time, I didn't know that I should not hit children because they are children, but after I came here [to the FYF centre], I became comfortable and I don't hit my children anymore (Free Yezidi Foundation, Final Evaluation Report).

I was very nervous and very upset all the time, I used to hit my daughter. After coming here, the psychologists told me that I don't have to hit my daughter, they taught me how to deal with children and with my daughter and now I am more comfortable than before, and I stopped hitting my daughter (Free Yezidi Foundation, Final Evaluation Report).

While all the grantees focused on service provision for survivors and at-risk women, many designed their programming to also include activities that were explicitly meant to prevent violence from occurring. For some grantees, these prevention activities were part of project design from the start. For example, Al Shehab in Egypt trained religious leaders and male community volunteers on VAWG prevention, and these trainees then did sensitization and awareness-raising in their communities to help prevent VAWG. Al Shehab's work with volunteers contributed to a greater awareness of women's rights and the prevention of VAWG in communities. The preventative impact of this work is well illustrated in one story captured in the project's final evaluation. As part of a very conservative household that severely restricted her movement, 18-year-old Mariam was not even allowed to leave the house unaccompanied by a male family member. She explained that her 20-year-old brother had started volunteering at Al Shehab and had attended numerous sessions on women and violence. She witnessed significant changes in how he recognized her rights and autonomy, and he started having open conversations with her. He also allowed her to join Al Shehab, and she now takes part in Al Shehab plays, camps and activities, and travels alone. She is constantly sharing what she has learned with others:

I have seen a change on myself too, I never had a social life and I would never talk to my mother even if something bad happened to me I was always afraid to speak about it. But now, I always share with her what I learned during the sessions so she could benefit too. When I attended the "Safe Cities" training I learned how to deal with my 10-year-old younger sister and how to raise her awareness towards specific topics (Al Shehab Institution for Comprehensive Development, Final Evaluation Report).

It should also be noted that, while the grantees focused on ensuring services, **almost all included a focus on**

at-risk women, as a way of preventing imminent or recurring VAWG. For example, women's organization MSP's mobilized clinical outreaches in Fiji not only served survivors but also brought services to all women in marketplaces and remote communities, providing the necessary health care and information to help prevent at-risk women from experiencing violence.

While some grantees **explicitly** designed their programming focused on survivors to also have a primary prevention component, **other grantees' work with survivors organically evolved to include some activities more explicitly focused on preventing violence from occurring, in response to survivors' needs and recognizing that prevention is important in serving survivors.** For example, in Cambodia, WHI amended its programming mid-course and started doing smaller group sessions with men, in response to suggestions from survivors that there was a need to prevent violence by working with those who are most often the perpetrators. WHI realized that only working with survivors might place an undue burden on women to "solve" VAWG. It also started working with couples, believing this could lead to longer-term changes that could reduce conflict and prevent violence. FYF made similar changes to its programming in the Khanke IDP camp in Iraq, realizing that to serve survivors it would also need to work on improving family relationships and dynamics. It thus trained its community volunteer corps on family mediation and added awareness-raising sessions with men on women's rights and the need to end violence.

For some grantees, their projects' focus on survivors was based on an understanding of **prevention and response as an integrated whole, as evidenced in the work they do.** For example, women's organization the Panzi Foundation's project in the Democratic Republic of the Congo focused on scaling up its holistic Panzi model, in which prevention and response are rolled out in an integrated manner. For example, its training and capacity-building of local leaders promote not only prevention (with trained leaders speaking out against VAWG) but also response (with trained leaders referring and accompanying survivors to the Panzi Foundation's one-stop centres); and many of the survivors it assisted returned to their communities and became change agents, creating an awareness of VAWG and helping survivors to access the services they needed.

In all of the grantees' projects, it is clear that, although they may focus on survivors and their specific needs, **they fully recognize the importance of activities that prevent violence from happening at all.** FGDs emphasized that grantees see such primary prevention as critically important. However, it should not take priority over responding to the needs of survivors, as the reality is that VAWG still happens. Looking at the specific activities implemented by the grantees, it becomes clear that **prevention and response exist on a continuum, with grantees doing both prevention and response activities as part of their VAWG prevention programming.** The existence and fluidity of this prevention–response continuum is evident, and possibly nowhere more clearly illustrated than in the behaviour change interventions that a number of grantees launched.

Norms change interventions for service providers often form a key part of ensuring services for survivors. For example, PHR's primary engagement in the Democratic Republic of the Congo and Kenya was with service providers responsible for the forensic evidence chain (including the police, health-care workers, lawyers and judges). It trained them on the proper procedures in collecting, reporting and prosecuting forensic evidence. A crucial component of this training focused on changing the beliefs, attitudes and behaviours of these service providers towards survivors, to enable them to view survivors as worthy of quick action, protection and access to justice. WHI in Cambodia had to engage in similar attitude and norms change work, not only for service providers to adequately assist survivors but also for survivors to actually be willing to access the available VAWG services. These two grantees targeted attitudes, norms and behaviours (usually associated with primary prevention) to ensure that the necessary services were provided and used. The activities, in turn, contributed to the prevention of further VAWG (e.g. retraumatization, stigma and discrimination, and mistreatment by service providers). The examples from PHR and WHI illustrate how interwoven services and prevention are. Furthermore, service providers are

community members, too. Simplistically categorizing all work with service providers as response, and all work with community members as prevention, thus supports a false dichotomy.

Although all the grantees see primary prevention as an important component of addressing VAWG, in certain circumstances they found it challenging to prioritize primary prevention. FGDs highlighted that at least some of the grantees find it difficult to identify the right balance in terms of prioritizing services or primary prevention. They see primary prevention as very important, and survivors may even be asking them to do more to prevent violence, but they are overwhelmed with the immediate needs of survivors:

> *I feel like prevention is a really big piece … [But] you cannot do this in a vacuum, because most of the time the violence is never reported. Women in developing and middle-income countries don't report sexual violence, so there has to be a contingency plan to respond to that [reality]. So I feel like it's really great to focus on prevention because that prevents the problem from happening in the first place … But there is still a need to have a really robust plan to respond to this violence as well (FGD, 15 November 2021).*

Reflecting on the contexts in which many of the grantees are working, and the survivors they are working with, it appears that **high-risk settings may affect a project's position on the prevention–response continuum and how programming and activities are prioritized**. A number of grantees worked in fragile settings where women and survivors are at high risk: FYF worked in an IDP camp in Iraq; PHR worked with service providers in conflict-affected the Democratic Republic of the Congo and Kenya; Al Shehab worked at the intersection between VAWG and HIV, with at-risk and vulnerable groups (including self-identified sex workers) in informal settlements in Cairo; and ONIC in Colombia worked with indigenous women and girls whose vulnerability to VAWG is compounded by armed conflict, geographical location, gender and ethnicity. In these settings women are at high risk of experiencing VAWG, and new risks and challenges constantly arise. Therefore, the number of survivors that a grantee can systematically assist is not finite. Rather, as a result of intensified, renewed and new forms of VAWG, new and revictimized survivors are constantly coming forward. Furthermore, the high-risk setting impacts the prevention and response options available to an organization. Therefore, these volatile and challenging high-risk settings affect how grantees prioritize and implement prevention and response activities.

First, survivors' needs are urgent and immediate, and impact decision-making around the activities that should be prioritized. As explained by a focus group participant, in the light of the extremity of survivors' needs, primary prevention activities seem less urgent. Second, as argued by another focus group participant, in settings of armed conflict and VAWG perpetration by soldiers and rebels, it is impossible to do primary prevention work, as CSOs cannot engage these spaces and perpetrators. Therefore, they can only respond to survivors and the organization's prevention/response strategies and activities are shaped by this reality. Third, in such resource-challenged settings, there is so little opportunity to support survivors, and their needs are extreme, immediate and constantly increasing, as the conflict/instability is ongoing. Organizations thus face a moral-ethical dilemma: can they prioritize and focus on primary prevention activities in the light of such immediate need? **Therefore, the nature of the setting in which an organization is working may affect its position on the prevention–response continuum and thus the activities that it implements or adapts.**

KEY TAKE-AWAYS

- All grantees argue that ensuring the provision of services contributes to VAWG prevention in diverse ways. For example, addressing impunity can make perpetrators less likely to commit violence, while assisting survivors to access services can prevent institutional violence. As part of their service provision, grantees included activities that were explicitly meant to prevent violence from occurring, and almost all grantees included a focus on at-risk women, as a way of preventing imminent or recurring VAWG.
- For CSOs engaging with survivors as an entry point into addressing VAWG, a clearly delineated framework of primary, secondary and tertiary prevention is not appropriate. They view and operationalize prevention and response as connected and mutually reinforcing.
- The projects implemented in high-risk settings show that these settings, and the increased risk that all women face in them, can impact how an organization prioritizes certain activities. Especially in resource-challenged settings, the urgency of responding to the needs of survivors and at-risk women can limit organizations' ability to prioritize activities that prevent violence from happening at all. Primary prevention may be sidelined or postponed in the light of the immediate needs of survivors.

A Community activist facilitating a discussion using a SASA! Faith power poster. This is part of a project led by WOLRED in Malawi which provides legal services to survivors of violence. Photo: Chimwemwe Livata/Women's Legal Resources Centre (WOLREC, Malawi).

2.2. Survivor-centred approaches

LITERATURE REVIEW

> *Victim/survivor-centred approaches place the rights, needs and desires of women and girls as the centre of focus of service delivery. This requires consideration of the multiple needs of victims and survivor, the various risks and vulnerabilities, the impact of decisions and actions taken, and ensures services are tailored to the unique requirements of each individual woman and girl. Services should respond to her wishes* (UN Women et al., 2015, p. 11).

Many scholars have detailed the importance of a survivor-centred approach in working with survivors, using terms such as women-, client-, victim- or survivor-centred or -defined, empowerment-orientated, and holistic (Cattaneo et al., 2021, p. 1253). Different models have also been developed with the aim of ensuring that services are more survivor-centred, by increasing opportunities for survivors to make meaningful choices and by making sure that service providers listen to and amplify survivors' voices, engage in collaborative partnerships that minimize power differentials, design individualized solutions that build on survivors' strengths, provide validation and support of survivors' experiences, and address systemic elements that limit survivors' opportunities to access resources and justice (Kulkarni et al., 2015, pp. 911–912).

Key policies have also recognized the importance of survivor-centred approaches. For example, United Nations Security Council Resolution 2467 called for a survivor-centred approach to preventing and responding to sexual violence in conflict and post-conflict settings, acknowledging survivors as rights holders (United Nations, 2019). In addition, the United Nations Joint Global Programme's Essential Services Package for Women and Girls Subject to Violence (Essential Services Package) identifies a survivor-centred approach as one of the six key principles that should underlie the delivery of all essential services (UN Women et al., 2015, p. 11).

The call to tailor services to the "unique requirements of each individual" (UN Women et al., 2015, p. 11) recognises that a survivor is more than just her trauma. Increasingly, there is a demand for approaches that incorporate survivors' identities and priorities beyond victimization and safety (Kulkarni, 2019, p. 3). Furthermore, not only should survivors' unique realities and identities be incorporated, their knowledge, expertise and preferences should guide interventions. This has led to some arguing that a survivor-centred approach is not enough, and that survivor-informed approaches should instead be the goal. With survivor-informed programming, survivor input is sought in all aspects of service planning, delivery and evaluation:

> *The goal is to move forward cohesively toward a system plan that reflects listening to victim voice, seeking input from multiple intersections of identities, striving to dismantle systematic biases, and connecting with community groups and the broader social justice movement* (Koss et al., 2017, p. 1024).

The survivor-centredness of VAWG prevention programming is discussed almost exclusively in terms of service provision. There is little literature that explores what a survivor-centred approach to primary prevention looks like. CSOs are essential actors for delivering survivor-centred approaches, especially in conflict and humanitarian settings where State actors are complicit in the VAWG perpetrated on the ground (Oo and Davies, 2021, p. 1). Women-led CSOs are particularly well positioned in this regard. When local women share an ethnic identity, they have the networks and trust to access even remote communities to support and work with and for survivors. However, it is important that CSOs are included not only in the implementation of the survivor-centred approaches to VAWG prevention programming designed by their partners but also in designing such programming, recognizing their contextual knowledge and role (Oo and Davies, 2021, pp. 7–8). There appears to be somewhat of a gap in this regard: although many CSOs are already using these approaches, **more research is needed on how they understand and operationalize survivor-centred approaches to VAWG prevention programming**:

Everything that we receive from PHR, the [ultimate] beneficiary is the survivor. When we learn how to work on them, how to listen to them, how to conduct examinations, collect evidence, send to the court, the court understanding all the whole process and then, there is prosecution of the perpetrator. All this is done for the benefit of the survivor (Physicians for Human Rights, Final Evaluation Report).

All eight of the grantees included in this synthesis review put survivors at the centre of their programming. Both explicitly and implicitly, they described their programming as survivor-centred. This offers a unique opportunity to explore what it means to be survivor-centred from the perspective of CSOs and programming that prioritized responding to survivors' needs as a crucial element of VAWG prevention.

The grantees' projects revealed that survivor-centredness can be present in different elements of service provision – based on who was included and how survivors were included in the project and the project's strategies. The projects could be labelled survivor-centred in terms of who they prioritized, namely survivors. With this as a criterion, all 11 projects were survivor-centred, as they all chose to prioritize better responding to the needs of survivors. The projects worked not only directly with survivors, providing one or more of the services they required (e.g. FYF provided psychosocial counselling to survivors and other traumatized women in an IDP camp), but also indirectly. For example, WHI did not engage directly with survivors; rather, it focused on capacitating government service providers to ensure that they could provide better support and case management for survivors.

The grantees' projects could also be survivor-centred in terms of how they carried out their activities. This required constantly taking into account the emotional, practical and social needs of survivors when implementing project activities. For example, Al Shehab in Egypt presented its drop-in centre as a comprehensive community centre, so that women were not outed as survivors if they visit the centre; it also employed staff who did not live in the community, to help to ensure confidentiality. Women's organization FYF in Iraq created child-friendly spaces at its centre, recognizing that survivors find it difficult to arrange childcare; it also provided transport and adapted the centre's opening hours to suit women better. Women's organization MSP in Fiji created mobile clinics, so that women could be reached and assisted at their homes or places of work.

The grantees' projects were also survivor-centred in terms of how they were designed. Survivor-centredness required that the needs and abilities of the survivors that the project wanted to support were assessed to ensure that the project could best serve them. For example, the B92 Fund in Serbia assessed the needs of survivors and at-risk women and then designed training programmes to better serve different women. Its full training package had 20 training programmes, each with a different focus (e.g. sales skills or business plan development), and it also developed new training programmes (e.g. on public appearance) throughout the project, based on the needs of the women it worked with.

The grantees' projects therefore showed that different elements of VAWG prevention programming can be survivor-centred. **From the grantees' experience, it appears, however, that programming is best positioned to be survivor-centred if survivors are included and even prioritized in its design and implementation. Survivor-centred programming is programming that empowers and includes survivors and has survivors participate in design and decision-making overall.** Grantees explained that one way of doing this is to have survivors, not service providers, make decisions regarding the services they receive – as was done, for example, by women's organizations the Panzi Foundation and MSP. However, overall project design and implementation should be guided by, or at least conducted with input from, survivors. As was reflected on during one of the focus groups, although projects aspire to be survivor-centred in the provision of services, often they do not do enough to include survivors in decision-making overall:

I think there's an ambition to be survivor-centred, especially in the provision of services … But I think, now,

in retrospect, I think a lot of projects that we've done, the design of them have not been survivor-centred as such … What does that actually mean [to be survivor-centred]? [So people say] I serve survivors, therefore [the project is] survivor-centred. But actually [survivors] have played no role in designing the project and are not playing an active role in decision-making … I think we try to be survivor-centred and survivor-led, but there's a long way to go to actually make that meaningful (FGD, 15 November 2021).

Furthermore, grantees' learning showed that **survivor-centred project design should ideally also include being adaptable to survivors' needs.** Several projects illustrated the importance of being able to adjust and change programming based on emerging or unexpected survivors' needs. For example, PHR designed an advanced paediatrics training programme and provided specific tools (e.g. paediatric speculums) so that service providers were better able to work with child survivors. FYF changed its offering of mental health interventions when it realized that the IDP camp it worked in was no longer in the acute phase of humanitarian emergency but had become a rather settled community. Therefore, instead of training volunteers in psychological first aid services as originally envisaged, it trained volunteers on lay counselling and low-intensity mental health interventions for stress, trauma, low mood, self-regulation and stabilization, and suicide prevention. ONIC in Colombia, whose original focus was on VAWG experiences and risk due to armed conflict, shifted its focus to include intimate partner violence and violence experienced in the domestic service sector in response to the stories and experiences shared by survivors.

Grantees have also emphasized that a project's and/or organization's **survivor-centredness is reflected in how survivors are given agency in the process of accessing services.** Survivors should be empowered and enabled when receiving support. For example, the Panzi Foundation (in one-stop centres) and the B92 Fund (in safe houses) emphasized the importance of survivors choosing which support services and activities they want to engage with. In addition, ONIC in Colombia offered a pathway for accompaniment and support that was responsive to the unique needs of indigenous survivors, but survivors could also opt out of the culture-specific activities and accompaniment. Survivors can also be invited to be part of programme implementation. The B92 Fund, FYF and Al Shehab all included survivors that were beneficiaries of its services as volunteers and/or staff involved in project implementation. For example, former FYF beneficiaries volunteered to be trained as lay counsellors serving in the IDP camp.

The grantee projects therefore showed that survivor-centredness can take on different forms in different organizations and projects, with survivor-centred approaches lying on a continuum. At one end of the continuum, an organization is survivor-centred in so far as it prioritizes responding to survivors' needs, but survivors are only beneficiaries of VAWG prevention programming. At the other end of the continuum, survivors are active participants in the design, implementation and learning connected to VAWG prevention programming. Where an organization is positioned on the continuum is not always only determined by the organization and can be influenced by many factors, including the immediate needs of survivors, the ethical and safety risks involved in visibilizing survivors, and the resources of the organization. The continuum highlights that an organization's survivor-centred approach can be more or less able to centre and give voice and agency to survivors. Grantee experiences have illustrated that an organization implementing programming can journey along the continuum, learning to centre survivors and their agency more in the design and implementation of projects. At the same time, the realities of their context and organization may limit their movement along the continuum.

FGDs emphasized that survivor-centredness is not a simple goal to achieve but, rather, a continuous process or journey: CSOs are constantly examining what it means to be survivor-centred, and striving to improve and evolve to become increasingly survivor-centred in the design of, implementation of and learning from programming. PHR began with a definition of "survivor-centred approach", which, as it explained during the FGDs, is constantly being

adapted during implementation. It is constantly working on the definition and how it should be applied to all dimensions of its programming. One change it has made as part of its journey towards embodying a more comprehensive survivor-centred approach is to ensure survivor representation in all of its work in Kenya. Through partnering with survivors' networks (present in each county in Kenya) it has ensured that survivors, their voices and their perspectives and needs are represented at all of the meetings and training sessions that PHR hosts. This representation was not part of its first project but, rather, the result of partnerships built over time, and an evolution in how the organization sees its survivor-centred approach and how it impacts its programming.

Finally, the focus groups also challenged the notion that only service provision has to be survivor-centred, as participants emphasized that **the experiences, needs and insights of survivors should guide primary prevention activities, too**. According to the participants, survivor-centred approaches should be a key principle in all activities aimed at addressing VAWG. Although the focus groups did not explicitly discuss the mechanisms of ensuring survivors' involvement, nor the implications of it, they strongly felt that survivor-centredness calls for survivors to also guide primary prevention. Because of survivors' experiences, their insights are crucial to VAWG prevention, not only in response:

> *I would say that just from my recent interaction with survivors and appreciating the work that they do even at the grass-roots level. For example, many of them in Kenya are walking within the communities as community health volunteers. They are the ones who get first-hand information about what's happening … So for me, I feel you cannot detach them from the primary response and so they have to be included and to be integrated so that they glean from their own experiences, [and they can] guide all other stakeholders on where to focus and how to provide the level of prevention that is required (FGD, 15 November 2021).*

KEY TAKE-AWAYS

- All CSOs that provide services are not survivor-centred to the same extent. Grantee projects demonstrate that different elements of service provision can be survivor-centred, which in turn determines the extent to which services are survivor-centred overall. Who a project chooses to work with, how it does so and what it does can all be made survivor-centred. However, a project is best able to be comprehensively survivor-centred if it includes survivors as partners in adaptable project design and implementation.
- Survivor-centredness lies along a continuum: at one end, services prioritize responding to survivors, while at the other survivors are systematically included in the design of, implementation of and learning from programming. In working with survivors, CSOs may journey along this continuum and ideally CSOs should constantly evolve to make their programming increasingly survivor-centred.
- Focus group participants argued that all VAWG prevention programming, and not only service provision, should be survivor-centred, as survivors offer key experiences and insights that should also guide primary prevention.

2.3. Civil society organizations providing services

LITERATURE REVIEW

Over the past few decades, increased attention has been paid to the reality of VAWG and the importance of responding to the needs of survivors (Kulkarni et al., 2012, pp. 85–86). These needs are many and diverse, requiring a range of multidisciplinary services, and integrated care models have a greater chance of ensuring that survivors' needs are addressed holistically (UN Women et al., 2015, p. 111). The reality and immediacy of these needs is recognized by the international community, as is the fact that the provision of the necessary services can aid in significantly mitigating the impact of violence on women and girls' lives, assist in their recovery and

empowerment, and stop violence from recurring (UN Women et al., 2020, p. 6). The RESPECT Women framework, developed and endorsed by 12 United Nations agencies and bilateral partners, identifies seven key strategies for preventing VAWG – and one of these strategies focuses on ensuring that a range of services are available to survivors, including police, legal, health and social services. Considerable effort has been put into developing guidelines to ensure that good-quality services are available for survivors globally. The United Nations Joint Global Programme's Essential Services Package is a practical guide identifying the essential services to be provided to survivors, as well as guidelines for the coordination of these services and the governance of the coordination processes. The Essential Services Package is important for ensuring services and was developed to support countries as they strive to design, implement and review services (UN Women et al., 2015).

Many global-level policy discussions and policies tend to focus on State actors as providers of services to survivors. The Essential Services Package, for example, was developed explicitly to support governments, with the aim of being "a practical tool for countries setting out a clear roadmap on how to ensure the provision and coordination of quality services of all sectors" (UN Women et al., 2015, p. 8). Yet the reality is that non-State actors, and civil society in particular, have always played an important role in responding to the needs of survivors. For example, the safe houses and rape crisis centres that emerged during the second wave of feminism were autonomous organizations, receiving little or no State support. Although this has changed in some parts of the world and State funds are being spent on service provision, these efforts are often not adequately financed (McMillan, 2004, p. 127). In most parts of the world such financial support remains absent.

The Istanbul Convention has highlighted the role of States in ensuring the availability of services for survivors, but it also recognises the role played by CSOs and especially women's organizations in providing services. It differentiates between general and specialist support services:

> *General support services refer to help offered by public authorities such as social services, health services, employment services, which provide long-term help and are not exclusively designed for the benefit of victims only but serve the public at large. By contrast, specialist support services have specialised in providing support and assistance tailored to the – often immediate – needs of victims of specific forms of violence against women or domestic violence and are not open to the general public. While these may be services run or funded by government authorities, the large majority of specialist services are offered by NGOs [non-governmental organizations]* (Council of Europe, 2011a, p. 23).

This convention is arguably unique in terms of how it recognises the role of women's organizations in providing specialized support services: "Much of [specialized services] is best ensured by women's organizations and by support services provided, for example, by local authorities with specialized and experienced staff with in-depth knowledge of gender-based violence" (Council of Europe, 2011a, p. 24).

The RESPECT Women framework also recognises the importance of linking State and non-State service providers. It calls on national policymakers and their funding partners to build an enabling environment for VAWG prevention through funding and partnering with women's movements and women-led CSOs, and emphasises the importance of community volunteers in ensuring that survivors receive services and support. Community volunteers can serve as a bridge between State and non-State service providers, through providing referrals, accompaniment and support for survivors. They can also provide some of the necessary services, especially in resource-constrained settings (UN Women et al., 2020, p. 10).

2.3.1. General versus specialized services

All of the projects discussed in this synthesis review were designed to fill gaps in, build the capacity of or bolster existing services. The B92 Fund in Serbia, for example, developed and piloted its economic empowerment model for survivors at an existing government safe house, as these safe houses did not offer economic empowerment opportunities despite the crucial role that economic independence plays in helping survivors to break free from violence. The Panzi Foundation piloted its one-stop centres in two rural areas of eastern Democratic Republic of the Congo, owing to the absence of State hospitals and services in these rural areas. The grantees thus stepped in by implementing projects meant to provide services or ensure adequate service delivery.

Reflecting on the services that these grantees provided or strengthened contributes to the debate on general services and specialized services, as the activities implemented by many of these projects complexify the simplistic binary view of these services. The services provided and strengthened by the grantees are discussed below, serving as a background for the broader reflection on CSO involvement in specialized services for survivors and general services for the community at large.

Although not all the grantees engaged in the same services, a reflection on services provided by all 11 projects revealed 4 areas of services as emerging most often: medical services, legal services, psychological services and economic empowerment services.[1]

Addressing survivors' medical needs emerged as important, as medical services were often what motivated survivors to seek help in the first place. For example, the key services associated with the one-stop centres provided by the Panzi Foundation in the Democratic Republic of the Congo and MSP in Fiji (and what usually attracted the survivor to the centre) were medical services. These medical services had a good reputation, which motivated survivors to also access the other services provided by the organization or its partners (in some cases including the government). Although some grantees provided medical services, these services were not necessarily comprehensive. For example, Al Shehab in Egypt offered medical services at its drop-in centre, in the light of specific vulnerable groups being discriminated against by State service providers. Yet Al Shehab was not able to offer the full range of necessary medical services and had to refer some women to other health-care providers for certain services. The reality is that CSOs rarely have the resources to provide the full range of medical services that survivors require, as the Panzi Foundation also experienced when its one-stop centres in Bulenga and Mulamba lacked some the necessary medical and laboratory tools and reagents needed to serve sexual violence survivors. Yet the lack of resources was not seen as a reason not to at least provide some medical services, especially as the absence of on-site medical services was a major challenge for some grantees that did not provide this service. For example, FYF's project in Iraq focused on providing psychosocial counselling and trauma therapy. Staff found it very challenging that they could not address survivors' other medical needs, especially as addressing mental health needs is even more challenging when survivors have immediate medical needs.

Legal services were provided by a number of grantees, although the nature of the services provided differed depending on the project: some grantees offered specific legal services, and others chose to capacitate and upskill service providers offering legal services. For example, Al Shehab provided various legal services to survivors and at-risk women, depending on their specific needs: legal education and consultation, support in obtaining official documents, representation in lawsuits, and legal assistance in matters such as divorce, child custody and alimony. PHR, on the other hand, trained legal service providers (including prosecutors and judges) in the Democratic Republic of the Congo and Kenya on forensic evidence

1 Economic empowerment interventions are usually viewed as part of prevention. As is illustrated in this section, while grantees recognized the preventative impact of economic empowerment, they also included economic empowerment components in their programming as a service for survivors.

relating to sexual violence, to ensure that these service providers could better assist survivors in their cases and prosecute perpetrators.

Psychological services were provided by almost all of the grantees. FYF in Iraq arguably did so in the most comprehensive manner, fulfilling a significant need in the IDP camp community. Many, if not most, of its beneficiaries had not spoken to anyone about the trauma they had experienced:

> *Before coming here [to FYF], I didn't talk to anyone, I kept everything inside. Now I'm talking to people close to me and it helps a lot. I feel very comfortable, it feels like all the weight I've been carrying is lifted off.*
>
> *It's still very difficult for me but I learned to share. When I share, it feels comfortable. Before I wasn't trying at all. I thought no one can understand me. Coming here showed me sharing makes the burden lighter.*

The project brought trained and experienced trauma psychologists to the IDP camp, where they not only provided psychological services to women but also trained and mentored community volunteers who provided lay counselling and support to women and the broader community. ONIC, Al Shehab, the Panzi Foundation and MSP also provided some form of psychological support to survivors. Other organizations, such as WHI in Cambodia, improved the basic counselling skills of State service providers.

Economic empowerment services were offered by the B92 Fund, Al Shehab and the Panzi Foundation. The B92 Fund, however, had the most explicit focus on economic empowerment. In both its pilot project and the project's upscaling, it partnered with government safe houses to provide opportunities for economic empowerment for survivors and at-risk women. With none of the safe houses offering economic empowerment opportunities, the B92 Fund's projects in Serbia addressed a gap in safe houses' existing service provision, offering women the opportunity to improve their knowledge, skills and capacities to start their own businesses and/or improve their position in the labour market; this, in turn, would bolster survivors and at-risk women's ability to become economically independent and able to permanently leave abusive relationships.

Wellness officer doing fieldwork.
Credit: Courtesy of Medical Services Pacific (Fiji).

The Panzi Foundation in the Democratic Republic of the Congo and Al Shehab in Egypt included economic empowerment services as part of a range of services. However, both organizations felt that economic empowerment services did not entirely meet the needs of survivors – although there was great demand for economic empowerment. Al Shehab's approach to economic empowerment was to provide vocational training, such as in hairdressing, cooking and handicrafts. However, a lack of employment opportunities, training that did not leave women fully proficient or skills that did not offer an adequate income, led to Al Shehab learning that adequate funding is needed to roll out economic empowerment initiatives, otherwise these services risk only demoralizing survivors. The Panzi Foundation learned during project roll-out that it needed more funding to adequately support survivors in developing income-generating activities that could improve their socioeconomic conditions. The B92 Fund had the same challenge in its pilot project, with trained and capacitated survivors demoralized by not being able to implement what they had learned and planned. Therefore, in the B92 Fund's scale-up project the organization budgeted for small grants to be awarded to women who completed the business plan development training, which enabled the recipients to actually start implementing their business plans.

Although economic empowerment opportunities for survivors are clearly challenging to provide, a number of grantees felt the absence when they were not available. Both the Panzi Foundation and Al Shehab found that, although these services are difficult to provide, survivors and at-risk women express an urgent need for them. The uptake of other services may also be hampered by the absence of economic empowerment opportunities. For example, FYF found that, though its project focused on psychological services, its beneficiaries showed an increasing need for and interest in participating in income-generating activities and learning skills that can provide financial benefits. FYF did not provide economic empowerment services, but seeing how financial and basic survival needs affected mental health made it realize how important it is to combine economic empowerment services with psychological services.

The above discussion of grantee service provision illustrates that a grantee's focus on providing specialized services to survivors did not automatically mean that it did not also offer those same services to the community at large. The B92 Fund's economic empowerment programme perfectly illustrates this. It designed the programme specifically to assist survivors in safe houses, viewing economic empowerment as an important step towards a life free from violence. Yet when implementing its programme, the B92 Fund also included at-risk women and women from the community in general. It did so because it could include more women than only survivors, because it benefited survivors to be with other women, and because working with at-risk women and other women from the community promoted the preventative impact of the programme. The B92 Fund's experience not only challenges a binary understanding of services and prevention but also highlights that general services and specialized services are not absolute categories. Specialized services often organically merged to become somewhat of a general service, serving the community at large, recognizing that survivors are part of a bigger community and that serving the community also benefits survivors. FYF's psychological services in the Khanke IDP camp in Iraq also illustrate this. It designed its programming specifically to assist displaced women who were traumatized because of violence they experienced. It trained women community volunteers (discussed in detail in the next section) as lay counsellors, yet these women did not only assist survivors. They also supported and counselled at-risk women, couples and families in general. What was envisaged as a specialized service thereby became a general service in the light of the needs in the community.

Furthermore, some of the services that grantees provided were general services that the grantees tailored to meet the specific needs of survivors. Al Shehab's legal services for survivors and at-risk women illustrate this. Under the Istanbul Convention, legal counselling and services are viewed as general services that survivors should have access too. Al Shehab's provision of legal services recognizes that survivors may have special needs in terms of legal services. For example, a woman suffering abuse and seeking

a divorce may also require a restraining order and accommodation in an emergency shelter – all while under considerable time constraints. Al Shehab's legal services recognized the unique needs and situation of survivors. This illustrates that some general services need tailoring to be accessible and helpful to survivors. Al Shehab's legal service provision further complexifies the divide between specialized and general services, as the organization offered legal services (such as legal assistance on child custody and alimony) to all women and not only to survivors who have accessed other services within its centres.

Some of the grantees also intentionally focused on strengthening general services, which challenges the notion that CSOs can only be involved in specialized services. For example, PHR's work on strengthening the forensic evidence chain was fully focused on training and supporting the service providers involved in general services. It worked with the police, health workers, lawyers and magistrates to strengthen their skills and understanding of forensic evidence and how it is used to prosecute sexual violence perpetrators. PHR's projects thus focused on strengthening general services, provided by government service providers, available to survivors.

Therefore, we learn from these CSOs that in ensuring that survivors receive the services they need, the distinction between general services and specialized services is complexified. Furthermore, CSOs play a role in providing and strengthening both kinds of services.

2.3.2. The challenge of the need for integrated services

FYF's experience in Iraq **highlighted the need for integrated services**. Especially where organizations work directly with survivors (instead of working with the service providers that engage with survivors), it is challenging if they can offer only one or two services. The focus group participants also discussed the challenges of trying to assist a survivor but not being able to provide the specific services she needs:

> *For example, we are providing mental health sessions and then this [survivor] might need at the same time legal services … protection or shelter. So that is always what we are facing, we are always seeing this [that a survivor comes to us with needs we cannot address in our organisation] (FGD, 18 November 2021).*

Survivors, especially in the resource-challenged, fragile settings in which many of these projects were implemented, have multiple needs, and it is challenging and demoralizing when CSOs can respond to only one or two of these needs. It can also increase the chances of survivors opting out of accessing services overall. This is at least part of the reason why grantees such as the Panzi Foundation, MSP and Al Shehab chose to open one-stop or drop-in centres, where multiple available services address the majority of survivors' needs.

Yet in resource-challenged settings it may not be realistic for a CSO to attempt such extensive, holistic, integrated service provision. The Panzi Foundation, for example, found it very challenging to replicate its holistic model – developed at Panzi Hospital in Bukavu – in the remote settings of Bulenga and Mulamba. Although its aim was to provide all the services survivors require, the reality is that it struggled to do so. For example, it did not have all the resources it needed for medical examinations, collecting evidence, providing legal and socioeconomic support, and ensuring confidentiality.

CSOs, especially those working in fragile settings, are often pulled in two competing directions in terms of service provision. A lack of general service provision puts significant pressure on CSOs to fulfil a range of services. They can try to focus on a limited number of services and provide them adequately but accept that other needs of survivors will remain unaddressed (e.g. FYF focusing on psychological services), or attempt to provide comprehensive services but risk that some (or even many) of those services will be inadequate (e.g. the Panzi Foundation creating one-stop centres in rural communities).

Furthermore, it again highlights the challenging positions of many CSOs. Grantees seem to accept the

absence (or inadequacy) of general service provision by State actors. Arguably at least partly because the majority of projects were implemented in high-risk settings, these CSOs were used to operating in situations where general services were inadequate or absent and State actors were not supporting survivors in the ways they were supposed to. Although the majority of grantees did include some programme activities meant to pressure, motivate or support State actors to ensure that survivors received the services they need, the focus of programming was on the CSOs themselves ensuring that the necessary services were provided.

2.3.3. Community volunteer element

Irrespective of the services being facilitated or provided, a community volunteer element was an important part of service delivery in the projects of all the grantees. Community volunteers also emphasized the link between services and prevention.

Community volunteers were important to service delivery for several reasons. First, as trusted members of the community, they served as a link between services and the community, informing survivors of and accompanying them to the available services. When they were members of the community they served, volunteers understood the culture and norms, and were able to help develop programming and intervention strategies that were culturally responsive and appropriate, especially when they are also survivors:

> *[Volunteers] are very important … So I think their importance is really linked to them being part of the community and living there … So for us here we really value them and we value their input and we invite them even to all our networking meetings and our stakeholder meetings. We always invite the volunteers (FGD, 15 November 2021).*

Second, if properly selected, trained and mentored, community volunteers were actually able to provide certain services, which was of great value to CSOs that were almost always under significant financial pressure. Third, including community members in VAWG prevention programming in such a way potentially increased local ownership of the project, especially where key community leaders were involved as volunteers. Fourth, with disruptions such as the COVID-19 pandemic or conflict, community volunteers proved to be able to continue at least some level of service provision in the community despite the disruption. This links to the issue of sustainability in general. For many of the grantees, community volunteers were a crucial element of sustaining the impact and gains from their VAWG prevention programming.

FYF in Iraq provides a good example regarding the role of volunteers, as a cadre of trained former beneficiaries formed a critical part of its psychosocial support to survivors, at-risk women and the broader IDP community in the Khanke IDP camp. These volunteers, all Yezidi women living in the camp and beneficiaries of FYF's services, were trained, supported and mentored to become empowered mental health and psychosocial support leaders in the community. FYF reached nearly 3,000 camp residents, raising awareness on mental health and well-being, women's rights and VAWG. It also offered lay counselling, group sessions on trauma stabilization, and conflict resolution for couples and families. FYF believes that these 30 volunteers – who named themselves the Harikara – were one of the strongest elements of its project. The Harikara also illustrated that lay counselling and group sessions could be run by volunteers if they received the necessary training, support, supervision and mentoring from specialists.

The Harikara also illustrate the link between services and prevention. As discussed previously, they not only assisted survivors but also did significant work in the larger IDP community to create awareness on mental health, women's rights and VAWG. They also worked with couples and families to prevent violence from happening or recurring.

Part of the reason why the Harikara were so impactful was that they were all Yezidi women and understood the cultural and religious norms and background of the survivors and community they were supporting. The importance of this was not only echoed in ONIC's

project in Colombia but also formed a key element of its work. ONIC focused on survivors from indigenous communities, providing (among other services) cultural accompaniment with the aim of reaffirming survivors' indigenous identity and engaging with their indigenous tradition and worldview as part of the support and healing process. ONIC developed a diploma course, which was used to train indigenous women in accompanying survivors from a cultural, legal and psychosocial perspective. These indigenous women volunteers were seen as a crucial element of the sustainability of ensuring culturally appropriate accompaniment for survivors.

ONIC's work with indigenous women volunteers also had an impact on prevention. These women created awareness of VAWG and women's rights in their communities. The volunteers not only accompanied survivors but also advocated around VAWG prevention. As they are embedded in their communities, these volunteers could be very influential in ensuring that VAWG prevention continues in the longer term.

While FYF and ONIC created new networks of volunteers, other grantees chose to engage with already-existing structures and capacitate them for volunteerism. For example, WHI in Cambodia realized that most women and girls use village-level authorities as their main contact point for services. Therefore, WHI decided to train women village assistants and volunteers, as they already formed part of the formal and informal local village governance structures and operated as part of the Cambodian Government's women's network from national to local level. Within this structure they already had some responsibility for addressing women and children's issues, including domestic violence. These household-level village volunteers became a crucial part of referral of and response to survivors, as service providers are often far away from rural villages.

Although a community volunteer element was an important part of service delivery in the projects of all the grantees, **there are certain challenges to engaging volunteers in service provision**. Some grantees encountered some financial and ethical challenges in relying on community volunteers. For example, the Panzi Foundation found that many of its volunteers in the Democratic Republic of the Congo complained about the amount of work they did without payment. This led to the Panzi Foundation questioning whether volunteering is a viable model in the Democratic Republic of the Congo, where the economic situation is so precarious. FYF in Iraq, whose volunteers were all women living in an IDP camp, paid its volunteers. As these women had so many unmet basic needs, FYF determined that it was very important to budget for volunteers' compensation. These experiences raise important questions about how the role of volunteering in VAWG prevention programming is recognized, budgeted for, compensated and capacitated to be sustainable.

KEY TAKE-AWAYS

- All of the projects discussed in this synthesis review were designed to fill gaps in, build the capacity of or bolster existing services. CSOs are therefore stepping in to design and implement VAWG prevention programmes that ensure that survivors' needs are addressed. At the same time, these CSOs are all under severe resource constraints and often operate in severely challenging areas, and thus often struggle to meet survivors' needs.
- Service delivery by grantees challenges a binary understanding of general services and specialized services, and the role of CSOs in each. Their specialized services for survivors often also serve the community at large, and some of their projects explicitly focus on strengthening general services.
- Where grantees provided only one service, they found it challenging to adequately assist survivors, especially if adequate referral systems were not available. This might have inhibited survivors from seeking support, and the need for integrated services was clear. Yet although integrated services in the form of one-stop centres may be ideal, this may not be realistic in resource-challenged settings.
- In all of the grantees' projects, community volunteers emerged as important in ensuring that survivors were supported. Community volunteers serve as a link between the community and service providers and can provide certain services, improve community ownership of programming,

ensure some level of service provision even during disruptions, support the sustainability of project outcomes, and help in the development of programming that is culturally responsive and appropriate.

- Grantees' service provision, especially the community volunteer element, highlights the link between prevention and services. Grantees observed that a number of their services for survivors also contributed to prevention, especially when community volunteers were involved.

2.4. Multisectoral collaboration on services

LITERATURE REVIEW

The Sustainable Development Goals call for MSC, recognizing that achieving sustainable development is best done by networks of diverse actors interacting and collaborating (Hinton et al., 2021, pp. 2–5). Within the ending VAWG space, the importance of MSC for VAWG prevention overall, and specifically for providing services for survivors, is repeatedly discussed (Coluccia et al., 2012; García-Moreno and Temmerman, 2015; Michau et al., 2014) and global institutions have also highlighted the importance of promoting MSC for VAWG prevention. For example, the 57th session of the United Nations Commission on the Status of Women called for the strengthening of multisectoral services, programmes and responses as crucial to eliminating and preventing all forms of VAWG (United Nations Commission on the Status of Women, 2013), while the Istanbul Convention calls for MSC in a number of its provisions (Council of Europe, 2011b). Also called cross-sectoral or intersectoral action, MSC is defined as multiple sectors and stakeholders intentionally coming together to collaborate in a managed process to achieve shared outcomes and common goals (Hinton et al., 2021, p. 2). The terms "coordination" and "governance of coordination" are also used to discuss this process of coordinated, collaborative response (UN Women et al., 2015, p. 11).

A coordinated response in responding to survivors is important, as it is more effective in keeping survivors safe and holding perpetrators accountable, and can increase survivors' access to informed and skilled practitioners and services; help to recognise survivors' multiple needs and meet them through coordinated referral networks; reduce survivors' risk of retraumatization by limiting the number of times they have to retell their stories; deliver integrated responses that can holistically address survivors' needs; make service providers more effective and hold them accountable; allow service providers to focus and excel in their specific areas of expertise; help to ensure that consistent messages are shared with survivors, perpetrators and communities; support individual case management; and lead to greater impact and reach of programmes, at a lower cost (UN Women et al., 2015, p. 112).

The importance of strong leadership and coordination for MSC on ending VAWG should not be underestimated (García-Moreno and Temmerman, 2015, p. 187). The United Nations Joint Global Programme's Essential Services Package has an entire module on coordination and governance of coordination. It identifies three types of institutions that can be responsible for coordination, **but CSOs are not one of these** (UN Women et al., 2015, p. 113), and although an assessment of the implementation of the Essential Services Package in several pilot countries did show that it strengthened the recognition and credibility of CSOs generally, and non-governmental organizations (NGOs) specifically (Scaia, n.d., p. 4), the Essential Services Package was created with State-led service provision in mind. Yet **CSOs are often at the forefront of creating, managing and supporting MSC for VAWG response for prevention**. Two UN Trust Fund reports have captured how CSOs are not only an important component of MSC on service provision but also often the initiator and coordinator of such collaboration. A study of CSOs delivering services to survivors in Europe and Central Asia (Jaric et al., 2017) showed numerous examples of women's organizations playing a central role in creating and

managing MSC on service provision, confirmed by the independent external evaluations conducted on these projects. Another study, this time specifically on CSOs engaging with the police, again showed them as critical agents in creating and coordinating MSC with the police, and between the police and other front-line service providers (Majumdar, 2019, pp. 6–16). Both these studies contribute to a better understanding of CSOs in establishing and maintaining MSC around ending VAWG, while at the same time highlighting that more recognition and study of the nature and unique value added of CSOs in creating and sustaining MSC is needed. The reality is that a cohesive, multidisciplinary, cross-agency approach to ending VAWG is essential for protecting survivors, and that an extensive array of sectors are relevant to VAWG services. There is a lack of evidence around how CSOs specifically, especially smaller women's organizations at grass-roots level, are not only included in but also organise, coordinate and sometimes lead these different multisectoral stakeholders to ensure service provision.

All 11 of the projects implemented by the grantees relied on some form of MSC. Drawing on the lessons learned by grantees sheds light on why MSC is needed, the role of CSOs in MSC on service provision, the different forms of MSC, the process of choosing stakeholders to work with, and the challenges and enablers of MSC.

Applicants for UN Trust Fund grants are more likely to be shortlisted if the project shows a clear contribution to one of three focus areas of the fund, including "improved access for women and girls to essential, specialist, safe and adequate multisectoral services" through MSC.[2] Yet the eight grantees included in this synthesis review did not prioritize MSC as a donor requirement; however, they had **several reasons for engaging in MSC**. First, all grantees saw MSC as a crucial component of ensuring that survivors receive the support and services they need. The nature of surviving and escaping violence is so complex that it is impossible for one organization to provide all the necessary services, especially in the light of limited funding. Second, for national and international organizations, MSC with local stakeholders was a way of ensuring the appropriateness and relevance of programming, as local partners could provide insider perspectives. Third, MSC was a way of ensuring local ownership of programming, which facilitated the uptake and impact of programming, as was illustrated by the comments of one of the Congolese partners of PHR in the external evaluation of its 2016–2018 project:

I think the thing which was different with the Physicians for Human Rights, it was first that the training, all the ideas of training, came from us … They didn't come and bring tools which were already made … we began working on tools together, and tried to adapt the tools which are already there in our own context and our own reality. This was really something which was very different (Physicians for Human Rights, Final Evaluation Report).

The local ownership and relevance that MSC offered also contributed to the sustainability of programme outputs, as the training of and investment in partners helped to ensure the sustainability of programming outcomes even after project-specific funding ended. Finally, for some grantees MSC was in itself the aim of the project. For example, one of PHR's main project goals was to establish MSC and networking between the multisectoral stakeholders involved in the forensic evidence chain.

Depending on their context and their project's focus, grantees played different roles in MSC, and the nature of the collaboration also differed depending on the project's activities. Although some grantees slotted into already-existing multisectoral collaborative structures created and maintained by others (e.g. the

2 The three focus areas in the UN Trust Fund's strategic plan are (a) improved prevention of VAWG through changes in behaviours, practices and attitudes; (b) improved access for women and girls to essential, specialist, safe and adequate multisectoral services; and (c) increased effectiveness of legislation, policies, national action plans and accountability systems to prevent and end VAWG (UN Trust Fund Strategic Plan 2021-2025).

government), almost all of them also created and led new MSC networks and partnerships. Continuing the example of PHR in the Democratic Republic of the Congo, MSC on the forensic evidence chain on sexual violence already existed in the Democratic Republic of the Congo, with the police, health-care providers, lawyers and judges all supposed to play a specific role in ensuring that forensic evidence could assist in the prosecution of perpetrators. PHR could therefore link with these multisectoral stakeholders who were already connected and knew they had a role to play. Yet PHR realized that the collaboration was very weak and ineffective, and it therefore worked to both strengthen the already-existing formal links between the service providers, and create new formal and informal networks of trained service providers from different sectors. This example also illustrates that not all grantees were focused (exclusively) on ensuring collaborations that benefited themselves and their ability to provide services to survivors. Some grantees, such as PHR and WHI, focused specifically on creating MSC between other service providers, independent of the grantees. PHR did this by forming networks of trainees from different sectors, who not only collaborated independently when assisting specific survivors but also collaborated on advocacy around policy reform. **These examples highlight that CSOs are not always simply partners within the MSC structures created by other stakeholders. On the contrary, very often they start, coordinate and lead the MSC.**

2.4.1. Localizing and sustaining multisectoral collaboration

Grantees' experiences of MSC highlight that their collaborations could cross different sets of sectoral boundaries. MSC crossed the divides between (a) local, national and/or international stakeholders; (b) stakeholders from the government, civil society and/or the private sectors; and (c) stakeholders from different disciplines, for example health, education, justice and law enforcement. This is discussed and explained in more detail below.

MSC around survivor support was facilitated by engaging stakeholders working at different levels – local, national and/or international. For example, Al Shehab ascribed the success of its projects to MSC both at local level and at national level with government actors, while both WHI in Cambodia and ONIC in Colombia also engaged in MSC at both local and national levels. PHR appears to be the only grantee that was able to create MSC at international level, linking its local and national partners with key international policymakers, and connecting its partners from the Democratic Republic of the Congo and Kenya to enable South–South knowledge exchange and collaboration. Here we see the potentially unique value added of international CSOs in terms of MSC. With their international reputation and reach they can create international connections that can offer unique opportunities for MSC.

Grantees also engaged in MSC between the State sector, private sector and/or civil society sectors, although not each grantee engaged with all three sectors. All grantees did, however, engage with government stakeholders (local and/or national). Grantees explained that collaborating with the government is inevitable when striving to address survivors' needs, as many of the necessary services are not and cannot be provided (at least not comprehensively) by civil society or private sector stakeholders alone. WHI in Cambodia appears to have been the most intentional and comprehensive in its engagement with government. Its project was developed in line with priorities set out by the Cambodian Government and built on the frameworks the Government had set in place to protect women and children. With the aim of enhancing responses to VAWG in Cambodia, the project goal was to improve service delivery and create change at governmental level, through developing and facilitating a series of training sessions for several district-level government offices and commune committee members. Although the project also conducted outreach events and activities in the communities, its main focus was to capacitate these governmental stakeholders to ensure that they could provide the necessary survivor support and address VAWG, including prevention. WHI improved collaboration between the existing governmental structures and stakeholders, and cultivating good relationships with government authorities at provincial, district and commune levels meant that supervisors

encouraged their staff to attend the training sessions WHI and its CSO partners organized.

Collaborating with other stakeholders from civil society was also an important facet of MSC for many of the grantees – in many settings this was key to ensuring that survivors had access to the services they needed. MSP, for example, signed several memorandums of understanding with CSOs, including The Salvation Army, Empower Pacific and Homes for Hope. These formal partnerships assisted in ensuring easier referrals to services such as emergency housing, counselling and accommodation. MSC with civil society in some cases was also critical to project implementation. For example, in the B92 Fund's roll-out of economic empowerment at the government-run Sombor safe house, the safe house staff were unable to identify survivors and at-risk women to take part in the B92 Fund's programming. Instead, it was local women's organizations outside Sombor who not only identified survivors and at-risk women to take part in the programming but also continuously motivated and supported these women to attend the training sessions. Not one of the women referred by the local women's organizations dropped out of the training.

The B92 Fund was the only grantee that worked to create MSC with private sector stakeholders, but its projects illustrated how challenging such MSC can be. With its projects' focus on economic empowerment, support from private sector stakeholders was important to develop potential outlets for products produced through the various safe houses' social enterprises, provide mentoring and support for trainees attending courses, and offer financial support for trainees with well-developed business ideas. While implementing programming in Sombor, the B92 Fund realized that private sector involvement should ideally start at the outset of programming, so that private sector partners meet and get to know the women being trained and recognize these women as motivated people who only require a small amount of start-up capital to change their lives. The B92 Fund explained this in the final monitoring report on its pilot project:

> *It doesn't matter which business [the] women will choose at the end of the training – private partners would support persons, regardless of their business. Waiting for the trainings to finish, and then continuing mapping private partners, never allowed this connection to be made (B92 Fund, Monitoring Report).*

At the same time, with corporate social investment not a well-developed concept in Serbia, private sector stakeholders were not motivated or forced to support such initiatives, which meant that the B92 Fund had to put in significant effort to accommodate private sector stakeholders and their requirements. Although this was a significant challenge, it can be questioned whether economic empowerment initiatives that strive to assist survivors and at-risk women in developing their own business ideas can be successful without MSC with private sector assistance. If the goal is to capacitate survivors to establish themselves in the private sector, MSC with private sector stakeholders is arguably a requirement.

Grantee experiences showed that **MSC can also incorporate partnering with stakeholders working in different fields or disciplines, for example health, law enforcement and the judiciary**. PHR, for example, found this very important in its work on strengthening the forensic evidence chain. MSC is essential to ensure competence at all stages of examination, investigation and prosecution to make certain that survivors receive justice, requiring stakeholders from various institutions and disciplines (including law enforcement, health-care and justice professionals) to work together. Therefore, PHR prioritized cultivating cross-sector networks between these different service providers. This helped to overcome the prejudices and biases they held towards each other, facilitated better flow of evidence and information between sectors, and developed strong informal referral processes that expedited survivors' cases – as evidenced by a quote from a trainee captured in a progress report on its 2011–2015 project:

It is only when we attended the PHR training that we realized that it is so important to partner even more, because they brought us all together. They brought law enforcement, they brought physicians, they brought nurses, and they brought us, as prosecutors. That is when we realized, "Hey, we only talk through documents. (Physicians for Human Rights, Monitoring Report)"

Multisectoral collaboration also highlighted that approaching prevention and services as separate categories creates a false dichotomy. Numerous MSC activities both improved services for survivors and contributed to prevention. For example, WHI's workshops with provincial stakeholders in Colombia included training on survivor case management and training on positive parenting. PHR's engagement with multisectoral service providers included training sessions to improve their ability to collect and analyse forensic evidence and prosecute based on it. Yet PHR's engagement with these service providers also included norms change interventions – which is usually labelled as part of prevention. The B92 Fund's economic empowerment programming in safe houses in Serbia, while focused on survivors, also included at-risk women and other women from the community, based on the understanding that their economic empowerment can prevent them from experiencing violence.

The grantees' MSCs thus crossed many different sets of sectoral boundaries. While they all recognized the importance of MSC and incorporated MSC in different ways, **how did grantees go about choosing the specific stakeholders to collaborate with?** In identifying potential collaborators, some grantees mapped potential stakeholders, for example those working in the same geographical location and/or those working on the same issue, with the aim of choosing stakeholders whose goals and values aligned with their own. In addition, some multisectoral collaborators were chosen with a very specific issue or pragmatic, short-term goals in mind (e.g. lobbying together for change in a specific government law). Furthermore, some grantees collaborated with certain multisectoral stakeholders simply because it was unavoidable. For example, a grantee may have been unable to refer survivors to State-run clinics if it did not collaborate with certain government bodies in the province. Finally, some grantees advised against simply picking whichever stakeholders are available (even if the options of potential multisectoral collaborators are few), as choosing the wrong partners can lead to harm for the survivors the CSO is supporting. FYF experienced this first-hand. As the organization was unable to address the severe financial needs of many of the survivors for whom it was providing psychological services, another CSO offered these women the opportunity to be trained as bakers. FYF was glad to refer some of its beneficiaries to this training course, only to find them further traumatized by the experience, as the trainer showed extreme disgust at having to taste products prepared by Yezidi women. This experience led to FYF very carefully selecting the multisectoral stakeholders it collaborated with and referred women to, also paying careful attention to the feedback from the women who were referred.

Grantee experiences also highlighted the challenges of creating MSC between individuals and not between the institutions they represent, as the absence of formal institutional links may hamper an individual from collaborating with other sectors and improving survivor support. For example, PHR's project put significant effort into improving the knowledge and skills of individuals and creating informal networks between individuals working in different sectors. This had positive consequences for survivors, as these networks (and friendships) enabled personal calls and messages that helped to expedite many of the processes along the forensic evidence chain (e.g. forensic tests). While these PHR-trained individuals tried to change their institutions from within, some experienced negative reactions or resistance from their institutions. For example, some police officers were criticized by their superiors for spending so much time on sexual violence cases, while some health professionals were being blamed by their institutions for causing health centres to receive an increased caseload of sexual violence patients. PHR recognized this challenge and instituted various programme foci meant to also enable institutional and structural changes that reinforce the rights of survivors and ensure the proper investigation of sexual violence, for example by developing and advocating for a standardized forensic medical intake form.

Social mobilizer and members in a regular meeting with a self-help group in Pakistan. Credit: Mudasir/Christoffel-Blindenmission Deutschland e.V. (CBM). This is an example of improving survivor-centered services provided by CBM and its partner Bedari in Pakistan as they work with service providers to improve access to services for survivors of violence.

2.4.2. Multisectoral collaboration

MSC that the eight grantees were partners in or created and led was focused on three main activities – training, referrals and advocacy – meant to improve the services that survivors received. First, some form of training was often part of the process of MSC, especially if a grantee was responsible for creating and driving the collaboration. This training was often focused on improving the skills or knowledge of service providers in different sectors – including skills and knowledge about prevention. For PHR, providing such training to partners was a crucial component of the MSC it initiated and led:

Initially, I wouldn't know how to, for example, indicate injuries, the terms to use … I would, for example, just say, "There was an injury in the genitalia at this position." But after the training, I will be more specific. For example, I'll say, "There was a bruise at the five o'clock position," "There was a laceration in the hymenal ring," and so on. So that aspect of being detailed and specific came out quite well after the training (Kenyan doctor quoted in a progress report on PHR's 2016–2018 project).

Furthermore, where service providers tended to accept VAWG as unavoidable and not particularly worthy of response, and/or certain groups of survivors as deserving of violence, a central part of training during MSC was focused on addressing and transforming these beliefs. This again illustrates how MSC often showcases the link between services and prevention. A second major issue on which grantees' MSC focused was referrals. Referral networks between the grantees and other multisectoral service providers and networks linking various multi-sector service providers were created. Such MSC not only ensured that referrals could be made but also made sure that survivors were treated well at all service points. Grantees' third major MSC activity was on advocacy around VAWG, survivors

and their needs. Grantees partnered with other multi-sector stakeholders especially in advocating to governments around certain laws and policies. For example, PHR led coordinated efforts to advocate to the Congolese Government on the adoption of certain standardized medical intake forms, and the abandonment of certain existing forms.

Reflecting on the experiences of the eight grantees, it is clear that MSC around services was often very challenging. Collaborating was hard when organizations' objectives and values did not align, or when a partner had unrealistic or unfair expectations of what could be done by a grantee. Opportunities for MSC were also lost when grantees collaborated with various multisectoral partners but did not facilitate collaboration between the partners. A number of grantees reflected on the significant challenges of collaborating with government stakeholders, as it made the project (and the grantee) vulnerable to political changes and competing bureaucratic agendas. Grantees also found that they underestimated how hard it was to start and lead MSC around survivor support. Even when it was a scale-up of a MSC model that an organization had already used elsewhere, there were numerous challenges that took a significant amount of time to solve. PHR, the B92 Fund and the Panzi Foundation all experienced challenges due to underestimating the time, effort and resources it would take to scale up their existing MSC models. For example, when duplicating its economic empowerment programming during its second round of UN Trust Fund funding, the B92 Fund found that it had vastly underestimated the effort it would take to do so. It had budgeted time and resources based on its pilot project but found that the institutional and community circumstances in the two new locations were so different that it took much more effort than anticipated. The experiences of the three grantees highlight that the MSC needed to respond to VAWG for prevention is not easy or quick to establish, not even when it is duplicated in the same country.

Overall, the **grantees' experiences in joining, creating and/or leading MSC on service provision highlighted six important elements.** First, a CSO's staff are crucial to the process. Their commitment to survivors' needs and their ability to cultivate relationships is what drives the organization's ability to effectively collaborate with multisectoral partners. Second, especially in VAWG prevention programming where MSC is decisive for its success, well-organized staff and communication structures are critical, allowing consistent input and communication between partners. Third, MSC benefits from longer-term relationships, as was illustrated by PHR, Al Shehab and the B92 Fund, all of whom received two rounds of funding. Fourth, MSC should be responsive to and reflective of its context. For example, in the B92 Fund's pilot roll-out, women's organizations were crucial partners in identifying and supporting the survivors and at-risk women who participated in programming. However, with the organization's scale-up to a new town, it found that the local safe house was well connected and motivated, and thus able to identify survivors and at-risk women. This illustrates the importance of tailoring MSC to the realities of where CSOs are working, rather than according to pre-set ideas of who should (and should not) be partnered with. Fifth, to facilitate MSC it is important to carefully choose entry points. For example, ONIC used cultural conceptualizations and the term "family disharmony", rather than "violence against women" to avoid resistance from the indigenous movement in Colombia; and Al Shehab found it important when coordinating MSC on working with stigmatized groups such as female sex workers or men who have sex with men to link the issue to public health and not sexuality, otherwise government and community leaders did not want to collaborate. Finally, MSC should be formalized as much as possible, especially with government institutions. Owing to the rapid turn-over of people in certain organizations (especially in government), having formally signed memorandums of understanding helps to ensure that collaboration does not depend on individuals and maximizes resources and collaboration. For example, for MSP in Fiji this was a key strategy in both its MSC with government and civil society stakeholders.

KEY TAKE-AWAYS

- Grantee experiences show that CSOs are not always simply members of the multisectoral collaborative structures created by other stakeholders. On the contrary, CSOs can create, lead and coordinate new forms and networks of MSC on service provision. The grantees' collaborative efforts crossed different sets of sectoral boundaries, between stakeholders at local, national and/or international levels; from government, the private sector and/or civil society; and/or from different fields or disciplines, for example health, education, law enforcement and the judiciary.
- The grantees' MSC highlighted that approaching prevention and services as separate categories creates a false dichotomy. Numerous MSC activities both improved services for survivors and contributed to prevention.
- The grantees' MSC was focused on three main domains, where they were often the ones initiating, coordinating and leading the MSC. The three domains included training different service providers, establishing referral networks and ensuring that survivors were well treated at the different service points, and advocacy around VAWG and survivors and their needs. Their activities in these domains counter perceptions that services and prevention are separate categories. MSC activities often integrated prevention and services, with each strengthening the other.
- The grantees' experiences also highlight the challenges of creating MSC between **individuals** and not between the **institutions** they represent. Individuals taking part in MSC may face resistance from their own institutions when they engage in and prioritize MSC . This emphasizes the importance of including and mobilizing institutions in collaborative endeavours.

2.5. COVID-19 and services

LITERATURE REVIEW

Past public health emergencies have been followed by increases in VAWG, suggesting that VAWG may shift in nature and scale as a public health emergency affects social and economic life (Huq et al., 2021, p. 1; Roesch et al., 2020, p. 1; Viero et al., 2021, p. 1). The situation during the COVID-19 pandemic was no different, with an increase in VAWG reported globally as the realities and stressors of COVID-19-fuelled violence and increased risk factors. Lost income and employment due to COVID-19 mitigation measures contributed to reduced household income, food insecurity and women's increased economic vulnerability (Bourgault et al., 2021; Huq et al., 2021; Roesch et al., 2020). The pandemic also brought an increase in a number of stressors that interact with VAWG to amplify it, for example worry about basic needs, confinement in a small home, limited mobility, an increased burden of unpaid care work for women, school closures, the threat of civil unrest, and concern about the safety and future of children (Huq et al., 2021, p. 4; Majumdar and Wood, 2020). Therefore, an increasing number of women and girls needed VAWG responses and services.

Unfortunately, **the COVID-19 pandemic created significant additional problems for women and girl survivors of violence**. Ensuring their safety often requires a complex decision-making process involving help-seeking and support in both informal and formal networks. However, COVID-19 mitigation measures, such as quarantine, travel restrictions and social distancing, compromised many survivors' strategies for staying safe (Roesch et al., 2020, p. 1; Wood et al., 2020, p. 2). Survivors' inability to access support and services, due to official movement restrictions and/or societal pressure to "stay put" to reduce disease spread, was compounded by the temporary or permanent closure of some services (Bourgault et al., 2021; Huq et al., 2021; Wood et al., 2020). Some service providers temporarily or permanently halted service provision, as COVID-19 mitigation measures and fears made it too difficult to continue, while others were challenged by reduced resources and

capacities (Bourgault et al., 2021; Huq et al., 2021, p. 2). Even more informal community support systems were compromised. For example, community spaces and neighbours' homes were no longer available as escape routes owing to lockdowns and social distancing protocols (Majumdar and Wood, 2020, p. 9). **Some service providers were able to provide workarounds in certain settings.** For example, virtual counselling was provided by many, over the phone or through online platforms, although it carries the risk of survivors being overheard by others (even the perpetrator) and requires them to have access to a device (Huq et al., 2021; Ragavan et al., 2020). **The reality is that COVID-19 has contributed to the fact that, globally, survivors are not receiving the services they need**, including basic survival supplies, legal counsel and medical attention (Huq et al., 2021; Majumdar and Wood, 2020, p. 9). The United Nations Secretary-General recognized not only this reality but also the essential role that CSOs, especially women's organizations, played in the COVID-19 response. He highlighted the importance of funding women's organizations: "Women's organizations, operating with meagre resources, are often on the front line of community response – supporting those most affected economically by the crisis, ensuring shelters remain open for domestic violence victims, and channelling public health education messages to women." (United Nations, 2020a, p. 21) In response to the increase in VAWG that was associated with the pandemic, the United Nations Development System highlights the importance of partnering with and funding CSOs and women's rights organizations (United Nations, 2020b, p. 16).

Only one UN Trust Fund project was still programmatically active and being implemented during the COVID-19 pandemic, namely Al Shehab's scale-up project in Egypt. However, many of the grantees continued their VAWG prevention work after their UN Trust Fund funding ended, and during the focus groups discussed their experiences of rolling out programming during the pandemic. Furthermore, a number of grantees implemented their UN Trust Fund-funded programming in very fragile settings with repeated upheaval. Some of what they learned from dealing with these challenging settings can also be applied to providing services during the pandemic.

The COVID-19 pandemic brought many additional challenges to grantees striving to assist survivors. First, the pandemic made the lives of survivors and at-risk women, which were already hard, even harder. Although there was still a great (and often increasing) need for services, many services were no longer available owing to COVID-19 mitigation measures. For example, in the Khanke IDP camp in Iraq, FYF found that VAWG was increasing in the camp, as everyone was forced to stay at home (in their tents) owing to movement restrictions, adding tension to already stressful living conditions and limiting survivors' opportunities to access services. Yet many NGOs closed (some permanently), abruptly ending many of the services that survivors were relying on. In the Democratic Republic of the Congo and Kenya, some survivors' referral points were converted into COVID-19 response centres, and some referral points closed owing to service providers' refusal to work without adequate personal protective equipment. PHR faced additional difficulties in that its project focused on working with first responders in the Democratic Republic of the Congo and Kenya. During the COVID-19 pandemic, these first responders were overwhelmed, overworked and highly stressed. PHR had to completely adjust its planning, as engagement with the forensic evidence chain was not possible or appropriate in the light of the immediate challenges of the pandemic.

Grantees developed several plans and strategies to ensure that they could continue to roll out their VAWG prevention activities. Al Shehab trained staff and some volunteers on the nexus between VAWG, HIV and COVID-19, so that they could cope better with the current situation. It also provided personal protective equipment for programme beneficiaries, developed strict health measures for meetings and activities, developed hybrid methods for most activities, rearranged its centres to allow better COVID-19 prevention, conducted outreach events with smaller groups than originally planned and opened a hotline for psychological support. FYF in Iraq applied for special permission so that staff could still move around despite countrywide travel restrictions, allowing at least some

services to continue. PHR postponed training sessions and events linked to improving the forensic evidence chain and replaced them with debriefing sessions for first responders, as well as training sessions on vicarious trauma and self-care measures.

The COVID-19 pandemic also highlighted the importance of recognizing specialized services as essential services. Where the specialized services that CSOs provide to assist survivors are not recognized as essential services, these CSOs cannot continue service delivery when governments place travel restrictions on all but essential services.

PHR's change in focus contributed to MSC overall, as it allowed relationships to continue (as PHR continued to engage with various stakeholders from different sectors), and even strengthened them, as partners saw how PHR prioritized them and their personal mental health. Other measures were also rolled out to ensure that MSC continued despite COVID-19 restrictions. PHR is still conducting as many meetings as possible virtually, covering the costs of partners accessing the Internet to join these online meetings. Al Shehab continued MSC by arranging (COVID-19-compliant) round tables with different stakeholders on the nexus between VAWG, HIV and COVID-19, and a one-day consultation with NGOs and service providers on the sustainability of VAWG prevention services during the COVID-19 pandemic.

Unfortunately, challenges remain. Many beneficiaries and partners do not have devices and/or access to the Internet, limiting the options for switching to remote provision. Even where services are still available, the very real fear of contracting COVID-19 further inhibits some survivors from accessing these services. For FYF in Iraq, the COVID-19 pandemic highlighted the plight of undocumented IDPs overall, and undocumented survivors and at-risk women especially. Living outside the Khanke camp, as there is no space left in the camp itself, these IDPs are not formally acknowledged by the government, so they do not have the same rights as IDPs in the camp. During the pandemic, the situation of these "unofficial" IDPs' became even more precarious, as they did not receive the food assistance and hygiene kits that IDPs in the camp received. Therefore, FYF decided to focus, during the pandemic, on providing for IDPs outside of the camp. FYF's experience highlights the importance of seeking out and responding to the needs of those whose vulnerability to and risk of VAWG are compounded by multiple factors. It also highlights again the fluid link between general services and specialized services (with FYF pivoting to serving the undocumented IDP community in general), and between services and prevention (with FYF's services aiming to help prevent violence from happening among the undocumented IDPs).

Working to ensure that services are available for survivors during the COVID-19 pandemic has generated key lessons that are applicable to situations other than pandemics. First, Al Shehab feels that the pandemic highlighted the need to strategically rethink current models of service provision, including essential health-care services for key affected groups. It believes that the pandemic illustrated the urgency of adopting different methods that are more resilient and cost-effective, ensuring that vulnerable communities continue to receive the services and support they need in a crisis. Although this is of course essential in the midst of a pandemic, the reality is that resources are always too limited to comprehensively provide all the services required by survivors and those at risk. Such a rethink of approaches and methods is thus long overdue. Second, Al Shehab argues that the COVID-19 pandemic again underscored the importance of community volunteers. During the pandemic, although Al Shehab as an organization was limited in what it was allowed to do and where it was allowed to go, its community volunteers continued to provide some of the services and support that survivors and at-risk women required. Finally, PHR's shift to virtual meetings highlighted that many in-person meetings can be replaced with virtual meetings, saving time and money and allowing more people to attend. Although PHR's forensic evidence training sessions are very practical and require in-person attendance, the network meetings that facilitate MSC work well virtually – especially when they are follow-up meetings. The organization will continue to use this approach.

KEY TAKE-AWAYS

- Grantee experiences show that in many settings the COVID-19 pandemic increased the need for services for survivors but that the provision of services was reduced or limited owing to COVID-19 mitigation measures. Grantees found workarounds to continue to provide some services but were drastically curtailed in what they could do.
- Some grantees' workaround measures promoted MSC, especially where partners felt that grantees understood their personal challenges during the pandemic. The increased acceptability and use of virtual meetings opened up avenues for more cost- and time-effective meetings, which in turn enabled MSC.
- While workarounds were found, the COVID-19 pandemic highlighted the importance of developing methods of service provision that are more resilient and cost-effective, to ensure that survivors continue to receive the services and support they need in a crisis.

Credit: Courtesy of Free Yezidi Foundation (Iraq).

3. CONCLUSION AND RECOMMENDATIONS

This synthesis review's collation, analysis and synthesis of PBK from eight UN Trust Fund grantees whose projects focused on ensuring that survivors receive the services they need has highlighted a number of key lessons.

First, the grantees' projects not only illustrate the fluidity of the prevention–response continuum but also serve as a warning against policies and funding that take a binary view that does not allow practitioners to design and continuously adapt programming to best serve survivors and suit the context. In reflecting on how these CSOs implemented services, it became clear that they see VAWG prevention and response as inextricably linked and mutually reinforcing – as the continuum discussed in section 2.1 illustrated. Policies and funding should be led by CSOs in this regard, and avoid pigeonholing funding into absolute categories that do not allow practitioners to evolve or adapt their programming. At the same time, the grantees' experiences in high-risk settings and during the COVID-19 pandemic highlighted the risk that primary prevention may be sidelined when disaster or crisis strikes. Yet simplistically protecting primary prevention funding runs the risk of ignoring the prevention–response continuum. This remains a challenge.

Second, CSOs play a much more crucial and leading role in providing and/or ensuring services for survivors than is currently recognized, and in providing these services they are complexifying the divide between general services and specialist services, and between services and prevention. Some CSOs are helping government service providers to ensure and strengthen general service provision, while others offer their specialist services to the community at large. Other CSOs are providing general services tailored to the specific needs of survivors. These CSOs' experiences of service provision thus point to general and specialist services being connected in a fluid way, with CSOs adapting their services based on survivors' and communities' needs. They also see their services as contributing to VAWG prevention, and not solely as assisting survivors.

Third, recognizing that CSOs play a role in both general and specialist services does not free States from their responsibilities towards survivors. The due diligence principle holds States accountable for the human rights abuses perpetrated not only by the State or State actors, but also by non-State actors (Aziz & Moussa, 2016). Public international law thus recognises that States have a responsibility to address and respond to VAWG, regardless of who perpetrated the act. Grantees' experiences have shown that they do not have the resources or standing to replace State actors when it comes to service provision. Rather, the fluidity of the connection between general and specialist services highlights the importance of State and non-State actors working **together** to respond to survivors' needs. Both have unique roles and abilities that they contribute, which should be leveraged synergistically. At the same time, the role of CSOs in both general and specialist service provision needs to be recognized, supported and adequately resourced.

Fourth, what is not being adequately recognized is that CSOs are creating, leading and managing MSC around services, often in extremely challenging, high-risk settings. This synthesis review's eight grantees have led and managed MSC to ensure better services for survivors, which highlights that greater efforts should be made to (a) include CSOs in national- and international-level collaborations, (b) recognize and support them (including financially) if they take a leading role and (c) learn from them. Furthermore, MSC by grantees also highlighted that approaching prevention and services as separate categories creates a false dichotomy. Numerous MSC activities both improved services for survivors and contributed to prevention.

Finally, this synthesis review has highlighted the leading role that CSOs play in unpacking and guiding what it means to be survivor-centred in VAWG prevention programming. The survivor-centredness continuum highlights that grantees are different in terms of how and to what extent they centre survivors, and underscores the need for organizations to think critically about how they position survivors in their VAWG prevention programming, including primary prevention programming. A number of the grantees included in this synthesis review took significant time and effort to think through and operationalize what it means to be survivor-centred in their programming. Many of them adapted their approach as a result of their reflections on this subject, challenging the dominant understanding of survivor-centredness, which they found too narrow or restrictive. **Considering the emphasis that the international community is increasingly placing on organizations being survivor-centred, more effort should be made to learn from CSOs in this regard.**

Thirteen recommendations are offered below on the task of ensuring survivor-centred, multisectoral responses for VAWG prevention. These are informed by practitioner insights from the projects featured in this synthesis review but also by the process of synthesizing these insights. The recommendations target three specific groups: (a) practitioners, (b) donors and policymakers, and (c) researchers in the field of ending VAWG.

3.1. Recommendations for practitioners

1. **Develop and continuously adapt VAWG programming, aiming to become increasingly survivor informed and survivor led:** Practitioners should aim to ensure that VAWG prevention programming (design and implementation) are determined by the nature of the survivors, the context and the forms of violence that they experience. To ensure that responses and services meet survivors' needs, programming should evolve and adapt based on the needs and priorities of survivors. This entails intentionally creating opportunities for survivor input, including on programming design and implementation overall. Practitioners should challenge themselves to move along the survivor-centredness continuum to become increasingly survivor-informed and -led.
2. **Civil society can take the lead in MSC:** Especially in fragile and resource-challenged settings, and especially for CSOs, it is impossible for one organization to provide all of the support that survivors need. If adequately resourced and capacitated, CSOs should explore taking the lead in creating, leading and managing MSC around service provision. At the same time, CSOs should continue to lobby and/or partner with State service providers, to ensure that they are also supporting survivors in the ways they are obligated to.
3. **Strive for balance in programming providing services:** The fluidity of the prevention–response continuum warns against designing programming that cannot be adapted to the context and survivors' needs. Service provision may be an entry point for prevention, or vice versa. Practitioners should avoid binary views of prevention and response that could stop them listening to survivors and understanding the needs in communities. At the same time, more work is needed, particularly at programme design stage, to articulate the theory of change that explains the complex nature of this continuum and how it is engaged with in programming. Make clear whether prevention work is an organic by-product of service provision, or whether there is a clear theory of change that explains how prevention is built into service provision.
4. **Support community volunteers as an important element of programming:** Community volunteers are important for service provision, especially in fragile and resource-constrained settings. They can also be a crucial element of ensuring the sustainability of programme impact after project implementation has ended. However, for community volunteers to effectively fulfil their role, the necessary time and resources must be dedicated to selecting, training and supporting them. Programming should provide the necessary time and resources, to avoid overburdening volunteers.

3.2. Recommendations for policymakers and donors

5. **Design policies and funding in ways that allow practitioners the flexibility to respond and adapt to their contexts:** VAWG prevention and response are interlinked and mutually reinforcing, and both are important to eradicating VAWG. Therefore, do not force practitioners to design and implement one-dimensional programming that only does one or the other. Policies and funding should allow practitioners to respond to their realities in appropriate ways, recognizing the ethical dimensions of the work that they do, and integrate prevention and response activities in ways that holistically address the particular aspects of VAWG that they have identified.

6. **Recognize, resource and support CSOs as creators and leaders of MSC:** Recognize that CSOs, including smaller local women's organizations, can be the ones to create, lead and ensure MSC around services. Especially in fragile settings, these CSOs are often the only stakeholders that can reliably reach and engage with survivors. Therefore, it is important to not only include CSOs in discussions on collaboration to address VAWG but also be open to CSOs leading such collaborative efforts. However, as coordinating MSC takes considerable time and effort, CSOs must receive adequate (financial) support to take the lead in this regard.

7. **Fund CSOs, especially women's organizations:** CSOs are filling significant gaps in terms of delivering services and ensuring MSC that serve the needs of survivors. Women's organizations in particular may be uniquely placed to reach survivors in conflict-affected and fragile settings. Recognize the crucial role that these CSOs play by funding their efforts to provide services.

8. **Develop policies and funding that support the economic empowerment of survivors, which is a strategic space to enhance the linkage between prevention and response:** Economic empowerment is an important element of responding to survivors' needs, potentially also affecting the success and impact of other services. However, adequately empowering survivors to become financially independent requires funding to ensure that the training or support they receive is appropriate and comprehensive enough to lead to financial independence. Donors should recognize this in terms of the funding they make available for economic empowerment, while policymakers should promote the development of national corporate social responsibility policies and legislation that encourage (or even force) private sector stakeholders to support such initiatives. Economic empowerment programmes are a strategic space to enhance linkages between prevention and response, and therefore it is important especially for stakeholders working on Social Protection to integrate EVAWG in their policies and programmes.

3.3. Recommendations for researchers in the field of ending VAWG

9. **Conduct more research on CSOs and their role in service provision:** More research is needed on CSOs as providers of services to survivors. This should include not only studying CSOs as providers of specialist support services but also engaging with settings where the fluid connection between general services and specialist services – and the role of CSOs in both – can be explored.

10. **Develop appropriate research and evaluation methodologies:** Research and evaluation methodologies are needed that can engage with an approach to ending VAWG that sees prevention and response activities and outcomes as inextricably linked. Rarely does a CSO engage in only service provision, or only primary prevention. Tools are needed that can adequately capture the complexity and fluidity of VAWG prevention programming.

11. **Explore the prevention-response continuum:** Better understanding is needed of the preventative impact of response programming, as well as of the improvement in response as a result of prevention programming. Develop and invest in evaluations that are able to carefully unpack the likelihood of a

preventative impact as a direct result of an effective response programme, and vice versa.

12. **Carry out more research on the role of CSOs in creating, leading and coordinating MSC on service provision:** Although MSC is recognized as critically important to service provision, there is inadequate recognition of the fact that CSOs often create and lead such MSC. More research is needed that captures these roles of CSOs, explores how they fulfil these roles and investigates how they can be best supported in doing so.

13. **Conduct more research on survivor-centred approaches for prevention programmes:** The survivor-centredness continuum highlights that CSOs differ in how they include survivors in their programme design, implementation and learning. More research is needed to understand what enables certain organizations to gradually become increasingly survivor-informed and -led, intentionally and systematically listening to and being guided by survivors in all that they do, but especially so within prevention programmes. In this regard, CSOs appear to be taking an important step in advancing their understanding of survivor-centred VAWG prevention programming, and should be included in research.

Credit: Courtesy of Physicians for Human Rights.

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