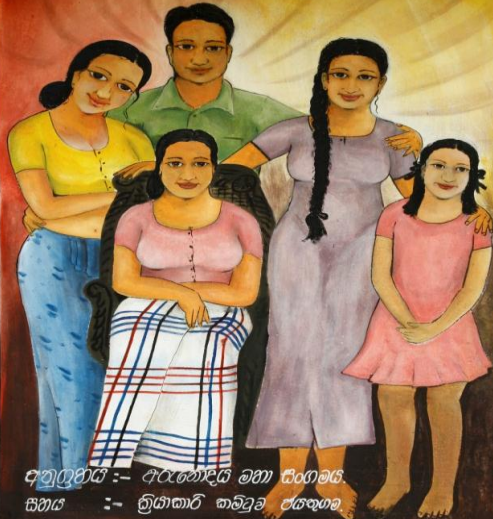


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Lessons from Sri Lanka – 10 years of promoting Positive Behaviors, Attitudes, Norms and Policies for preventing GBV

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Context



Widespread violence within homes and public spaces

While the introduction of legislature has increased the number of reported cases of rape and domestic violence they remain underreported

Sexual harassment is usually trivialized, and domestic violence and incest are hidden under a veil of privacy

Militarization due to armed ethnic conflict has also increased incidences of sexual violence

Social, cultural and religious sanctions against women which limit their access to vital socio economic and political networks

While the gender roles have not remained static patriarchal values and gendered norms continue to underpin many policies and program and inequalities are reinforced as women often internalize gender role stereotypes

Prevalence of IPV is comparable to other countries in Asia – lower than Bangladesh and Pakistan (32% of male respondents who have ever had partners admitted to IPV perpetration – physical, sexual and psychological) while 27% of women admitted to experiencing IPV)

Women have more gender inequitable attitudes than men and also internalize dominant notions of masculinity – larger proportions (more women than men) believe violence should be tolerated, toughness, honor, bread winner (E.g. women should tolerate violence to keep the family together (58% women and 41% of men of the sample agree to this statement))

Sexual entitlement and impunity – women are obliged to have sex with their husbands, rape victims are to be blamed

Rape perpetration is relatively high – predominantly within marriage (14% of men admitted to partner rape while 16% of women reported experiencing rape in intimate partner relationships)

Women who experience IPV reported overall poor health and suicidal thoughts (39% of women who have experienced IPV reported injury)

CARE Sri Lanka has been involved in gender-based violence work since 2003

The work stretched across a **number of different projects, project approaches and funders (primarily the Norwegians)**

It continued through periods of armed conflict and through the 2004 tsunami, post-tsunami reconstruction and the during the last stages of the conflict and thereafter.

policy change (in government and non-governmental organizations)

structural change (creation and strengthening of task forces/action groups at district, division and village levels) and

normative change (change in social and cultural attitudes, beliefs and expected behaviors with respect to gender and gender-based violence)

Key Actions



Community level awareness raising through women's groups

Establishment of spaces (Task Forces) for key state and non-state stakeholders to engage in preventive and protection activities

GBV Help Desk – established in one hospital in the east of Sri Lanka to support survivors of violence and informal clearing house for collecting statistics on gender-based violence and for case management.

Campaigns: demonstrations, street dramas and other awareness-raising events conducted by CARE staff and partners at the grassroots level

Training: conducted by CARE staff and partners for village groups, hospitals, government bodies and military groups

Policy Advocacy – Strengthening state policies and legislation on GBV– Ministry of Women's Affairs and Ministry of Health

Engaging Men - Men and boys act as allies to promote respect and diversity in order to improve women's status in society

⁵**Establishing Strategic Partnerships** – with Government, local and international NGO, women's movement
March 8, 2013

Key Results



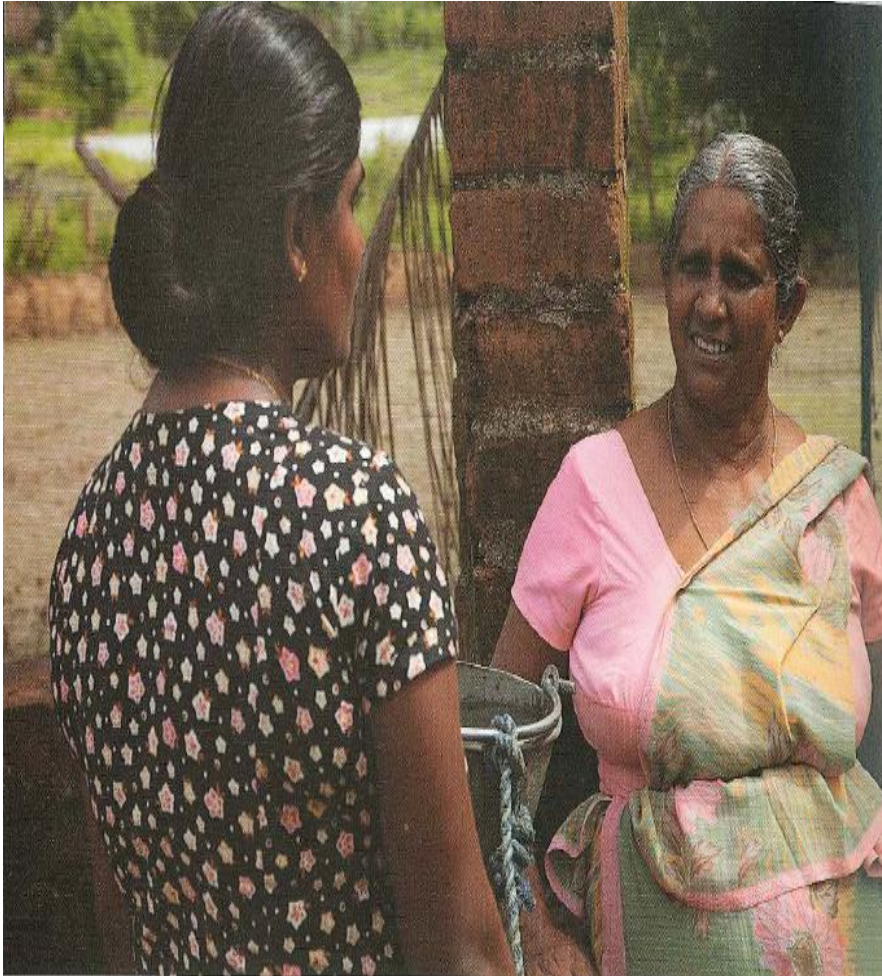
Community based models to address GBV - Village level action groups have been effective in raising the issue of gender-based violence and facilitating community level dialogue around it in the villages in which they've been established. There has been a significant change in *women's* attitudes and expectations around gender-based violence and some significant change among individual men associated with the community actions

Greater commitment and accountability by the government to address GBV - mobilization of government officials to pay serious attention to the issue and the replication of the GBV Help Desk *at many hospitals throughout the country through the Ministry of Health, Approval of the Domestic Violence Act by the Government*

Improved service provision and coordination amongst actors - *Along with increased government attention to gender-based violence there is now improved coordination among various civil society actors along with government to address GBV*

CARE is becoming lead facilitator/knowledge hub for GBV programming in Sri Lanka – recognition of our tools and models to address GBV, largest ever KAP survey on men's perceptions, attitudes and behaviours on violence and gender equality, national, regional and global recognition for some of the products

A Champion of Change.....



...I think equal wage is the right of every person. If someone works hard, that person deserves to be paid a fair wage and being a women has nothing to do with it...

P.G. Biso Menike (President of Village Level Action Group against violence – Pollonaruwa, Eastern Sri Lanka)

Men can Change.....



I used to be a very violent man...now I am a different person, answerable to my own conscience. I no longer think that my wife has to serve me, or that I should have more power than her.....now I help her with the housework, sometimes even cooking and I help the children with their school work...Abdul Majeed, Batticaloa, Eastern Sri Lanka

Challenges



Divisions within CARE - Divisions of opinion on importance of the issue because of internal bias or social norms (Deep divisions within the organization and external pressure - gender awareness and particularly knowledge of how to integrate gender in program work was generally lacking among project staff *“gender is not an issue for Sri Lanka because, in Sri Lanka, we honor our mother.”*)

What type of staff to hire - (*Being and Activist or an NGO Worker – “can’t we be both.....”*)

How to plan: We knew it’s a deeply rooted problem and requires systematic long term solutions but hard to design a long-term programmatic strategy: *We seemed all over the place – you couldn’t fit it within a log frame*

Who to target in our strategies - *“We can’t talk only to women. Women are already powerless and their social acceptance is low. We can’t ask them alone to resist gender-based violence” But how to talk to men?*

Measuring Change - Change is often difficult to measure - *“the perception of the project within CARE [is that] because we don’t have anything to show, they think we are doing nothing.”*

⁹ **How to coordinate and mobilize other agencies** – keeping people engaged *“finding the right people and meeting as equals was critical”*

Recommendations



Issues often have deep roots in culture and social norms requiring an unusual degree of sensitivity to culture and understanding of local context - *engage people who understand and regularly analyze the local contexts*

Strategy must be flexible to respond to contextual changes - *speak of happy families in one context/speak of economic well being in others as entry points*

Change is often unusually dependent on trust and interpersonal relationships with target groups and with key change agents – *work with local groups, leaders, opinion makers*

Find Advocates - *where you will find resistance*

Genuine Community Leadership is critical – build leadership capacities

Change is often difficult to measure – *identify what change looks like at the start (possibly with women and men) and have a clear strategy to measure change – tools, capacities*

THANK YOU

