

**Proposal for Phase II of**  
**The Safety, Security, and Dignity for Women Project**  
**CARE International Sri Lanka**



## **A. Introduction**

Building on more than 9 years of prevention of Gender-based Violence<sup>1</sup> (GBV) programming in Sri Lanka, the proposed project and its predecessor the *Security, Safety and Dignity for Women* (SSDW) seeks to strengthen the implementation of UN Security Council Resolution 1325 (UNSCR 1325) and related resolutions on Women, Peace and Security in Sri Lanka. It seeks to do so through increasing women's meaningful participation in decision making processes, particularly related to security and peacebuilding, and strengthen the prevention and protection of women and girls against GBV in the post-war setting of Northern Sri Lanka. Seeking to facilitate normative, policy and structural changes, CARE works at the community, district and national levels to impact the lives of 15,000 women in the northern districts of Killinochchi and Mullaitivu and indirectly over 1 million women in Sri Lanka.

Over the last 12 months, funding from the Norwegian Ministry of Foreign Affairs enabled CARE to establish a strong working relationship with Sri Lanka's Ministry of Child Development and Women's Affairs (MCDWA), as well as with local communities and government structures in the north of Sri Lanka. Through this partnership, protection and prevention mechanisms have been established and strengthened, and the capacity of front line staff have been built in order to ensure a holistic, effective and ethical response to GBV. Through a second phase of SSDW, the protection and prevention mechanisms will be further strengthened and through partnership with the national level GBV Forum and others, evidence based advocacy will be scaled up to promote the implementation of the Prevention of Domestic Violence Act (2005), and women's participation in post-conflict reconstruction and peace-building. Through this project, CARE will build on its extensive expertise and experience across Sri Lanka, as well as in other countries in the region, working with women, men and youth to transform norms and attitudes that perpetuate inequality and violence.

## **B. Context**

Five years since the end of the war in Sri Lanka, communities living in former war zones continue to grapple with rebuilding their lives and regaining a sense of security and wellbeing. While the security has improved in the North to a certain extent, reports of sexual and gender based violence have increased, indicating a highly insecure context, particularly for women and girls<sup>2</sup>. In the former war affected areas of Northern Sri Lanka such as Killinochchi and Mullaitivu in the Northern Province, the security situation is further compromised by continued militarization, the area's complex political and security dynamics, weak prevention and protection mechanisms, as well as

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<sup>1</sup> GBV is defined in the proposal as violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. It can take on many forms and can occur throughout the life cycle. While women and girls are most at risk to GBV, CARE also recognizes that men and boys are subjected to gender-based violence, as can sexual and gender minorities. Regardless of the target, gender-based violence is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control.

<sup>2</sup> See for instance the International Crisis Group's report "Sri Lanka: Women's Insecurity in the North and East" (Dec.2011) or "Living with Insecurity: Marginalization and Sexual Violence against Women in the North and East in Sri Lanka" (Minority Rights Group International, 2013)

poor availability of services that protect women and girls from violence. In the North, GBV is a key factor preventing women and girls from re-establishing their livelihoods and from participating in the reconstruction of their communities and in peace-building processes.

GBV is pervasive in homes as well as in public spaces, limiting women's mobility, livelihood choices and access and control over resources and markets, their participation in decision making processes, access to services and to justice. Despite a domestic violence act in place since 2005, mechanisms to ensure its implementation are not in place and violence continues to be seen as a private matter leading to high levels of impunity for perpetrators, while sexual harassment, assault and abuse of women and girls in public spaces is often trivialized, ignored or even justified. Despite the lack of comprehensive data, micro studies and anecdotal evidence is beginning to shed light on the forms and prevalence of GBV in Sri Lanka. Available police reports showed that during the first quarter of 2012, sexual assault including rape and abduction accounted for 7% of the nationally reported grave crimes<sup>3</sup>. Of the 5 categories of violence against women and children reported in the north, all were above the national percentages<sup>4</sup>. In a recent study conducted by CARE in 4 districts of Sri Lanka, 36% of the male sample admitted to have perpetrated physical and sexual violence against their intimate partners, while 41% admitted to emotional abuse<sup>5</sup>. In the same study, 29% of the women reported that they had been subjected to sexual and physical violence, while 30% reported emotional abuse. These findings suggest that the stigma related to violence and abuse stops women and girls from reporting violence and from seeking help. The findings also suggest that there is an urgent need to strengthen primary prevention efforts, and to remove the stigma and barriers connected with reporting violence and seeking help. In the former war affected areas micro studies are slowly shedding some light on the situation<sup>6</sup>. For example, Women Development Officers (WDOs) interviewed by CARE in Killinochchi and Mullaitivu indicated dealing with 15 – 25 GBV cases a month.

Most communities in Northern Sri Lanka continue to grapple with returning to normal life and rebuilding social systems torn apart by decades of war. As is CARE's experience in other war affected communities, such as in the Balkans, violence is often sustained, but may take on new forms, in post-conflict communities. Similarly, we see that GBV is on the rise, or at least becoming more visible, in Northern Sri Lanka.

Limited access to the north and the complex political and security situation has made it challenging to respond adequately to GBV in Northern Sri Lanka. The social stigma, fear of repercussions and re-victimization, further adds to the insecurity and violation of women's rights in the North. Despite these challenges, northern communities are increasingly receptive to the need to address and respond to GBV. Likewise, service providers are increasingly seeking to respond to the needs and rights of

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<sup>3</sup> [http://www.police.lk/images/others/crime\\_trends/2011/distribution-of-grave-crime-abstract-for-year-2011.pdf](http://www.police.lk/images/others/crime_trends/2011/distribution-of-grave-crime-abstract-for-year-2011.pdf)

<sup>4</sup> Ibid

<sup>5</sup> *"BROADENING GENDER: WHY MASCULINITIES MATTER" - Attitudes, practices and gender-based violence in four districts in Sri Lanka.(2012)*

<sup>6</sup> In 2011, the Sri Lankan Medical Association undertook a research on SGBV in 2011 that reviewed information from police reports, hospital records and welfare centres. The research was focused on IDPs who had been subjected to SGBV during and after the conflict, in the north and east conflict-affected areas. The research found that among displaced, most victims of SGBV were aged between 20 – 44 years, perpetrators were mostly male and related to the victims and that most violations occurred in domestic settings. In terms of response, the study found that authorities lacked the capacities and resources to collect and maintain data as well as recognize GBV as a criminal offence. Undertaken in 12 localities it focused on war-affected areas, including Killinochchi and Mullaitivu. Findings were drawn from police reports, hospital records and 'welfare centers'.

[http://www.researchgate.net/profile/Vathsala\\_Jayasuriya/publication/256198565\\_Review\\_of\\_Research\\_Evidence\\_on\\_Gender\\_Based\\_Violence\\_\(GBV\)\\_in\\_Sri\\_Lanka/file/72e7e521fad551c77.pdf](http://www.researchgate.net/profile/Vathsala_Jayasuriya/publication/256198565_Review_of_Research_Evidence_on_Gender_Based_Violence_(GBV)_in_Sri_Lanka/file/72e7e521fad551c77.pdf).

survivors of GBV. A momentum is created for strengthened GBV response and CARE Sri Lanka is well placed to capitalize on this momentum to strengthen the quality and availability of front line services, build the capacity of state and government front line services, as well as local organizations' capacity to capitalize on state and government commitments to combat GBV

Gender roles in the region have altered after the war, with more women taking on the sole responsibility for the households' income generation. Women are therefore increasingly finding themselves needing to compete with men for limited employment opportunities and resources. For women with little assets, skills or support networks, high risk livelihood options such as transactional sex and sex work are often the only options left. Women's access to participate in, and influence decision making processes is barred by traditional gender norms and this is particularly noticeable at the higher levels. For example, despite women being largely affected by the war, there are no women in the 19 member Presidential Task Force (PTF) set up to oversee recovery and reconstruction efforts in the northeast. Furthermore, only 9 women were elected to the local government bodies opposed to the 315 male members. Nationally women only account for 2.01% of those in local government<sup>7</sup>. In the Provincial Council elections held in 2013, 2 women were elected out of 38 members.

Although state services for GBV survivors are being put in place in Northern Sri Lanka, the lack of coordination between the different actors, poor capacity and resource limitations have weakened the effectiveness and responsiveness of these services. It is imperative that the civil society groups that have been at the forefront of providing support to victims and state service providers work together to strengthen the coordination. Although more police Women and Child Desks are being set up and more Tamil speaking officers are being employed, public confidence in government services still needs to be built. Despite increased efforts by development agencies such as the UN and CARE, as well as civil society actors, to sensitize law enforcement personnel on how to identify and deal with cases ethically; immediate and scaled up action to ensure an ethically sound, coordinated, multi-sector and holistic response to GBV is urgently needed to address and combat the high levels of GBV in Northern Sri Lanka. CARE's assessment underlines the critical need for training of the police, judiciary, health- and social service providers so that they are better informed and skilled to execute their duties. In the North such efforts are of particular importance given less access to capacity building for service providers compared to elsewhere in Sri Lanka. It is furthermore vital that the attitudes and norms that condone GBV are confronted and dealt with. Raising awareness of what legal, health and psychosocial services are available is key, as is empowering women to voice their concerns and influence decision making within state structures and the community.

Growing international and national pressure to address human rights concerns, past and present, prompted the Government of Sri Lanka to develop a *National Action Plan for the Protection and Promotion of Human Rights*<sup>8</sup>. With a section on women's rights, it details what actions the government will take in relation to women's political representation and participation and removal of discriminatory legislature<sup>9</sup>, economic empowerment, protection of women in the informal sector and violence against women. A key element of the plan to address violence against women is the implementation of the Prevention of Domestic Violence Act. It also calls for addressing issues faced by women affected by the conflict and the development of a separate policy on women headed

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<sup>7</sup> Representation in Politics: women and gender in the Sri Lankan republic. Maithree Wickramasinghe and Chulani Kodikara <http://republicat40.org/wp-content/uploads/2013/01/Representation-in-Politics1.pdf>

<sup>8</sup> Full details available on [http://www.hractionplan.gov.lk/Focus\\_area-2-4.html](http://www.hractionplan.gov.lk/Focus_area-2-4.html)

<sup>9</sup> The Land Development Ordinance (amendment of Third Schedule to change gender discriminatory provisions on succession) and the Vagrants Ordinance are the two that are specifically identified in the NHRAP.

households. Aside from the MCDWA, the Women's Parliamentary Caucus is an influential group set up within the parliament to advocate for the amendment of legislature for the empowerment and protection of women. Over the years the Caucus has actively engaged with civil society to strengthen the implementation of the Domestic Violence Act and pushing for legislature to increase female representation in government. Working with the Caucus and similar groups is crucial to share evidence, coordinate efforts, pool resources, build capacities and initiate joint actions and campaigns. Another area that requires intensified efforts is engaging men within the government to advocate for ending violence against women. CARE will therefore initiate dialogues on men and masculinities, violence against women, the cost of such violence and the government's responsibilities to prevent violence and protect survivors.

### **C. Project Approach and Comparative Advantage**

With an emphasis on empowering women, the approaches and models used aim to strengthen women's meaningful participation, representation as well as capacities to effectively engage and influence decision making, while also confronting attitudes, policies and institutions that impede gender equality.

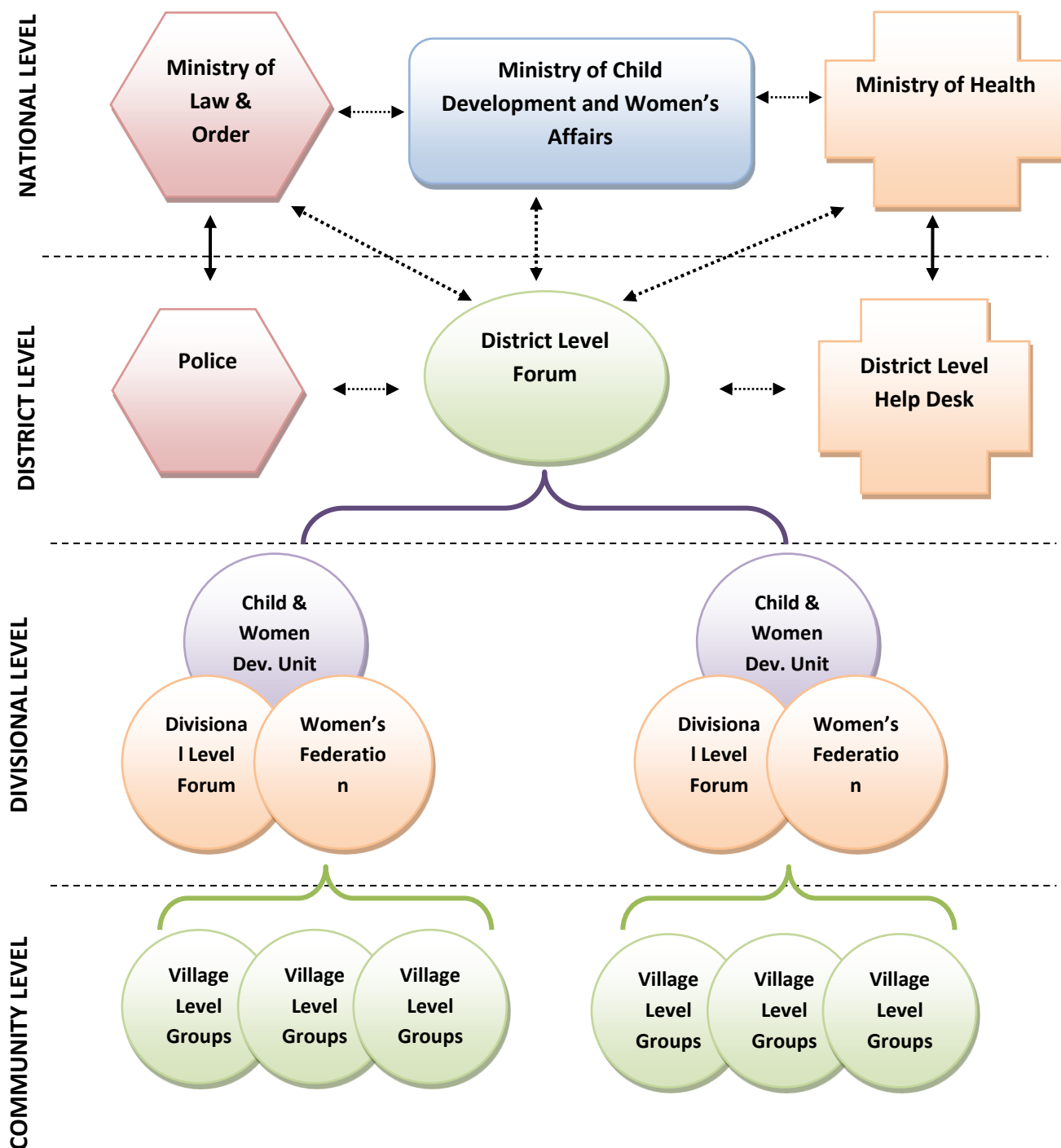
A successful model (**DIAGRAM 1**) developed by CARE is the village level action groups (VLGs). The VLGs mobilize community members to address GBV at the community level and establish linkages and referral pathways with service providers and other actors to ensure that survivors of violence and other women in a vulnerable situation can access legal, health and psychosocial support, livelihoods and income generation opportunities and education facilities. Made up mostly of women, these groups provide women with an opportunity to voice their opinions and influence issues concerning their security as well as broader community related issues. As a result of trainings provided and experience gained, the women who have participated in VLGs have developed leadership skills and some have gained respect from their communities as leaders. Recognizing the need to engage men more proactively in combating GBV, strategies were piloted through BRIDGE and EMERGE<sup>10</sup> to build men and boys' capacities and interest in promoting gender equality. The learning and momentum gained through EMERGE and BRIDGE programs will be capitalised on through the next phase of SSDW.

At divisional level, service providers and community representatives come together to discuss, coordinate and raise issues of GBV. CAREs experience show that the community groups are particularly effective in mobilizing community support for awareness raising and prevention efforts and for referring cases to service providers directly or through the divisional forum. The concerns and recommendations raised at district level are reported to the relevant line ministries either directly through the Child and Women Development Units (CWDU) or the Help Desks and the District Secretariats. CAREs model, linking communities with district, divisional and national government, is therefore an excellent accountability mechanism for communities to hold their government to account for policy development, service provision and implementation of legislation. Apart from the vertical relationships, this model enables communities to develop horizontal links with other community activists, non-state service providers and civil society actors engaged in GBV prevention and response, building a significant constituency that can take action against GBV.

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<sup>10</sup> BRIDGE, funded by the Norwegian Ministry of Foreign Affairs, specifically worked with women headed households, to strengthen their livelihood security as well as decision making in community structures, as well as strengthening the response to GBV. EMERGE, funded by the Norwegian Telethon, was a pilot initiative that is generating learning and piloting efforts focused on engaging men with a specific focus on understanding masculinities and its influence on GBV.

**DIAGRAM 1**



CARE's *Safety, Security, and Dignity for Women* Project expanded on the above model by partnering with the Ministry of Child Development and Women's Affairs (MCDWA)<sup>11</sup>, a significant accomplishment that provides CARE with opportunities to ensure that grassroots voices are heard at the Ministry and Government levels in Sri Lanka. CARE will continue its strong partnership and cooperation with local communities, other civil society actors and the divisional and district level government. CARE's objective to partner with the Ministry is threefold; a) development of a state protection model that is responsive to the unique needs of the war affected communities and is holistic in its response, b) expand the impact of the project through institutionalization and replication of the model by the Ministry, and c) ensure high quality services, accountability and sustainability. Furthermore, the partnership with the Ministry will strengthen VLAGs and other civil society actors' access to influence and participate in decision- making processes as well as hold service providers and government accountable.

Through this project, CARE will continue and strengthen its role as a facilitator, connector and advocate for women's rights in Sri Lanka. In addition to consolidating its partnership with the MCDWA<sup>12</sup>, CARE will continue to build and strengthen partnerships with local civil society organisations, local government including front line workers such as the police and health personnel at the national and provincial levels and other key stakeholders. To enable evidence based advocacy on women's rights, CARE will continue to supporting knowledge and evidence generation on GBV, policy gaps and the quality and gaps in service provision. CARE will partner with civil society organisations such as Women and Media Collective, Women in Need, Social Scientists Associations and research institutions such Verite to facilitate evidence based advocacy. CARE's role as facilitator in the GBV Forum at the national level will continue, in addition to developing partnerships with groups such as the Parliamentary Women's Caucus<sup>13</sup> and other policy makers.

CARE will build on the trust gained with local communities and government to connect and negotiate with different stakeholders. For example, trust fostered with the MCDWA will enable CARE to begin raising more sensitive issues and provide technical support on women's rights and gender equality. Strong partnerships fostered with communities, local government and civil society actors in the north-east based on more than 20 years of working in the area will be used to connect stakeholders for a coordinated response to GBV.

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<sup>11</sup> An MoU with the Ministry has been signed for the partnership on UNSCR 1325 implementation

<sup>12</sup> The responsibilities of the Ministry are primarily centered around the implementation of policies, plans and programs with a focus on women's empowerment. This includes the advancement of the quality of life for women, increased participation in national development policies and promotion of gender equality and justice. It is also responsible for the implementation of the Women's Charter. The Charter was created as a means of translating the CEDAW commitments into the Sri Lankan context by spelling out the more detailed steps the state should take in ensuring the equal rights of women – it is yet to have any legal clout. Originally the Women's Affairs Ministry (set up in 1983) it has since been combined with others, and is the case now – i.e. child development. As an apex body, the following departments and statutory institutions come under the Ministry - the Department of Probation and Child Care Service, National Child Protection Authority, Children's Secretariat, Women's Bureau (WB) and National Committee on Women (NCW), with the latter two focusing on women. While the NCW assists and guides in the formulation of legal frameworks, the WB implements, overseeing Women Development Officers that are recruited at the Divisional Level and acts as the Ministry's primary interface at the grassroots.

<sup>13</sup> Set up in 2006, the Caucus comprises of all the women Parliamentarians (13 currently), with an objective of the empowerment of women and the elimination of 'all sorts of violence and harassment against them'. Its current Action Plan (presented to Parliament in July this year) seeks to amend and repeal specific laws that discriminate women, increase women's representation in political institutions and to take into consideration the provisions of the National Human Rights Action Plan and all relevant UN Conventions ratified by the government.

## **D. Project Goal and Intermediate Goals**

The project will contribute to CARE's broader country office program goal for 2012 – 2016 that states "Two million marginalized women and youth fully realize their rights and contribute towards economic, political and social transformation by 2016."

### **Project Goal**

**100,000 Women and members of their families in Killinochchi and Mullaitivu districts live in safety and security and participate and influence decision making processes and actively engage in Sri Lanka's reconciliation processes**

### **Intermediate Goals**

Each of the three intermediate goals will specifically contribute to prevention, protection and participation in line with UNSCR 1325's three pillars of prevention, protection and participation

**Intermediate Goal 1 (Participation):** 3500 number of women from Killinochchi and Mullaitivu Districts participate in, and influence decision making forums at community, divisional, district and national levels.

**Intermediate Goal 2 (Prevention):** 15000 women, men and youth demonstrate attitudes and behaviours that challenge social and cultural norms that undermine gender equality and condone GBV.

**Intermediate Goal 3 (Protection):** 10 State institutions at district and national level demonstrate greater responsiveness and accountability towards ending GBV

## **E. Activities**

**Intermediate Goal 1 (Participation): 3500 women from Killinochchi and Mullaitivu Districts participate in and influence decision making forums at community, divisional, district and national levels.**

1. Strengthen or Establish Community based Mechanisms (VLGs) to increase women's meaningful participation - In order to strengthen women's participation and their ability to influence decisions and policies that impacts not only their own security but that of their families and larger communities the project will set up or strengthen decision making structures that enable women's active participation in decision making processes. Modelled after CARE VLGs, these will provide women with the space to voice their specific concerns and collectively devise means to deal with these through designing advocacy campaigns or approaching service providers and government institutions directly with their requests.
2. Facilitate a process to establish a federation of Women's Organizations – The women's groups will be organized to establish a federation that will greater bargaining power with the administrative and provincial structures as well as be able to influence the national level decision makers.

3. Building Capacities - Building women's capacities to lead and negotiate will add to their individual and collective confidence and capacities to effectively advocate for quality services. Raising awareness on UNSCR 1325 and other key national and international frameworks for women's rights will be included in the capacity building plans. For learning purposes and skills development, women's groups will be exposed to community level governance structures with substantial women's representation in other districts.
4. Establishing links between the state and non-state actors and the women's groups - To facilitate a strengthened coordination between actors and increased access to services, CARE will facilitate links with the CDWU and the district level GBV Forums. CARE will also facilitate discussions between women and key policy makers such as the Women's Parliamentary Caucus and the Northern Provincial Council. Not only will these discussions expose the policy makers to community level issues and concerns, they will also provide an opportunity for the women to influence policies and lobby for allocation of resources and services. The project will also link these groups with civil society actors both in the region and national level in order to ensure their voices are being represented at civil society forums as well.
5. Building Capacities of Women within state structures - Most staff employed as frontline field staff by the MCDWA are women. Again by building their knowledge, capacities and confidence to deliver quality services at the divisional level they are provided with opportunities to influence decisions and shape policies. Given the critical role they play in influencing the different ministries' policies, strengthening their skills will help promoting women's participation in decision making processes.

**Intermediate Goal 2 (Prevention): 15,000 women, men and youth demonstrate attitudes and behaviours that challenge social and cultural norms that undermine gender equality and condone GBV.**

1. Building capacities of community members to conduct sensitization and education programs – Capacities of women, men and youth will be built to facilitate discussions within their communities that will help identifying the root causes of GBV as a first step towards combatting GBV. Youth will be trained on designing and implementing context specific and culturally sensitive awareness raising campaigns. CARE will use existing training manuals, resource persons and institutions to facilitate these trainings. The project will specifically target 300 youth already exposed to the issue in phase one.
2. Conduct Sensitization and Education Programs - Youth and women consulted through the project last year,<sup>14</sup> confirmed that GBV is a key concern for local communities in the North. They also confirmed their commitment to address and combat GBV and their need for capacity building to be able to do so. CARE will therefore in this phase introduce culturally sensitive methodologies that enable communities to discuss and address the root causes of gender inequality and GBV. Tools developed and used by CARE through other programs and that have proven successful in facilitating community dialogue on sensitive issues such as

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<sup>14</sup> This assessment was carried out in 2013 with Women Rural Development Society (WRDS) members and with groups of youth in the DS divisions of Karaichchi and Poonagary in Killinochchi and Maritiempatu and Puthukuddiyiruppu in Mullaitivu. The assessment identified forms of GBV as well as gaps in response mechanisms.

GBV will be used for this purpose. Forum theatre, change agents and happy families are examples of such tools that have proved to be successful and that will be used in the next phase.

3. Further sensitizing state officials - As part of the capacity building efforts targeting Ministry staff as well as frontline workers, CARE will not only raise awareness of women's rights in national and international legal frameworks, including the Domestic Violence Act, and the government's duty to fulfil their rights, but also raise awareness of the financial and social costs of GBV. A CARE project on the cost of violence against women in Bangladesh found that the total cost of GBV in terms of hospitalisation, seeking legal redress and loss of productivity equals 2, 05% of GDP in Bangladesh. This "instrumentalist" argument for addressing and combatting GBV has often proved more stimulating for governments than the "human rights" argument. With the appointment of the Northern Provincial Council, CARE will work to ensure responsiveness of policies regarding women's security concerns.
4. Engaging Men – Through the proposed project, CARE will further build on methodologies developed and experience gained through CAREs engaging men and boys program (EMERGE), to engage men and boys for the prevention against GBV. Community members, including young men and boys, as well as male parliamentarians and government officials will be targeted with capacity building and awareness raising on GBV and the cost of GBV. Government officials and parliamentarians will also be trained on UNSCR 1325 and Sri Lanka's obligation, as a UN member state, to implement the resolution.

**Intermediate Goal 3 (Protection): 10 State institutions at district and national level demonstrate greater responsiveness and accountability towards ending GBV**

1. Establish the CWDU as a model of the MCDWA to institutionalize service provision - Over the last year, strong working relationships established with the Ministry and capacity assessments at the national and district levels have provided useful insights on the abilities of the Ministry's field level officers. Assessments have helped understand what was available in terms of protection and prevention mechanisms, the capacities and gaps. The learning generated from the establishment of CWDU's will be used to develop a model that can be replicated and institutionalized by the Ministry in other districts. A publication documenting the best practices will be jointly developed with the Ministry and CARE to be shared widely for advocacy and learning purposes.
2. Establish a coordination mechanism for greater collaboration between actors – The project will support the CWDU to effectively convene GBV Forum meetings at the divisional and district levels that will bring together the various state and civil society stakeholders working on GBV in order to ensure a coordinated, holistic and multi-sector response to GBV. Service providers, including health and psycho-social support and legal aid providers will be included in these forums. The forums will also provide the women led community response mechanisms with a space to directly interact with key actors and service providers on GBV. The Forum will also be a space to communicate gaps and concerns related to the availability and quality of services. This will expose state actors to the most pertinent community issues, and provide opportunity for local communities, and particularly women, to influence decision making related to GBV services and response, as well as holding service providers accountable to deliver quality services.

3. Capacity building of Child and Women Desk officers of the Sri Lanka Police – The training will primarily target the officers of the women and child desks of the Sri Lanka police to strengthen their capacity to deliver quality services to survivors of violence and to ensure ethical case management of GBV. CARE presumes that the impact of the training also will improve community confidence in law enforcement personnel.
4. Policy Advocacy - Over the last year, CARE made significant progress in reinforcing the MCWDAs accountability towards women and girls rights in Sri Lanka. The convening of a policy dialogue with the MCDWA on women's rights and in light of the *National Action Plan of the Promotion and Protection of Human Rights* (NHRAP), made the government recognize what is progressing as well as what lacking in terms of implementing its commitments. As part of the NHRAP, the implementation of the Domestic Violence Act was discussed and debated. The dialogue also placed GBV back on the agenda and raised the critical need and urgency for addressing GBV in the north. An open dialogue with the Ministry on its capacity and resources to deliver on its obligations as laid out in national and international legal frameworks on women's rights was started, and this dialogue will continue through the second phase of this project. Building on the momentum achieved, CARE will continue to coordinate efforts with the national level GBV Forum to advocate for the full implementation of the NHRAP as well as the Domestic Violence Act. The Women's Parliamentary Caucus is another body the project will seek to engage with. The Caucus' current action plan calls for a 30% quota for female candidates in elections as well as addressing electoral violence which is a key barrier for female candidates. Relationships facilitated by the project between policy makers such as the Caucus and community based women's groups is intended to help the women influence policy decisions as well as educate them on national efforts so that they can be more proactive in terms of holding such groups accountable.

Research and Documentation of Best Practices - In addition to documenting the learning generated from strengthening the CWDU's capacities and functions, research will continue to be undertaken either independently or collectively to identify the forms and prevalence of GBV<sup>15</sup>, the availability of services and the quality of these. Additionally, understanding key barriers and enablers for women's participation and leadership will be another area of study. This learning will be used to develop key policy recommendations and as evidence for ongoing advocacy efforts.

## **F. Key Partnerships**

### Ministry of Child Development and Women's Affairs

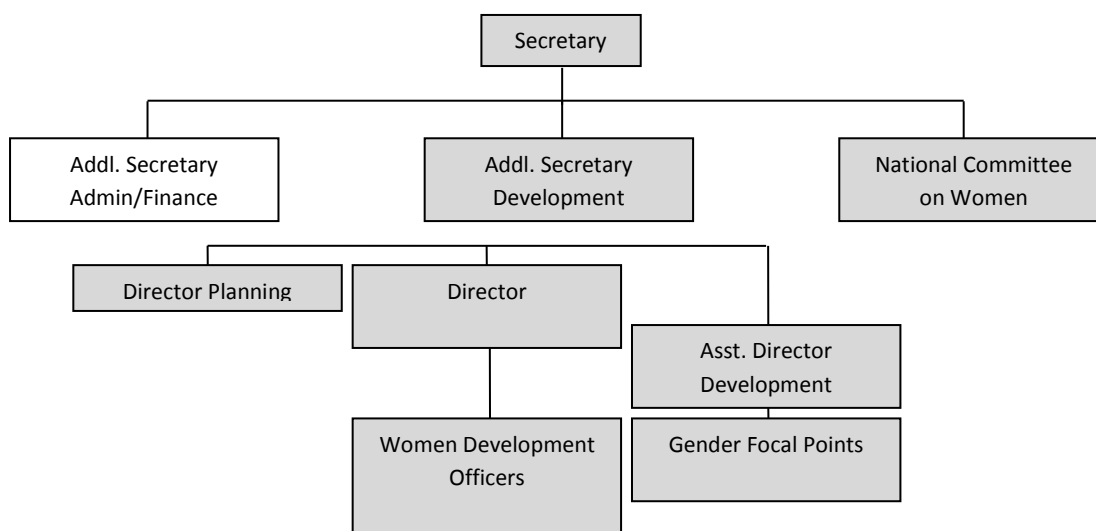
Through the proposed project, CARE will continue to work closely with the structure depicted below (diagram B) at the national level to ensure institutional ownership and sustainability and at the divisional level by supporting the setting up and capacity building of the Child and Women's Development Units (CWDU). CWU's are to be established in all the 25 districts by the Ministry,

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<sup>15</sup> The completed study on GBV in the north by the Kelaniya University that was commissioned by the project last year will be made available to relevant actors in addition to shaping project interventions. Support will also be extended to the International Centre for Ethnic Studies<sup>15</sup> (ICES) to update its mapping of domestic violence intervention services. This exploratory mapping of organizational intervention services for victims-survivors of domestic violence sought to better understand what institutional responses existed in relation to domestic violence. First undertaken between 2009-2011

and will be supervised and coordinated by the Divisional Secretaries. Consisting of 6<sup>16</sup> positions that include WDOs, the unit will seek to address both child and women's rights issues as per the National Human Right Action Plan (NHRAP), Lessons Learnt and Reconciliation Commission Report (LLRC) and the Universal Periodic Review (UPR) process.

**Diagram 2**



The CWDU is intended to be central mechanisms through which relevant state and none-state actors working on child and women's rights at the divisional level liaise, organize and coordinate through. A critical element of the state GBV prevention and protection mechanisms, these units will bring together the police, legal institutions and medical structures as well civil society actors and other relevant state institutions at a DS level. The project will support the Ministry set up five of these Units in the next phase.

#### Ministry of Health - District Level Partnership

Rather than directly working with the Ministry of Health at the national level, CARE will work with the provincial level health structures to set up GBV Help Desks in Killinochchi and Mullaitivu.

#### Civil Society Actors – National and District levels

The project will continue CARE's long term collaboration with the National level GBV forum. An alliance comprising of the government, UN, donors, national and international non-governmental organizations and community-based organizations, it brings together these actors at the national level to share information, network, coordinate and advocate for strengthened prevention and response to GBV. The alliance will be used as a platform to influence policies and collaborate on supporting state efforts for example. In the north the project will work with the Women Action Network in Transformation, *Viluthu* (the Center for Human Resource Development) and Centre for Women

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<sup>16</sup> The positions include a Child Rights Promotion Officer (CRPO), a Women's Development Officer (WDO), an Early Childhood Development Officer (ECCD), a Relief Sister, a Counselling Assistant and a Psychosocial Assistant

Development and the Legal Aid Commission that have expertise in this area to effect policy change at the Provincial Level. At a national level the project will also partner with agencies such as Women and Media Collective, Women in Need, Social Scientists Associations and research institutions such as Verite.

#### Collaborative Action through CARE's projects in the North

The project will draw on the expertise of other CARE programs in the north and at the national level. It will work through youth and women groups set up by other CARE projects, and technical support will be sought from the EMERGE project in terms of mobilizing men and youth in particular.

#### **G. Staffing: Core Staff**

1. Senior Project Manager 100%
  - Primary responsibility maintaining relationships with Ministry of Child and Women Affairs, Pursuing a relationship with the Ministry of Health at the national level
  - Strengthening the relationships with the Police.
  - Overall responsibility for design and implementation of program of collaborative activities with the respective Ministries
  - Overall project management and quality control
  - Representation, donor relations & reporting
  - Financial management
  - Advocacy
2. Project Advisor – Partnerships and Advocacy 100%
  - Building relationship with the Provincial council members, Parliamentary Women's Caucus, Local government and male politicians
  - Identify and build relationships with INGOs, national NGOs and other civil society actors working on GBV issues at the national level and enhance mechanisms for coordination and collaboration among them for advocacy and national campaigns
  - Context monitoring at a national level
3. Coordinator M & E 100%
  - Design and implement M & E system for the project
  - Design procedures and incentive structures to engage field staff in systematic reflection on field level activities and document learning and influence on intervention approaches.
  - Overall responsibility for development of documentation on field methods and models for a) GBV Task Force implementation b) GBV Help Desk implementation and c) best practices in village level GBV prevention (drawing on outputs from reflective processes and project evaluations)
4. Project Support Coordinator 100% for 3 months – Administration, Logistics and Information Coordination –
5. Administration Officer 100% for 9 months – Administration and logistics functions of the project.
6. Area Director 75%
  - Responsible for executing the field operations in the North
  - Identify and managing relationship with the district, divisional state officials.
  - Context monitoring

- Supervision of the field staff
7. Team Leader 100%
    - Overall coordination of the project implementation
    - Monitoring and reporting
  8. Field Coordinator – Direct Implementation 100%
    - Responsible for the activities directly implemented at the community, divisional and district level.
  9. Field Coordinator – Partnerships 100%
    - Overall Partner liaison
    - Capacity building of the partners
    - Close monitoring and implementing the activities ensuring the quality and standards

## Annex 1

### Acronyms

CWDU	Child and Women Development Units
DS	Divisional Secretariat
GBV	Gender Based Violence
MCWDA	Ministry of Child Development and Women's Affairs
NHRAP	National Human Right Action Plan
PDVA	Prevention of Domestic Violence Act
SSDW	Safety Security and Dignity for Women
UNSCR	United Nations Security Council resolution
VLAGE	Village level action groups
WDO	Women Development Officers



(Wall paintings, above and front page, used in CAREs community based GBV interventions)