



**Workshop on Multi-Sectoral Services
Responding to Women and Girls
Subject to Violence**

**5—6 July 2018
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Acronyms

AG – Attorney General

CEDAW - Convention on the Elimination of All Forms of Violence Against Women

CPD - Continuous Professional Development

CSO – Civil Society Organisation

DHS - Demographic Health Survey

ESP – Essential Service Package

FHB – Family Health Bureau

IPV - Intimate Partner Violence

JSC – Judicial Services Commission

LAC – Legal Aid Commission

MOJ – Ministry of Justice

MoSEW – Ministry of Social Empowerment and Welfare

MOH – Ministry of Health, Nutrition and Indigenous Medicine

MDG – Millennium Development Goals

MWCA – Ministry of Women and Child Affairs

SDG – Sustainable Development Goals

GBV - Gender Based Violence

SGBV - Sexual and Gender Based Violence

UNFPA - United Nations Population Fund

UNODC - United Nations Office on Drugs and Crime

UNDP - United Nations Development Programme

UNW - UN Women

VAW - Violence Against Women

VAWG - Violence Against Women and Girls

WHO - World Health Organization

WIN – Women In Need

Background

The World Health Organization (WHO) multi country study conducted in 2013 estimated that more than 1 in 3 women globally experience physical and/or sexual partner or non-partner violence, among which intimate partner violence has been recognized as the most common occurrence. The study further identifies that sexual and gender based violence has many negative implications with social, health and economic development imperatives.

In Sri Lanka due to socio-cultural practices that conform to patriarchal structures, historically women have been placed in a subordinate role to that of men. Constituting for more than 50% of the population, women and girls face many challenges and vulnerabilities, which are further accentuated based on their ethnicity, religion and other socio-cultural factors. Whilst there is much dialogue and programmes on eliminating SGBV, these efforts have been fragmented and there is minimum measurement on the impact of the initiatives. The DHS survey conducted in 2016, included a few questions from the VAW module which, indicated that 17% of women experienced IPV during the past 12 months. Furthermore, a few studies (albeit limited in scope) have indicated the prevalence of violence in Sri Lanka.¹ The policy brief on Unnatural Deaths of women and girls in Sri Lanka, published by the United Nations Population Fund (UNFPA) in 2018, shows that more than one third of female deaths was due to issues related to intimate partner violence.

In response to providing effective services for victims and survivors of violence against women, the United Nations Joint Global Programme launched the *Essential Services for Women and Girls Subject to Violence*. This module was a partnership between UN Women, UNFPA, WHO, UNDP and UNODC, “to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence.”²

The Essential Services Package (ESP) was launched in Sri Lanka subsequent to a regional rollout in 2017 by the Government of Sri Lanka and UNFPA with support and funding from the Government of Canada. The workshop conducted synonymous to the national launch of the ESP was led by international technical specialist and locally supported by the Attorney General’s Department, Sri Lanka Police, Ministry of Women & Child Affairs, Ministry of Health, Ministry of Social Empowerment, Welfare and Kandyan Heritage, Legal Aid, Women in Need and Mithuru Piyasa

The two-day workshop led by UNFPA had the collaboration of WHO, and the wider UN team in Sri Lanka. The ESP roll-out workshop is a component of an overall UNFPA-led project funded by the Government of Canada to address Sexual and Gender Based Violence through the strengthening of public institutions in Sri Lanka.

The first day of the workshop comprised of a general overview into the programme, challenges and barriers to address SGBV in Sri Lanka. The second day facilitated focused discussions on a sector-specific basis, recommendations to comply with local action plan.

¹ Demographic Health Survey, 2016 ; ‘Unnatural Deaths of Women and Girls: Justice and Prevention, University of Kelaniya supported by UNFPA, 2017.

² Quoted from the Introductory Module on the Global Essential Services

Objective

The overall objective of the workshop was to introduce the Essential Services Package (ESP) for Women and Girls subject to violence, and strengthen multi-sectoral response to gender-based violence in line with the existing frameworks to address SGBV.

The workshop aimed to achieve the following specific objectives:

- Review existing interventions, and share achievements and lessons learned in responding to and strengthening the multi-sectoral response to SGBV at the national and international level;
- Introduce participating members to the tools, guidance and the political mandates for implementing multi-sectoral services to address gender-based violence against women and girls with a focus on the police, justice, social and health sectors;
- To align national guidelines; policies; frameworks and action plans in rolling out the Essential Services Package at the National, intermediate and local levels to ensure that victims of gender based violence receive quality services;
- Identify next steps and a road map at the sectoral level for the implementation of an Essential Services Package;
- To identify areas for multi-sectoral collaboration and joint UN support on gender-based violence against women and girls.

Participants

The workshop comprised of a variety of stakeholders involved in providing essential services, including the government (covering the sectors of health, justice, police, social services and women's affairs), NGO partners and CSOs.³

Day one witnessed the participation of high level officials from the government, the diplomatic core, UN agencies and the civil society (including women's organizations), amounting to 220 (women and men) participants in total.

Day two was attended by a wide spectrum of sector-specific specialists, and progressed in a cluster-based manner, covering the three specific sectors of Health, Justice and Policing and Social Services. Close to 80 participants attended the Social Services sector, 50 participants attended the Health sector and 70 participants attended the Justice and Policing Sector. Both days witnessed a gender-balanced participation and the workshop accommodated attendees (i.e. government and non-government) from the Hambantota and Mannar districts.

³ On day one of the workshop, 220 participants were present, while on day two, close to 180 participants attended. The sector-wise breakdown of participants on day two is as follows: Health – 40, Social Services – 70, Justice and policing – 70.

Proceedings – Day 1

The sessions on day one commenced with opening remarks of the high level dignitaries. Ms. Sharika Cooray, UNFPA Sri Lanka's Programme and Policy Analyst (Women's Rights and Gender), provided a brief introduction to the initiation of the workshop and its objectives.

It was stated that the workshop is a follow-up to the regional level roll out of the Essential Services Package in June 2017⁴. It was established that the Joint UN Programme on Essential Services for Women and Girls Subject to Violence (2016-2018) aimed to improve the quality of and access to essential services for victims and survivors of Gender Based Violence (SGBV). The programme was established in 2013, to fill the gaps between agreements made at the international level, corresponding to violence and access to quality essential services for women and girls subject to violence. The modules of the Essential Services Package (ESP) was developed with the consultation of experts at the regional level based on the existing standards of health, social services, justice and policing, as well as the overall governance and coordination of these different sectors.

Opening Remarks



Inaugurating the day's discussions, **Ms. Ritsu Nacken, the UNFPA Representative in Sri Lanka**, declared that the workshop is a key milestone to provide effective SGBV services to women and girls in Sri Lanka.

⁴ In June 2017, a Sri Lankan delegation supported by the WHO, UNODC and UNFPA attended the regional level roll-out workshop on ESP, in Bangkok, Thailand. The delegation comprised of Ms. Ashoka Alawatta: Secretary, Ministry of Women and Child Affairs; Dr. Nethanjalie Mapitigama - Director, Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine; Mr. Sarath Rupasiri - Additional Secretary, Ministry of Social Empowerment; Ms. Nayana Seneviratne - State Counsel, Attorney General's Department and WSI Yasmin Rani - OIC Women and Child Bureau, Trincomalee Police Station.

She emphasised that UNFPA is happy to lead this initiative on the ESP with the partnership and support of the High Commission of Canada in Sri Lanka, sister UN agencies, and government ministries. The ESP reflects on vital components of coordinated multi-sectoral services that should be determined by healthcare and social service providers as well as the police and justice sectors. She further highlighted that gender-based violence is one of the most prevalent human rights violations in the world which often undermines the health, dignity, security and autonomy of its victims, yet remains shrouded in a culture of silence. Women and girls experiencing violence can suffer sexual and reproductive health consequences including forced and unwanted pregnancies, sexually transmitted infections including HIV, and even death. A UNFPA study conducted in collaboration with the University of Kelaniya, on 'Unnatural Deaths of Women and Girls in 5 Provinces of Sri Lanka' revealed that 1 in 3 female homicides was due to intimate partner violence (IPV). She also shared her most recent experience of visiting the Women's Shelter run by the Women's Development Center in Kandy which highlighted the need for multi-sector coordination of services and resource-mobilisation necessary to maintain such shelters.

Ms. Nacken emphasized that responding to violence requires a range of essential services that recognizes and aim to meet the multiple needs of women and girls who are victims of violence. In doing so, adopting a rights-based approach is essential, in line with the ESP;

- Firstly, quality health services must offer first line support, which includes care of injuries and urgent medical treatment, as well as mental healthcare.
- Secondly, quality social services must offer information on rights and other critical services such as gender sensitive counselling and psycho-social support for women in need.
- Thirdly, effective policing and justice services must be crosscutting and women-centered. This entails gender-sensitive law enforcement systems, holding perpetrators accountable and providing safety and protection to victims of violence. In addition, it is important to have a comprehensive legal framework that provides the legal and judicial basis for victims seeking health, social services and policing services.

Therefore, it is important that quality essential services addressing survivors of gender-based violence be multi-sectoral and well-coordinated. As gender inequality is a root cause and consequence of violence, services must ensure that violence against women and girls will not be tolerated or condoned. In line with the 2030 agenda for Sustainable Development, advancing gender equality is crucial to the commitment of leaving no one behind. In doing so, these essential services must reach all populations, including the most excluded and marginalized communities.

Ms. Nacken concluded her remarks by highlighting that the two-day workshop with the participation of experts and the gathering of a wide cross section of agencies working together to address gender-based violence, is a significant opportunity to learn from one another. The establishment of coordinated essential services is the preliminary step towards ensuring that victims of violence receive the support they require. Together, this cycle of violence can be shattered in order for women and girls to live a life free of violence.

Dr. Razia Pendse, the **WHO Country Representative in Sri Lanka** noted the importance of continuing to address SGBV in Sri Lanka by referring to the prevailing country context. Quoting the WHO study⁵, Dr. Pendse reiterated that 1 out of 3 women in Sri Lanka suffer from some form of violence, while existing socio-cultural norms and conventions continue to proliferate violence especially against women and girls.



Violence faced by sexual minorities; domestic Violence and/or Intimate Partner Violence faced by pregnant mothers; the lack of reporting on SGBV witnessed through existing data on reported cases and inadequate data collection methods are a few other prominent issues brought forward by Dr. Pendse

She underpinned that discussions around violence occur in a disconnected manner that disregards practical concerns and ground realities. Therefore, it is necessary to take positive messages to the ground level, along with sustainable solutions to address the practical issues at hand. For instance, highlighting the perspective of the victims and survivors when providing services, as well as focusing on the personal biases of service providers themselves, would enable a more holistic approach in service provision. This process of sensitisation needs to commence at a very early age, where messages provided to girl children and boy children must be consistent and inclusive of gender sensitive language.

Dr. Pendse highlighted the necessity of the ESP and how services should reach victims and survivors in an accessible and effective manner. For instance, most victims are initially hesitant to disclose their experiences of abuse and harassment to the relevant service providers, but instead make vague complaints such as headaches, backaches, loss of sleep etc. As a result, it is crucial for service providers to be sensitised, be vigilant of signs of mental and/or physical trauma and have the ability to provide counsel in a case-sensitive manner.

⁵ The Country Profile on Gender Based Violence, WHO, 2016

It is also important to understand that frontline service providers could themselves be victims of violence. She stated that most supervisors of lower level healthcare workers are men, thus enabling a gendered power dynamic. If these service providers are also victims of SGBV at the workplace for instance, their demeanor towards victims and survivors of SGBV could be affected. Therefore, when initiating gender-sensitive health services, it is crucial to look at the sector in a holistic manner, and not only at addressing the needs of victims and survivors.

Dr. Pendse emphasised that although the health sector provides an important entry-point to facilitate a multi sectoral response for victims and survivors of SGBV, an effective coordination mechanism needs to be established as an immediate follow-up. For example, most victims and survivors, often women and young girls, are referred to health services after office-hours. As such, there needs to be a strong mechanism that stations these individuals at a safe space or a temporary shelter, until the relevant service providers are able to reach them.

Dr. Pendse also highlighted the importance of portraying victims and survivors of violence beyond the existing heterosexual gender binary of men and women. It is important to focus on the LGBTQI community that undergoes many forms of violence, marginalisation and social stigma.

However, she flagged a significant challenge pertaining to the prevalence of data and information on different types and form of SGBV, whereby existing data retrieved from the health sector, from police records and/or from cases filed in courts, amounts only to the tip of an iceberg.

Dr. Pendse concluded her remarks by underpinning WHO's role as a lead in health service provision, striving to provide effective healthcare services by developing guidelines and guidance material based on the systematic review of evidence and data, with gender equity and rights embedded at the very core of their portfolio.

Mrs. Ashoka Alawatte, Secretary to Ministry of Women and Child Affairs, drew attention to the fact that Sexual and Gender based Violence (SGBV) Against Women and Girls is a grave offence facing Sri Lanka, and the importance of coming together to eliminate all forms of discrimination levelled against women and girls.

Moving onto the gaps and challenges associated with the SGBV, the Secretary emphasized that prevalence data on SGBV is crucial to understand the magnitude of the issue, as well as to assure an institutionalized and coordinated response. The lack of evidence-based policies for SGBV will further marginalize the impoverished and vulnerable communities that are already left behind from the development agenda. In Sri Lanka, many reports including the 'Report of The Leader of the Opposition's Commission on the Prevention of Violence Against Women and the Girl Child' (2013) and the 'Policy Framework and National Action Plan to Address SGBV (2016-2020) have highlighted the need of data on prevalence of SGBV.

The Secretary declared that the lack of confidence in the system is one of the main reasons as to why victims and survivors do not report cases of SGBV. Given this situation, efforts should be focused on addressing the services and response-mechanisms aimed at victims and survivors of gender based violence, particularly women and girls.



The Ministry of Women and Child Affairs has been continuously working with the UN country team in Sri Lanka to ensure the protection and wellbeing of young women and girls. For example, the MoWCA is currently working with the United Nations Population Fund (UNFPA) to initiate a coordinating mechanism among all relevant stakeholders in the districts of Mannar and Hambantota - also supported by the Government of Canada. Through this project, a mapping of services and service providers, inclusive of the challenges and gaps faced in service provision will be available at the district and divisional levels. This pilot initiative will enable a network of service providers and put in place a coordination system to provide services for victims and survivors of SGBV.

She emphasized that the presence of a formal SGBV referral mechanism will ensure effective mobilization of resources available to respond to SGBV at District, Divisional and GN level. This in turn will lay out a clear referral pathway for survivors, while strengthening the collaboration between service providers for an integrated response to victims.

Referring to the significance of the ESP, Mrs. Alawatte highlighted that it will support the long-term implementation of the Policy Framework and National Plan of Action to address Sexual and Gender Based Violence (SGBV-NAP) which is led by the Ministry of Women and Child Affairs and developed with the technical support of the United Nations Development Programme (UNDP). The policy is aimed at addressing all forms of SGBV through three specific mechanisms: Prevention, Intervention and Advocacy; and as such would benefit greatly from the ESP.

She also noted that the joint Essential Services Package will facilitate the government's efforts towards fulfilling international commitments and reporting processes connected to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the Committee on the Status of Women (CSW), and the Security Council Resolution 1325 on Women, Peace and Security.

Mrs. Alawatte encouraged the workshop attendees to build on their knowledge and utilize their expertise in creating a coordinated and interlinked mechanism.

Her remarks were concluded by stating that it is essential to identify a roadmap on improving existing services to meet the quality guidelines provided in the ESP, while establishing in ways, which we can increase coordination and governance of this coordination among the service providers. These efforts will ensure the effective and long-term implementation of the ESP in Sri Lanka.

H.E. David McKinnon, the Canadian High Commissioner in Sri Lanka expressed his pleasure in supporting the work of UNFPA, other UN entities and government partners in organising this workshop.



Referring back to the film screening of Deepa Mehta's film 'Anatomy of Violence' held in January this year, in collaboration with the Canadian High Commission, UNFPA and the BCIS; H.E. McKinnon highlighted that violence against women and girls is rooted in a multitude of socio-economic and socio-cultural factors that have been normalised in society.

The High Commissioner emphasized that the Canadian government through its Feminist International Assistance Policy is committed towards addressing SGBV through domestic actions as well as through international systems and advocacy efforts. Achieving gender equality and addressing the rights of women and girls is a top priority for Canada, both globally and here in Sri Lanka.

He also noted that Coordinating Essential Services for victims and survivors of SGBV is a critical part of a comprehensive approach towards addressing SGBV in a more holistic manner. As such, taking the UN's international expertise and guidance on Essential Services for Women and Girls and adapting them to the realities of Sri Lanka will represent a concrete step forward.

He reiterated that Canada has made clear through its Feminist International Assistance policy the necessity of all-encompassing approaches to prevent SGBV. Supporting victims and survivors, while

bringing perpetrators to justice involves the collaboration of sectors including healthcare, justice, policing, education, social protection and economic development. Most importantly, the overall efforts to address SGBV should engage non-traditional partners and allies such as men, boys and the private sector.

Hon. (Dr.) Sudharshini Fernandopulle, Member of Parliament and the Deputy Chair of the Sectoral Oversight Committee on Women and Gender thanked UNFPA, WHO and other partners for taking the initiative to introduce the ESP to Sri Lanka.



She commenced her remarks by highlighting on Article 12 of the constitution of Sri Lanka, which ensures equal rights of both men and women before the law. However, Dr. Fernandopulle emphasized that despite the presence of laws and governing mechanisms within Sri Lanka, their implementation has been inconsistent, with major gaps yet to be addressed. For instance, the Penal Code of Sri Lanka has not been amended to incorporate an offence of emotional and psychological abuse of adult women independently or as by-product of physical violence.

In her view, other gaps include the lack of national SGBV prevalence data, safe public transport, security issues affecting young girls and women; and the lack of Sexual and Reproductive Health and Comprehensive Sexual Education in school curriculums.

Dr. Fernandopulle noted that in order to efficiently establish response and prevention mechanisms to SGBV, standardised guidelines for service providers of SGBV as well as for minimum service delivery needs to be enforced.

She also highlighted the following suggestions/recommendations that can be taken into consideration when developing effective response mechanisms:

1. Sensitization of service providers.
2. The need for adequate counseling centers and counselors.
3. An established coordination framework to respond to victims and survivors of SGBV
4. Women's shelters established in each district.
5. Livelihood opportunities made available for victims and survivors of SGBV
6. An established social security system for victims and survivors of SGBV.
7. A comprehensive evidence-generating mechanism to record incidents of violence
8. The establishment of an emergency fund at district and divisional levels for immediate SGBV response.
9. A national hotline for victims and survivors of SGBV with established protocols (24-hour hotline).

Dr. Fernandopulle concluded her comments by emphasizing that the roll-out of the Essential Services Package and Multi-Sectoral Response to Gender-Based Violence against Women and Girls, is taking place at a timely and significant phase in Sri Lanka.

Session 01

Global Context of Ending Violence Against Women

Ms. Pamela Marie Godoy, Technical specialist on VAWG at the UNFPA Asia Pacific Regional Office, stated that most global mandates and commitments on addressing SGBV, along with challenges faced by women and girls in accessing services will be shared and discussed during the second session of the workshop. Ms. Godoy further explained that day two of the workshop will consist of three parallel sessions on: 1) health, 2) justice and policing, and 3) social services. Participants interested in each of the sector will be instructed to go through the respective ESP module designed for each sector, while all participants were encouraged to come prepared with a country-specific road map on ESP conceptualized through existing National Action plans.

"I brought this effigy to represent a victim of SGBV. Her name is Chandani. She represents the women and girls who have/are experiencing gender-based violence in Sri Lanka. In our joint and collective efforts to establish a multi-sectoral approach to address violence, her experiences should be placed at the centre of our actions. Women and girls like Chandani should be able to access effective and essential services and we need to hear their voices loud and clear."



The presentation shared by **Ms. Robin Maaney** a **Consultant** attached to **UN Women in Cambodia**, was with reference to the review report on violence against women in Cambodia, conducted in 2013.

The review looked at the commitments made by UN Women in Cambodia towards addressing SGBV and the progress made so far. The review also identified the structural and underlying causes of violence, as well as the need to strengthen multi sectoral services to ensure effective services to victims and survivors of SGBV. Following the recommendations of the report UN Women in Cambodia developed a regional action plan complete with guidelines and tools to be used by service providers and the state.

Ms. Maaney highlighted some of the key recommendations brought forth through the action plan:

1. The need to cover all forms of violence against women and girls.
2. The need to merge multiple forms of interventions when addressing SGBV.
3. Due to the diversity of the types of violence, attention must be placed on all forms of violence affecting women and girls.
4. Attention must be paid on the intersectionality of women in order to ensure that women and girls within certain communities may have an increased risk for violence.

Ms. Maaney connected these recommendations with the “leave no one behind” principle in lieu of ensuring that services required by women and girls are addressed in an all-encompassing manner. She emphasised on the importance of data, monitoring and evaluation in understanding and effectively responding to SGBV. Ms. Maaney also emphasised that SGBV should be addressed in a comprehensive manner, through service provision and prevention. Furthermore, she highlighted that customs, traditions and religious considerations cannot be used to avoid obligations to rights. Culture cannot be used as a mask to veil violence against women and girls.

Ms Mauney was particular in paying attention to the strengthening multi-sectoral services while improving evidence-based processes. It is vital to ensure the consistency of data collection, especially in the Asian region, where consistent data collection methods are not being utilised. This leads to multiple issues such as the inability to compare data and utilise case studies as best practices. Standardized guidelines and tools need to be introduced to make sure that the same methodology is utilised and replicated by all parties involved.

Ms. Mauney also drew attention to the following issues that impede the implementation of SGBV-specific interventions:

1. Limited allocations of resources to implement laws and policies and programmes.
2. Insufficient enforcement of legislation.
3. Insufficient monitoring and evaluation of the impact generated.

She further stated that addressing SGBV has been identified in the global health agenda and the importance of implementing its actions through a multi-sectoral approach is internationally acknowledged.

Given Sri Lanka's inclusion in the global health action plan, Ms. Mauney concluded her presentation by accentuating Sri Lanka's need to prioritise health sector interventions in coordination with other relevant sectors, particularly through a human rights framework.

Ms. Megin Reijnders a Technical Specialist on Violence Against Women from the WHO Headquarters in Geneva initiated her discussion by drawing attention to a crucial gap in the Millenium Development Goals (MDGs), i.e. the absence of targets/indicators relating to any form of violence.

The inclusion of these specific targets in the current Sustainable Development Goals is a recognition that addressing all forms of violence and harmful practices against women and girls is central to achieving gender equality and women's empowerment, which, in turn, is essential for sustainable development. Goals 5 (Gender Equality) and 16 (Peace and Security) was highlighted as key priorities in addressing SGBV.

Building up on Ms. Mauney's comments, Dr. Reijnders highlighted the Global Plan of Action on strengthening the health system's response to violence against women, girls and children, was endorsed by the Ministries of Health of 193 Member States of the WHO, during the 69th World Health Assembly held in 2016.

She drew attention to the 4 strategic directions outlined in the Global Plan of Action:

1. Strengthen health system leadership and governance in addressing violence
2. Strengthen health service delivery and health workers' capacity to respond to violence
3. Strengthen programming to prevent violence
4. Improve data and evidence on violence

Ms. Reijnders concluded her discussion by emphasizing on the overall objective of the Global Plan, which is to: "Enable health systems in all settings to provide services for, and be capable of promoting and protecting the health and well-being of women and girls subjected to, affected by, or at risk of violence."

Ms. Deepika Naruka, Programme Coordinator from the **UNODC Regional Office for South Asia** stated that Sri Lanka has been effective and successful in addressing SGBV, especially in taking a lead to respond to SGBV in the South Asian region. Ms. Naruka explained that due to UNODC's mandate areas and its focus on the South Asian context, the agency has had a longstanding experience in supporting actors within the Police, Criminal and Justice sectors. A large portion of the work carried out by the UNODC is related to the Development of international standards and norms, while assisting countries in efforts to criminalize, investigate, prosecute and punish perpetrators. These actions will ultimately ensure equal access to justice and protection while providing remedies for victims and survivors in implementing effective prevention strategies.

Dr. Naruka further stated that UNODC's joint programming efforts with other UN agencies include, the ESP and ensuring successful cooperation at the global level through partnerships at the regional and country level. The ESP and related technical assistance tools are firmly based on existing international standards and norms existing within the police and criminal justice sector. The key instrument utilized is the Model Strategies and Practical Measures, adopted by the UN General Assembly in 2010, which calls for a comprehensive approach to ensure victim safety and empowerment while promoting offender accountability.

She reiterated that UNODC works specifically on the police and criminal justice system and therefore, it is essential to make sure that SGBV is represented within these sectors. This can be enforced as an outcome of the workshop's roadmap document, which could focus on the capacities and monitoring aspects pertaining to the police and justice sectors.

Session 02

Local context of ending Violence Against Women (VAW) : Evidence and progress made on state response to address VAW in Sri Lanka

Dr. Chandani Galwaduge, Consultant at WHO, Sri Lanka shared her findings on the "Country Profile of Gender Based Violence in Sri Lanka" commissioned by WHO⁶ with the participants and emphasised that the study was based on desk research.

In her presentation she described the prevalence of SGBV in Sri Lanka and the progress made as a nation since the late 1970s. The recognition of equal rights and affirmative action for women is stated in Article 12 of the constitution. Moreover, the evolution of a number of different agencies including the Ministry of Women and Child Affairs in 1983 followed by the Women's Bureau and the National Committee on Women, and the establishment of Women and Child Desks in police stations across the country were seen as major positive developments.

However, Dr. Galwaduge also highlighted the existing challenges towards achieving gender equality in the country, for instance, the lack of women in positions of power and decision-making; low labour

⁶ http://www.searo.who.int/srilanka/documents/country_profile_on_gender-based_violence_in_sl.pdf

participation of women (when compared to men); disparities in wages for women in similar lines of work undertaken by men; gender blind education systems in the country; and other customary such as early marriages and harmful practices.

Sharing her findings on the types of violence faced by women and girls, Dr. Galwaduge highlighted that 75% women have been subjected to violence during their lifetime, out of which 25 % of women have been subjected to violence on a daily basis. It is common for law enforcement to regard domestic violence as a 'private matter', and often victims of SGBV choose not to disclose their suffering, as a means of keeping their family together.

She further stated that according to the study and contrary to popular belief, the low socio-economic factors affecting women have no direct correlation with the violence inflicted upon them. Moreover, according to the study's findings, the majority of women choose not to seek redress on SGBV irrespective of their educational levels, even though existing national legal frameworks provide access to justice.

Dr. Galwaduge emphasised that the absence of national-level data on SGBV prevalence is a major challenge towards drawing attention to the gravity of violence against women and girls.

Dr. Lakshmen Senanayake, Senior consultant to UNFPA Sri Lanka, in his presentation highlighted the importance of the State's commitment and efforts towards addressing SGBV.

It was noted that the government will and commitment is essential to ensure quality and sustainable of SGBV prevention and response mechanism. This includes coordinated processes such as policy response, regulation, parliamentary acts and programmes for service delivery to victims and survivors of SGBV.

Dr. Senanayake stated that in order for the service sector to be more effective, there should be an effective budgetary mechanism in place to ensure sustainability of funding priorities for SGBV in line with the political agenda of the country. He mentioned, albeit various efforts being initiated at an early stage, Sri Lanka's evolution in promoting a systemic multi-sectoral and multidisciplinary response to address SGBV has been slow and mostly invisible to the public.

The development of the Prevention of Domestic Violence Act in 2005, and the establishment of close to 65 health help desks (i.e. Natpu Nilayam) at government hospitals island wide are among the efforts taken by the state. Dr. Senanayake also appreciated the government's efforts in setting up Women and Child desks in police stations and establishing the Legal Aid Commission branches at every Court jurisdiction.

Despite these efforts, he highlighted that certain government-led responses were only meant to fulfill isolated issues, rather than to look at the overall problem. Dr. Senanayake used the family background report as an example to explain this further, stating that a surface-level analysis of the report looks at preventing the abuse of children, although it allows for third-party entities to use illegal ways of sending women overseas for employment, thus disallowing women to exercise their rights over employment.

Dr. Senanayake also emphasized the importance of coordination as a central aspect geared towards effectively ensuring sustainable results. He cited the National Action Plan on SGBV (2016-2020) as a successful ongoing exercise in ensuring the widespread coordination and leadership taken by the Ministry of Women and Child Affairs through their mandate to formulate, execute and regulate the plan. The ownership of the sectoral plans within the Action Plan are awarded to respective line ministries, and in developing the plan, ground-level support was mobilised through sectoral committees and Women Development Units under the purview of the Ministry of Women and Child Affairs. Furthermore, eight government ministries and relevant government institutions together INGO,s NGOs and the CSOs provided consultative feedback. The plan was developed through a participatory manner and the entire plan was based on three areas: prevention, intervention, advocacy. The coordination of these efforts along with the reporting, and monitoring of sector-specific activities are led by the sectoral technical committees led by the Ministry of Women and Child Affairs and relevant sectoral leads.



Dr. Senanayake concluded his remarks by declaring that the collaborative process undertaken through the National Action Plan on SGBV (2016-2020) has further ensured a platform for multi-sectoral collaboration by the sectoral leads.

For example, The Ministry of Education has developed modules on SGBV and SRHR for teachers with the technical support of UNFPA. The Ministry of Health and Indigenous Medicine has devised new guidelines based on the ESP and is moving forward to improve the services delivery aimed at raising awareness for victims and survivors of SGBV. The Ministry of Women and Child Affairs has developed a dashboard mechanism to avail the information and institutional data necessary for implementation of activities.

Session 03

Challenges in Responding to SGBV

Prof. Muditha Vidanapathirana, JMO and Professor of Forensic Medicine, Department of Forensic Medicine, University of Sri Jayewardenepura, initiated his discussion with the following quote:

“It is a misconception that that causes of SGBV are tied in alcoholism, poverty, un-education, experience in childhood, having multiple partners and antisocial personalities. These are risk factors. The real causes of SGBV are underpinned in gendered social norms, attitudes and behaviors of people. This is accentuated by the prevalence of SGBV throughout an individual’s lifecycle, from infancy to childhood, adolescence, adulthood and even as elders.”

Prof. Vidanapathirana highlighted that multiple health effects of survivors i.e. physical, psychological, mental, emotional, sexual and reproductive health, HIV and other vulnerabilities, reinforces the need for a multidisciplinary approach for service provision. He stated the reappearance of the same victim in hospitals due to the lack of interventions and coordination from other sectors, further aggravates the problem. There is an essential need for parallel examinations, which ensure that the survivor is not re-victimized. SGBV can also result in death, often as a direct consequence of improper investigation and follow up, along with the lack of risk assessment, especially when measuring the impact of violence against Women on consecutive generations.

He further identified the following challenges faced when responding to SGBV as a Judicial Medical Officer:

1. Direct forms of violence are currently being investigated through medico-legal processes, whereas the large-scale structural and cultural violence is hidden.
2. The prolonged delay in terms of reporting to the police was highlighted, whereby research findings show that 60% of the total complaints lodged by married survivors, occur approximately after 10 years of marriage. As a result, children become silent victims of DV.
3. Medico-legal examination procedures need to go beyond finding evidence for prosecution purposes and satisfying legal requirements, whereby survivors should benefit from the process.
4. Existing mechanisms to manage child sexual abuse cases are uncoordinated and lacking of basic psycho-social response mechanisms.
5. Challenges were indicated with regards to maintaining clinical practices while adhering to ethical principles such as consent, confidentiality, compassion, non-discrimination, non-judgmental behaviors, and the right to information.
6. The unavailability of temporary shelters and/or one stop crisis centers.
7. The insufficient number of Mithuru Piyasa Centers in the country, especially to provide psychosocial support and counselling services for victims. This is further impeded by the institutional challenges and red tape associated with establishing Mithuru Piyasa Centers in main hospitals.
8. National level challenges associated with the implementation of guidelines, action plans and working groups on SGBV to streamline response. International level challenges with regards to collaboration and sharing of knowledge on SGBV with other countries.

Prof. Vidanapathirana also identified the following challenges with regards to teaching SGBV within the discipline of Forensic Medicine:

1. Sensitizing individuals within the medico legal service sector by including SGBV in Continuous Professional Development (CPD) programmes.
2. Sensitizing other doctors and stakeholders by including SGBV in sub-national and national workshops.
3. Educating undergraduate medical students by introducing a common module on SGBV in the medical curriculum.
4. Educating the postgraduate students by introducing a module on SGBV in respective post-graduate curriculums.
5. Introducing distance-learning modules on SGBV for medical students and experts.

Prof. Vidanapathirana highlighted that data on cases of SGBV collected by Mithuru Piyasa Centers across the country can be utilized to ensure effective service provision. In conclusion, he emphasized that medico-legal services can initiate a positive impact on survivors, if the aforementioned challenges can be addressed in a coordinated and effective manner.

SP Lanka Rajini highlighted the following key points with regards to the Women and Child Desks established in Police Stations across Sri Lanka:

1. Currently, all 42 Police Divisions in Sri Lanka consist of Child and Women offices that are stationed with WIs, WSIs or WOICs. As a sub-tier to this operation, all 491 police stations within the 42 police divisions have established women and child desks dedicated to the response and prevention of Violence Against Women and Children.
2. Among the majority of cases reported to the centers are rape, serious sexual abuse and domestic violence, incest and sexual harassment in public transport. It was noted that harassment perpetrated by intimate partners or boyfriends are higher than the number of incidents reported by ever married women.



SP Lanka Rajini also drew attention to the following challenges encountered when operating Women and Child Desks within Police Stations:

1. Cultural barriers and the lack of reporting due to social norms.
2. The lack of awareness among victims and survivors on the existing legal systems and complaint mechanisms.
3. The unwillingness of victims and survivors to pursue legal recourse due to re-victimisation, time constraints and fear of the perpetrator.
4. The delays encountered through certain complaints (i.e. in some cases victims came forward 10-20 years after the incident occurred), creates a difficult situation for law enforcement, especially in terms of evidence generation.
5. The impact of technology on SGBV is a challenge especially when retaining evidence on incidents of SGBV perpetrated via social media and mobile technology.
6. Lack of funding allocation for Police Child and Women desks, as well as the lack of tri-lingual officers

As a result of these challenges, SP Lanka Rajini conferred that it is difficult for the police alone to ensure a holistic protection for victims and survivors. Drawing parallels from previous speakers, she highlighted the need for victim-centered shelters, particularly the importance of establishing transit shelters in the country. In her view, the prevalence of such shelters can enhance a victim's safety and encourage more survivors to come forward with their grievances.

Ms. Thamarashi Wickramanayake, Legal officer from the **Legal Aid Commission** commenced her discussion by declaring that the Commission in Sri Lanka was established under Act No. 27 in 1978. Today there are 82 centers island wide, with each court complex being equipped with a Legal Aid center.

The Legal Aid commission provides equal access to justice for all deserving citizens in the country, while legal advice is provided free of charge for clients with a monthly income under Rs.25,000. This has to be certified by the Grama Niladari. However, the income level when facilitating maintaining cases related to children is not considered.

Ms. Wickramanayake highlighted Legal Aid's interventions, for a wide range of issues such as DV, SGBV, divorce, human rights violations, maintenance cases, money recovery and land matters. She emphasised Legal Aid's continuing efforts to raise awareness for their interventions and highlighted the following barriers for Legal Aid's service provision:

1. The lack of awareness on Legal Aid's services, including free legal counsel, especially in rural areas is a challenge as it hinders certain communities' access to justice.
2. Socio-cultural barriers in the society which condones 'tolerating' violence for family unity.
3. Gender stereotyped perceptions prevalent in the justice system that emphasizes the need for gender sensitization programmes.
4. The need for effective support systems, coordination mechanisms, follow up and monitoring systems.
5. Abusive treatment of victims and survivors by law enforcement officers (i.e. re-victimization).
6. The prevalence of SGBV issues among migrant workers, sex workers, senior citizens, estate workers and university students.

7. The need for immediate amendments to the existing DV act.
8. The need for shelters for victims of the SGBV.

Dr. Dinusha Perera, Acting Consultant Community Physician from the **Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine** highlighted the persistence of SGBV in Sri Lanka from a public health perspective. Referring to the DHS, she stated that nearly 17% of women in the reproductive age in Sri Lanka has faced some form of violence, thus underpinning SGBV as a grave public health and clinical concern.

Dr. Perera noted that the Family Health Bureau is engaged in SGBV prevention and management under three arms, namely: Prevention; Capacity building and Health Responses:

- 1) Prevention:
 - a. Promoting a healthcare package for newly married couples,
 - b. Public awareness creation through documentaries, dramas, leaflets and posters,
 - c. Healthcare packages for migrant workers and their families in the aim of preventing SGBV and upgrading their health status,
 - d. Ensuring a good public health system to prevent SGBV,
 - e. The prevention of genital mutilation in Sri Lanka.

- 2) Capacity building:
 - a. Enhancing the knowledge and capacity of curative sector and preventive sector health workers, medical students, nurses, public health students,
 - b. Addressing the prevalence of sexual harassment in health institutions (i.e. the FHB has developed a TOT module with the help of UNFPA, WHO, and the MoH to address harassment in health institutions). Moreover, they have launched the guidelines on preventing harassment at health institution in March 2018.

- 3) Health responses:
 - a. Out of 110 general hospitals, 61 Mithuru Piyasa centers have been established in hospitals across the country (i.e Mithuru Piyasa offices are currently not available in the Polonnaruwa, Ampara and Monaragala districts):
 - i. The main functions of Mithuru Piyasa signifies the importance of: befriending victims/survivors, providing counselling, and undertaking a risk-assessment.
 - ii. The referrals of victims and survivors of violence to Mithuru Piyasa occur mainly through Police and Public Health Service providers.

Adding to **Dr. Perera's** discussion, **Dr. Nisha Fernando** highlighted a few challenges she faced when running the Mithuru Piyasa Center at the Kethumathi Hospital in Panadura.

- 1) Mediation processes, when the husband/partner is reluctant to participate in the process.
- 2) The lack of shelters and safe spaces to retain victims/survivors of DV and IPV was reiterated.
- 3) Involving prosecutors in the survivor-centered referral process was also underpinned as a challenge.

In conclusion, Dr Dinusha Perera highlighted the challenges faced at a national level by the Ministry of Health, Nutrition and Indigenous Medicine:

- 1) The lack of priority given to SGBV response in the health sector. The curative health sector in particular, struggles to prioritize SGBV, whereby only 4-5 doctors are working in survivor response, according to the current resource pool.
- 2) Lack of resources at the central and peripheral government health institutions, coupled with the lack of staff, funding and space to maintain Mithuru Piyasa centers.
- 3) The unavailability of monitoring mechanisms for a coordinated and survivor-centered health sector response.

Ms. Mariam Wadood, Programme Officer at Women In Need's multifaceted functions, with regards to working within two priority areas in response to SGBV:

1. Crisis Intervention Services:

WIN provides psychological counselling, legal advice and legal representation, as well a 24 hour caller hotline and shelter services in Matara, Colombo and Batticaloa. WIN recently initiated a mobile application in partnership with UNDP and the Asia Foundation. This dual application provides users key information on SGBV service providers. It is also armed with an SOS alert system which connects the user to the Child and Women's desk at the nearest police station.

2. SGBV Prevention and Advocacy:

WIN conducts SGBV sensitization programmes, Domestic Violence Support Groups, social enterprise projects (Paper Recycling Project) are at the policy making level work with the police on SGBV issues. It was emphasized that WIN takes a multi sectoral approach in these efforts

In conclusion, Ms. Wadood highlighted the following challenges in terms of WIN's service provision:

- 1) The lack of political will and vision in terms of addressing SGBV-specific issues at the national level.
- 2) The need to standardize awareness-creation initiatives on SGBV, in order to ensure sustainability and long-term implementation.
- 3) The insufficiency of funds provided to enhance support services for SGBV response.

Ms. Wadood highlighted that the standard start-up fund to run a women's shelter would only be sufficient for two years, and it is important to ensure that continuous funding is provided to maintain the shelters. She noted that due to funding issues WIN had to scale down their operations from 9 districts to 6 districts. This further underlines the collective and collaborative effort required to mobilize resources in lieu of SGBV response.

Following the session, a brief question and answer session ensued with the participating audience. Ms. Sonali Gunasekera, from the Family planning Association directed a question on how Mithuru Piyasa ensures that survivors of DV and IPV are not exposed to further forms of violence when they

return to their daily lives. In response, Dr. Nisha Fernando stated that Mithuru Piyasa conducts a standard risk assessment with victims and survivors before the return to their households. Counselling and rehabilitation services are also provided to perpetrators.

Dr. Dinusha Perera from The Family Health Bureau – Ministry of Health highlighted the lack of Mithuru Piyasa centers in the Ampara District. Although 6 Mithuru Piyasa Centres are currently operational in the Eastern province, although there are no centers established within the Ampara district. She further stated that initial steps are being taken to establish a center in Kalmunai - Ampara. In response, Ms. Heshani Ranasinghe from OXFAM, stated that financial support can be extended to the Ministry of Health in this regard given OXFAM's field presence in Ampara.

Following the Q&A session, the moderator, Ms. Pamela Godoy, summed up the session by underpinning two key points that were brought forward:

- The need for strengthened coordination mechanisms, and ensuring perpetrator rehabilitation and perpetrator accountability, in lieu of ensuring the safety of both survivors and service providers within SGBV care centers.
- The need to identify the reasons behind referrals not being initiated in a coordinated manner by all relevant sectors. She underlined this as a precedent for the discussions to take place during day 2 of the workshop.

Session 04

Common Principles, characteristics, foundational elements, coordination and governance of coordination of the Essential Services Package

Ms. Pamela Marie Godoy, technical specialist on VAWG at the UNFPA Asia Pacific Regional Office reiterated the severity of SGBV, as the estimated cost of violence against women and girls is 1.5 trillion globally. In addition to factors such as lack of knowledge about services and security concerns, she identified the main reason behind survivors not accessing available services, as the shame and stigma associated with incidents of violence.

Ms. Godoy explained that the following principles need to be adhered-to when working with victims and survivors of SGBV:

1. A human rights-based approach:
SGBV is a violation of women's rights. The state as the primary responsible agency fulfilling the rights of women and girls experiencing violence must exercise due diligence in prevention, protection, prosecution, punishment and service provision of SGBV. The state has an obligation to maintain and provide the highest possible standards of service delivery.
2. Advancing gender equality and women's empowerment:

The root causes of gender inequality are the imbalance of power, abuse of authority and patriarchal cultures. In addition to the promotion of gender-sensitive and responsive policies and practices, services must promote women's agency where women and girls are entitled to make their own decisions, including decisions that result in their not accessing essential services.

3. Being culturally sensitive and age-appropriate:
Essential services should be equipped to respond to victims in accordance with their individual circumstances and life experiences to avoid any form of discrimination.
4. Victim/Survivor Centered Approach:
Each survivor should be treated uniquely and in accordance with their different needs.
5. Ensuring safety as an utmost factor when treating survivors:
Essential services must prioritize the safety of victims by preventing any further harm. For instance, due to the lack of shelter facilities, the survivor's life could be in danger if he/she comes forward with a grievance.
6. Ensuring perpetrator accountability:
Essential Services need to support the survivor's participation in the justice process while ensuring that the burden of seeking justice is not placed the victim and/or survivor, but on the State.

Ms. Megin Reijnders, a Technical Specialist on Violence Against Women from the WHO Headquarters in Geneva spoke about the Common characteristics underpinned by quality essential services.

1. Availability:
 - a. Quality services should be available throughout the country, to be accessed without discrimination. The services should also be organized to ensure the continuity of care, while innovative follow-up service delivery such as online services.
2. Accessibility:
 - b. Services should be physically, economically and linguistically accessible to all women and girls. They should be affordable with no undue administrative burdens and consider the language needs of each user. Most importantly, information on services should be available in multiple user-friendly formats.
3. Adaptability:
 - c. Services should identify the varying consequences of violence upon different groups, for the individual needs. Services should be centered the survivor providing the victim options.
4. Appropriateness:
 - d. Services must be agreeable to the survivor. Service provision should minimise secondary victimization; empower the survivor to reach help, respect his/her

decision, respond to his/her needs and norms without intruding on his/her autonomy.

4. Prioritizing her safety:
 - e. It is important to assess the individual at risk, while ensuring that risk management and the other services are available.
5. Effective Communication:
 - f. All modes of communication should support survivors with dignity, non-judgmental empathy. Listen and record accurately her story, needs and concerns. Validate concerns and experiences. Provide information to make own decisions.
6. Informed consent and confidentiality:
 - g. It is important to protect the survivor's confidentiality. Information retrieved must be treated confidentially and stored securely.
7. Data collection and information management:
 - h. Consistent and accurate data collection on service provision is very important – i.e. data documentation, storage storing, analysis and confidentiality of only sharing data within the agreed protocols.

In conclusion Ms. Reijnders emphasized the importance of linking with other agencies through coordination and monitoring to enable timely and appropriate services provision.

Ms. **Aparna Baht, Technical Specialist** from **UNODC South Asia** focused on the foundational elements of the essential services package. She emphasized that foundational elements refer to adequate resources, qualified professionals, good infrastructure and accessibility. In addition, she mentioned the State should have a comprehensive legal framework that provides the legal and judicial basis for victims/ survivors' seeking for health, social services, justice and policing services.

She also highlighted that government officials should be encouraged to initiate a dialogue on the effective implementation of guidelines. This will in turn determine the quality of services, ensure monitoring compliances with service standards and identify systemic failure in design, implementation and efficient delivery. Accountability is vital to ensure that essential services are available, accessible, adaptable and appropriate.

It was mentioned that resources and financing are required to build and sustain each sector with an integrated coordinating system with the capacity and capability to provide quality essential services that effectively and efficiently respond to SGBV.

Training and workforce development; sector agencies and coordination mechanisms to have the capacity and capability to deliver quality services. These service providers need to have the competency required to fulfill their roles and responsibilities as well as skills and expertise with the updated knowledge.

Monitoring and evaluation; Continuous improvement by sectors through the regular monitoring and evaluation is needed to deliver quality services for the survivors. This relies on collection, analysis and

publication of comprehensive data on violence against women and girls in a form which gauge and promote quality service provisions.

Gender sensitive policies and practices; Policies of each sector and the coordination mechanisms need to be gender sensitive as well as integrated into a National Action Plan to Eliminate VAW. Each sector policies need to be linked with a national policy.

Ms. Robin Mauney, Consultant from **UN Women Cambodia** presented on the importance of coordination and governance of coordination with reference to her experience in Cambodia. In Ms. Mauney's view, the common components needed for a coordinated response are;

- Changing institution policies and practices,
- Raising awareness of victim and survivor rights,
- Increasing access to and improving service delivery and
- Enhancing inter-agency relationships. In-order to build a better coordination mechanism there are national and local level essential actions to be taken.

National Level actions include law and policy making, appropriate allocation of resources, standard setting for establishment of local level coordinated responses, inclusive approaches to coordinated responses, facilitate capacity development of policymakers and other decision makers on coordinated responses to SGBV and monitoring and evaluation of coordination at national and local levels:

1. Policy making; Laws and policies on best practices should be guided by the international standards and norms. Policies on SGBV and the coordination on the essential services in both national and local level are important. Developing hand books, costing studies, Cambodia also done a costing study on what we have and what we want to have, referral guidelines and gender budgeting.
2. Appropriation and allocation of resources; adequate resources are essential to ensure that they have technical expertise, systems and processes and authority to carry required functions.
3. Standard setting for establishment of local level coordinated responsibility. These are important to clarify the expectations in the coordinated systems and the stakeholders who are involved in the coordination mechanism.
4. Inclusive approaches to coordinated responses; take into account of diversity of experiences and needs of women and girls who experienced the violence.
5. Facilitate capacity development; institutions, organizations and the personnel need support and training on the effective coordination.
6. Monitoring and evaluation of coordination; this will allow to understand and learn how coordinated systems are functioning.
7. At the local level essential actions are as follows;

- Creating a formal structure for local coordination and governance; this will support the participation of local institutions and organizations and enable robust mechanisms to accountable the stakeholders and the community. Therefore, SOPs needs to be introduced. Not just use the existing community when creating the structure, it should work within the existing framework. Data analysis need to introduced to find the root causes of SGBV at the local level.
8. Implementation of coordination and governance of coordination; this coordination should be guided by an action plan which is aligned with national plan and development strategy. SGBV cases should not be talked publicly and case consultation should follow guidelines.

Question and Answer session:

The Q&A session which ensued revolved around the question raised by **Ms. Shakya Amarasekara** from **Pulse Sri Lanka**, on violence against Sri Lankan migrant women overseas, specifically in the Middle East.

In response, Ms. Robin Mauney highlighted a best practice from Cambodia, which commenced a programme on SGBV response through the provision of mobile SRH clinics and information centers on legal processes. Ms. Mauney stated that according to recent prevalence data the number of migrant women seeking help has increased, as a result of these mobile clinics.

Ms. Thamarashi Wickramanayake responded that the Legal Aid Commission in Sri Lanka has a special unit to help the migrant workers same as Foreign Employment Bureau. However, she emphasized the need for shelters and safe spaces for female migrant workers overseas.

In conclusion, Ms. Bimali Amarasekara from UNDP highlighted that the National Action Plan on SGBV consists of a dedicated section on Foreign Employees, which can be utilised when operationlising the sector-specific action plan.



Proceedings – Day 2

Thematic working groups:

During the registration process on Day 01, participants were provided with lanyards depicting the three clusters, whereby they selected the sector most relevant to their area of work, expertise or personal interest. Following the inaugural sessions on day 01, the proceedings on day 02 commenced with the division of participants into the three clusters, namely: Health; Justice and Policing and Social Services.

The purpose of these sector-based discussions was to develop action plans targeting practical and solution-based interventions, along with the endorsement of government institutions, service providers and relevant stakeholders, in line with existing policies and action plan

1) Health Sector



Overview:

Myths and facts surrounding SGBV were discussed and examples were shared as a precursor to the discussion. Other notable points included the need for global guidance or guidelines available on children and adolescents subject to violence. It was also expressed that art and drama therapy could enable working with children while their mothers seek support for SGBV. In reiteration, the Family Health Bureau highlighted the prevalence of youth-friendly health service centers, although the majority of participants interjected that adolescent girls in particular are reluctant to access government service facilities due to a number of reasons, such as stigma.

The importance of creating awareness and reassurance among healthcare service providers on the need to address SGBV was emphasized. For instance, biases and preconceptions prevalent among healthcare service providers, (i.e. regarding SGBV, DV/IPV as private family issues) need to be addressed. This can be done by including SGBV in pre-service curriculums and training programmes for service providers.

SGBV faced by service providers is also a pressing issue. The commonality of sexual harassment in the workplace within which healthcare service providers operate, leads to the normalization of the issue. It was noted that supervisors, or those in power (mostly men) perpetrate violence against service providers.

As a final point, it was identified that Civil Society Organizations need to compliment health sector response, and likewise, government bodies need to acknowledge such efforts in creating a coordinated network of service provision.

The group used the ecological model⁷ to determine barriers to ESP service delivery. The following specific issues were identified:

Barriers in the referral system:

- The need for a proper referral system to be formulated and established.
- The lack or unavailability of multi-sectoral response to SGBV
- Poor and inefficient coordination mechanisms within the sectors

Barriers within the health sector:

- The need for capacity building, and the lack of interest among decision-makers on SGBV-specific issues.
- The lack of empowerment among service providers and those who access services.
- Lack of finances, infrastructure and resources
- Confidentiality related issues, i.e. with regards to the privacy of the survivor.
- Sustainability of existing mechanisms.

Barriers outside the health system:

- Insensitiveness and inaccurate messaging on SGBV by media outlets.
- The unavailability of monitoring and accountability mechanisms.
- Judicial issues with regards to processes, procedures and legal rights.
- Service coordination related issues within different entities i.e: health and judiciary.
- Lack of material and physical resources, i.e. staff, and health care providers.
- Language barriers, specifically the lack of Tamil-speaking health care providers and police/legal officials.

Barriers in implementing the National Action Plan on SGBV:

- The need to strengthen the national resource pool of the Family Health Bureau.
- SGBV to be prioritized in funding efforts through advocacy.
- General guidelines to cover general practices.

⁷ Refer ESP Module on Health at <https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-2-0>

- The unwillingness of medical officers to pursue SGBV, as it is not a lucrative area of service provision. As a solution to this, it was proposed to include SGBV as a subject/component in the medical curriculum.
- The need for attitudinal changes of service providers.

As a result of identifying the above barriers, the group was able to streamline a number of healthcare priorities aimed at addressing SGBV:

- Building a cost benefit / investment case to convince policy makers in prioritizing SGBV.
- Mass SGBV sensitization among all levels of staff/service providers.
- The need for the Family Health Bureau to receive NGO/INGO support and collaboration.
- A National level committee on SGBV to be established.
- Lobby HE PM to establish a national level task force on SGBV.
- Establish SOPS targeting specific SGBV interventions.
- Continuous media campaigning and development of media guidelines targeting ESP and SGBV.
- Infrastructure development for SGBV response and prevention.
- The need to utilize existing mechanisms to generate funding and operationalize existing funding in coordination with the National Planning Department and the Ministry of Finance.
- Establish a steering committee overseeing M&E at the Ministry of Health.
- Revising existing tools and manuals to be synergized with the ESP.

Presentations were made on the following topics and are illustrated in Table 1.

Table 1: Health Sector Action Plan

Priority action / Activities in the next 1-2 years	Who is responsible	Technical support / tools / resources required to address the priority action and from whom	Who are the key partners to be involved and what would be their roles and responsibilities
Challenges: The lack of political conscience and will to make SGBV a priority			
Convince policymakers on the importance of investing in eliminating SGBV through evidence, i.e. a cost-benefit analysis	Family Health Bureau Women and Child Affairs and Dry Zone Development Health units	WHO, UNFPA, Expert consultants	UNFPA WHO and other technical partners, particularly for funding and technical assistance
Sensitization of health staff at all levels (top to bottom) in order to identify and recognize the need for	Family Health Bureau	Resource pool of trainers, Videos, hand books, Film screenings (i.e. Samanala Palama),	UNFPA for funding and technical assistance. Explore other opportunities with Donor community.

SGBV prevention and response.		WHO, Expert consultants, UNFPA	
Capacitate first-response health staff (those first to be in contact with victims and survivors of SGBV). Staff will be provided with the necessary knowledge, skills and attitudes to respond to victims and survivors of GBV.	Family Health Bureau	WHO, Expert consultants, UNFPA	UNFPA for funding and technical assistance. Explore other bilateral partners such as NGOs INGOs
Challenge: The lack of linkage between health and other systems of service provision.			
Establish a national level task force to respond to SGBV.	Main responsibility: MoH and Family Health Bureau. To be chaired by the President and Prime Minister.	WHO, Expert consultants, UNFPA	UNFPA for funding and technical assistance.
Sub activity: Establish a regional task force responding to SGBV.			
Develop SOPs for the national and regional task force.	Ministry of Health and relevant line ministries.	MOH, academics and other agencies such as WHO and UNFPA.	Donor agencies and technical experts.
Conduct continuous awareness sessions targeting communities, in order to make them aware of available services for SGBV response in the country.	Material development by MoH, advocate by MoH responsibility by media ministry	Ministry of Media , Technical experts, partners to get involved.	Donor agencies.
Challenge: Implementation of the National Action Plan on Sexual and Gender Based Violence (2016-2020).			
Strengthen the gender unit of the FHB as a resource	DG of Health services, Director	MoH, UNFPA and WHO	

<p>hub to carry out two specific tasks:</p> <p>1. Focal point for research, collection of evidence-based interventions and dissemination of research data.</p> <p>2. Developing human resources and infrastructure facilities.</p>	Public services and planning Bureau		
<p>Mobilize funds within existing mechanisms. Identify within the existing mechanism, which is a barrier towards utilizing available finding. A streamlined procedure needs to be developed in order to utilise existing funds in connection with other institutions.</p>	FHB, WHO , UNFPA	National planning department	FHB, WHO and UNFPA
<p>Need for coordination within the health system. Appointing a committee to monitor and evaluate the national programme.</p>	UNFPA, College of Forensic pathology, College of community physicians, MoWCA , LAC and WIN	ESP, WHO	
<p>Review the existing material on healthcare service provision such as protocols and hierarchies, training modules and guideline to align them with the new ESP .</p>	FHB, WHO, UNFPA		

2. Justice Sector



Discussants identified that the module's services are grouped according to the broad stages of the justice system, such as prevention, initial contact; investigations; pre-trial / hearing processes; trial / hearing processes; perpetrator accountability and reparations; and post-trial processes.

It was noted that the module recognizes the need to make services available throughout the entire justice system by ensuring protection; support; communications; sectoral and inter-sectoral coordination.

The importance of creating awareness and reassurance among justice service providers on the need to address SGBV was emphasized. The most prevalent issue within the justice sector is the lack of connectivity among the sectors, especially among Judicial Medical Officers, health practitioners and social service providers.

The discussions provided insights into the prevailing legal infrastructure and the gaps that need to be addressed when responding to victims and survivors of SGBV.

The following points were highlighted as the **barriers for service provision**:

- The lack of uniformity in sentencing for SGBV cases throughout the country.
- Language and translation issues when presenting cases in court.
- Unavailability of sign language interpretation and infrastructure for persons of disability.
- The need to ensure safety and protection for victims and survivors of SGBV during pre and post-trial processes.
- Ensuring confidentiality and security of victims and survivors to avoid re-victimization.

Table 2: Justice and Police Sector – Action Plan

Essential Justice and Policing Services	Priority Actions/Activities In next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are they key partners to be involved and what would be their roles and responsibility
(1) Prevention	1] Higher sentencing	Judiciary , prosecutor	Enforced sentencing guidelines and practicing the uniformity of sentencing in SGBV cases throughout the country	Medical officials Religious leaders Ministry of education Ministry of women’s affairs and child development
	2] Awareness	Schools , community leaders, health sector ex midwife. Medial officer and counsellor, media,	School curriculums, billboards, posters, shelters, community centre notice boards More rehabilitation centres and camps.	Ministry of social welfare Ministry of justice Attorney General
	3] Rehabilitation	Judiciary,Priso ns , probation officers, psychiatrists	Finances and infrastructure needs	
	4] Identify vulnerable groups	Village Grama Niladharis,[pe ace officers],Religi ous leaders		
	5] Comprehensively looking at reasons for including substance abuse			
(1) Initial contact	Sensitize multidisciplinary stakeholders to organize a task force. Sensitize them to have a victim centred approach	Police Midwives Women development officers Counsellors	Maintain the existing hotline Sophisticated Recording material	Police department Teachers Medical officers Social workers Government officers

	Minimize re-victimization	Medical officers	Compressive Medical records. Appoint and capacitate social workers	
(2) Investigation	<p>Obtaining scientific evidence.</p> <p>Victim protection</p> <p>Protection of the investigator in highly contested cases</p> <p>Protection of the victim's family and witnesses.</p> <p>Combat cyber crime against women.</p>	<p>JMOs</p> <p>Government analyst</p> <p>Crime Scene officers</p> <p>Police investigation officers</p> <p>NCP officers</p> <p>Legal aid</p>	<p>Recording of the victim deposition in all cases</p> <p>Immediate access to JMOs.</p> <p>Safe houses for victim protection. Finances and infrastructure for safe houses.</p> <p>Psychiatrist reports of the victim in all cases</p> <p>Training modules for all relevant stakeholders</p> <p>Training focused on sensitization of Judges and prosecutors and law students .</p>	<p>Police department</p> <p>Social workers</p> <p>Lawyers</p> <p>Medical officers</p> <p>Probation officers</p> <p>Legal aid</p> <p>Ministry of justice</p> <p>Ministry of women's affairs</p> <p>Attorney general's department [on request]</p>
(3) Pre-trial processes	<p><u>Consultation</u></p> <ul style="list-style-type: none"> ➤ Proper hearing sensitive/empathy. ➤ Effective psychological counselling. ➤ Trustworthiness ➤ Privacy and confidentiality. <p><u>Collecting relevant docs</u></p> <ul style="list-style-type: none"> ➤ Networking 	<ul style="list-style-type: none"> ➤ Police ➤ LAC ➤ JMO 	<ul style="list-style-type: none"> ➤ Human Resources ➤ Financial ➤ Technical ➤ Capacity Building ➤ Gender Sensitization ➤ Training Workshops 	<ul style="list-style-type: none"> ➤ LAC <ul style="list-style-type: none"> - Legal aid for victims of domestic violence. ➤ MOJ <ul style="list-style-type: none"> - Coordination ➤ Police <ul style="list-style-type: none"> - Filing DV in a proper way ➤ Victims and Witnesses Protection Act <ul style="list-style-type: none"> - To protect victim

	<ul style="list-style-type: none"> ➤ Referral systems ➤ Maintaining a database ➤ systematic computerization. ➤ Paperless concept. ➤ RTI ACT ➤ Recording ➤ Prevention (bribery) ➤ Breaking customary barriers. <p><u>Follow up mechanism</u></p>			<ul style="list-style-type: none"> ➤ AG's Department
<p>(4) Trial/hearing processes</p>	<ul style="list-style-type: none"> ➤ Guidelines for Trial. ➤ Fast-tracked court procedure ➤ Special Courts for SGBV cases. ➤ Ensuring privacy and dignity ➤ Digital recording systems ➤ Prevention (Bribes) ➤ Monitoring Systems ➤ Follow-up Mechanisms post court ➤ Amendments to the DV Act ➤ (Sexual / Economic Harassment to be included and excluded in settlement procedures) ➤ Simplify legal Terms 	<ul style="list-style-type: none"> ➤ Police ➤ Judges ➤ Lawyers ➤ Court Staff <div style="border: 1px solid black; padding: 5px; margin-left: 40px; text-align: center;"> Capacity Building Training </div>	<ul style="list-style-type: none"> ➤ Infrastructure (shelters/ safe houses for mothers with children) ➤ Economic support ➤ Human Resources ➤ Psychological Support ➤ By State ➤ Private Sector with NGOs 	<ul style="list-style-type: none"> ➤ Partners ➤ MOJ ➤ Police ➤ Victims and Witnesses Protection Act ➤ LAC ➤ Bar Association ➤ NGO ➤ Line Ministries ➤ Media

	<ul style="list-style-type: none"> ➤ Presence of translators with the ability to interpret sign language ➤ Facilitate language barriers ➤ Ensuring sizeable settlements for SGBV cases in Court. ➤ 			
(5) Perpetrator accountability & reparations	<p>Sexual offences to be recorded in a fingerprint system. Maintaining a database of convicted sex offenders. Perpetrator should be rehabilitated and kept in close supervision. Counselling services.</p> <p>1. Monitoring of suspended sentences for sexual offenses.</p>	<ul style="list-style-type: none"> • Ministry of Justice • Police • Judiciary 	<p>Government Sectors (ICTA, Consultants)</p> <p>INGOs (UNDP), NGOs</p>	<p>M.O.H. Providing health facilities for perpetrators.</p> <p>Department of Probationary Services to make visits and ensure diligent reporting to the Courts.</p> <p>Community Collection Officers to supervise the perpetrator and attend to his requirements.</p>
(6) Post-trial processes	<p>Empowerment of victims and survivors (financial assistants, counselling, education, etc.)</p>	<p>Department of Probationary Services.</p>	<p>UN Agencies, INGO, Government Sectors, NGOs</p>	<p>Ministry of Women and Child Affairs</p> <p>Police Women and Child Bureau</p>

	Shelter facilities	Police. Ministry of Social welfare and Empowerment. Ministry of Women and Child Affairs Ministry of Health.		NGOs Media, Awareness Programmes
(7) Safety and protection	<p>-Establishing safe houses for the victims (enabling women, children and teenage girls who are pregnant The due protection and safety.</p> <p>Identify and approve (by the Ministry of Social Welfare) suitable homes for girls and women to be referred from Court. Economic options for victims need to be integrated.⁸ Complete safety is paramount. - Safe and immediate transport of victims (separation of</p>	<p>MWCA & dep of Probation Child Care, Social Services CSOs</p> <p>Safe homes and police</p> <p>MOJ link with legal draftsman & Mo SEW, MWCSA</p>	<p>More safe homes that offer women and child long term safety , where children’s education is not disrupted. Financial support required</p> <p>Financial support for a vehicle at these homes and to police</p> <p>Technical support</p>	<p>MWCA MoSEW CSOs – Women Development Centre Kandy, WIN, JSAC, Good Shepherd Sisters, Sister of Charity, Sarvodaya Maha Sevana, UN agencies / dev partners</p> <p>-MoL&O & MWCA to provide special vehicles to transport children and women to court/ homes</p> <p>-MOJ & CSOs</p>

⁸ National Action Plan on Sexual and Gender Based Violence, Section on Empowerment – 3.1.2

	<p>victims and perpetrators)</p> <ul style="list-style-type: none"> - Set one day (E.g. Thursday morning) or afternoon for cases concerning women and children in all courts in the island (excluding emergency cases)⁹. (NPOA – Justice – 1.2.1) - Repeal of laws that discriminatory such as the vagrants Ordinance, - Confidentiality to be ensured and zero re-victimization in the legal process. 			
(8) Support and assistance	<ul style="list-style-type: none"> - Fully capacitating and functioning National Authority for the protection of victims and witnesses of crime.¹⁰ - Legal assistance: Greater awareness of quality free legal aid services and advocate LAC to ensure quality lawyers and legal service (i.e. top lawyers to provide pro-bono services through LAC / other institutions)¹¹ 	<p>National Authority for Victims & witnesses of Crime MOJ</p> <p>LAC CSOs – WIN, IHR, WDC,</p> <p>MOJ / legal draftsman MoWCA to advocate and CSOs to lobby</p>	<p>Technical, knowledge tools, equipment, capacitated cadre to ensure that the National Authority is fully operational</p> <p>Quality standard to be raised at LAC with greater technical support.</p>	<p>MOJ Un agencies / dev partners</p> <p>CSOs providing Legal assistance such as WIN, IHR, WDC</p> <p>CSOs UN agencies / development partners</p>

⁹ National Action Plan on Sexual and Gender Based Violence, Section on Justice – 1.2.1

¹⁰ National Action Plan on Sexual and Gender Based Violence, Section on Justice – 1.2.2

¹¹ National Action Plan on Sexual and Gender Based Violence - Focus area 3

	<p>- Implement/ revise laws to incorporate victim -friendly laws during and pre and post trial process (such 90 days leave for victims in India.¹²</p> <p>- Main line ministries (MOJ, AG, JSC, MWCA, MoSEW, MOH/FHB) and key stakeholders to act responsibly and link issues with the best interest of the’ victim survivor.’</p> <p>- Review reasons for the delay of cases relating to women and children and ensure that cases are taken up within a year as a priority - Ensuring reater coordination between key stakeholders¹³</p>	<p>for these issues.</p> <p>MOJ, MWCA</p> <p>MOJ, AG, JSC, MWCA, MoSEW, MOH/FHB</p>	<p>Technical specialists at MOJ, MWCA linking with other justice sector institutions to take this forward.</p>	
<p>(9) Communi cation</p>	<p>- Victim to be informed of the judicial process and progress of case an online system is proposed.</p> <p>- Language issues in the court (Unavailability of simultaneous translation sysems)</p>	<p>MOJ</p>	<p>IT Developer that is able to formulate and online system Learning missions from Hong Kong, UK, US etc.</p> <p>Resources, translations systems, translators</p>	<p>UN agencies/ development partners. Countries that have implemented online system</p> <p>Department of official languages, private companies that provide</p>

¹² National Action Plan on Sexual and Gender Based Violence – Section on Justice, 1.2

¹³ National Action Plan on Sexual and Gender Based Violence, Section on Justice – 1.2.4

	<p>- Public Announcing systems to be setup in all courts and resources to be allocated.</p>			<p>simultaneous translations.</p>
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Comments on the Justice Sector Action Plan:

Through discussion the need to address both men and women undergoing violence was acknowledged, although in most cases SGBV affects more women in comparison. Ms. Naruka (UNODC) further stated that under the multi-sectoral approach there should be one focal point at the Grama Niladhari, divisional and district levels in Sri Lanka to facilitate a coordinated referral pathway. It was reiterated that the establishment of an SGBV task force at the national level is essential to operationalize this effort.

Ms. Aparna Bhat (UNODC) identified a few overlooked areas during the group discussions, namely: mechanisms to address cyber-crimes and providing guidance for victims and survivors when they choose to pursue legal action. For instance, during the pre-trial process, the prosecutor should engage with the victim/survivor and identify their needs. It was also mentioned that perpetrator accountability through effective monitoring must be ensured to avoid violence and re-victimization. The importance of highlighting these areas in the action plan was reiterated.

Ms. Bhat also noted the importance of fast-tracking SGBV cases in courts, ideally through allocating one-day per week to hear SGBV cases. The lack of resources, proper evidence documentation and lack of awareness were identified as a significant case for the stagnation of such cases.

The importance of collaborative intra and inter-sectoral coordination among all service providers, specifically between the sectors of police, judiciary, health and social services was emphasized. Moreover, patriarchal systems that often hinder these processes can be addressed through the provision of awareness material in simple language, along with the incorporation of best practices within the country.

In Sri Lanka, the time period to file case by the victim against the perpetrator is 20 years. However Ms. Naruka noted that certain cases of SGBV take more than 20 years to reach its completion, thus the expansion of the time period can be advocated-for in law and policy reform.

Both facilitators identified that there needs to be a clear mechanism to alleviate re-offending victims and survivors, especially if the perpetrator’s period of punishment has been completed. As revealed during the group discussions, when a SGBV case is completed, the system does not get in touch with the survivor. Therefore, it is recommended to create a system which continues to be in contact with the survivor and make him/her aware of the release of a perpetrator, thus protecting him/her from further violence. Such a mechanism can accommodate laws to monitor recurring offences by perpetrators. In the ESP module, this is a crucial requirement to be followed during the post-trial process.

However, in the event of a post-trial sexual violence or assault, the individual needs to be immediately referred to emergency medical attention, thus the inter-sectoral coordination is critical.

The participants responded to the International facilitators and acknowledged the existing gaps/barriers. The lack of Judicial Medical Officers (JMOs) was identified, along with the delay in transferring information to courts. This is mainly due to the time incurred by the JMO per case, especially when the JMOs presence is needed throughout in order ensure accuracy of information.

Therefore, as an immediate way forward, it is important to resolve the inconsistency that exists between the justice and medical sectors by enforcing a more vigilant network for coordination and collaboration.

3) Social Services Sector Intervention



At the onset of the discussion the challenges within the social services sector were discussed.

- 2) Lack of awareness by divisional, district and national level government officers on crisis counselling
- 3) Minimal resources and trained staff attending to 24 hour hotlines.
- 4) Lack of awareness on existing shelter facilities and 'Mithuru Piyasa' centers.
- 5) Minimal material and financial aid to maintain shelters and safe spaces for women.
- 6) Lack of priority-services for SGBV victims and survivors with disabilities.

Further, the Director of the Women Development Centre (WDC) in Kandy emphasized on the importance of transit or temporary shelters, in addition to permanent women’s shelters. Through the WDC’s work it was experienced that in certain cases, survivors of SGBV are transferred from police stations or hospitals or during night, which poses a threat to their safety. Thus the establishment of transit shelters in such instances would minimize any risks or threats.

The need to address the lack of resources in maintaining safe spaces for women, adequate trained service providers such as counsellors targeting both survivors and perpetrators. The increased need on perpetrator rehabilitation and community correction was emphasized.

Group presentations:

The discussion points and strategies of the four groups were consolidated into an action plan in the following manner:

Group 1: Assigned with the task of elaborating on challenges faced when providing: Crisis information; Crisis counselling; and Helplines.

Group 2: Assigned with identifying challenges faced when providing: Safe accommodation; Material and financial aid; and Creation, recovery and replacement of identity documents.

Group 3: Identified challenges when providing: Legal and rights information, advice and representation, including in plural legal systems; psychosocial support and counseling; and women-centered support.

Group 4: Identified challenges when providing: Child-centric services for children affected by violence; Community information, education and community outreach; and Assistance towards economic independence, recovery and autonomy.

Table 3: Social Services Sector - Action Plan

Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence (Essential Actions 1,2 & 3)				
Essential Services 1, 2 & 3	Priority actions/activities in the next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are the key partners to be involved and what would be their roles and responsibilities
Crisis Information	-Awareness raising for Divisional staff, Police officers and communities	Ministry of Women & Child Affairs	-Technical support Govt. /Non Govt. Actors Banners, leaflets, cutouts,	Ministry of Women t & Child Affairs - Providing finances

	-Set up community Action groups		Mass/social media, Special articles in newspapers, stickers in public transport, campaigns, street drama/ puppets, websites -Financial/ Human resources	Ministry of Social Welfare, Ministry of Education, Ministry of Health, Ministry of Foreign Employment, Ministry of Tourism for dissemination of information.
Crisis counselling	- Awareness raising for Divisional staff, and communities Training counsellors	Ministry of Social Welfare	Banners, leaflets, cutouts, Mass/social media, Special articles in newspapers, campaigns, websites Financial/ human resources	Ministry of Women and Child Affairs, Ministry of Education, Ministry of Health, Sri Lanka Police for referral support and coordination.
Help line	-Awareness raising for Divisional staff, and communities -Train helpline staff back office staff -Linking helplines to women & children's desk of the Police stations -Bringing in all telecommunication service providers to support the toll free line. (24 x 7 service)	Ministry of Women & Child Affairs	Financial resources Human resources Telecommunication facilities Tech support from universities (University of Colombo – Engineering Faculty – Moratuwa) .Moratuwa)	Min. Social Welfare Sri Lanka Police – For active response Min. of Women & Child Affairs to support in training help line staff and provide sufficient finances. Ministry of Education, Ministry of Foreign Employment, Ministry of Tourism to support in

				coordination.
Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence (Essential Actions 3,4,5 & 6)				
Essential Actions 3,4,5 & 6	Priority action / Activities in the next 1-2 years	Who is responsible	Technical support / tool/ resources required to address the priority action and from whom	Who are the key partners to be involved and what would be their roles and responsibilities
SAFE ACCOMODATION	3.1.1 <ul style="list-style-type: none"> Shelter mapping Reviewing existing mapping mechanisms on shelters Sharing the standard shelter guidelines 	Ministry of Justice Ministry of Women and Child Affairs, Ministry of Social Welfare INGOs and NGOs Police and Justice Ministry of Resettlement and Rehabilitation and Prison Reforms.	Research personnel Data analysis International guidelines	Non-state actors including NGOs, INGOs, CBOs Responsibility: Providing information. Allocate human resources. Fund allocation and approval. Coordination Organizing and implementation of Monitoring and evaluation.
	3.1.2 <ul style="list-style-type: none"> Create awareness among Judiciary, Police and Mithuru Piyasa about the available shelter facilities Lobby for safe transportation Community awareness about services available through 			

	<p>Women's groups</p> <ul style="list-style-type: none"> • Media reporting guidelines • Security measures • Disability sensitivity • Establish transit homes (courts, hospitals, MOH) 			
MATERIAL AND FINANCIAL AID	<ul style="list-style-type: none"> • Safe accommodation • Basic needs • Material for rehabilitation • Material for education • Material for skills development • Material for health services. • Standard accommodation facilities • Library facilities • IT facilities • Entertainment facilities • Maternity packs • Healing places (religious practices) • Equipment and raw 	<p>Ministry of Women's and Child Affairs</p> <p>Ministry of Finance</p> <p>Ministry of Vocational Training</p> <p>Ministry of Social Welfare</p> <p>Save the Children</p> <p>CSR by private sector organizations.</p> <p>INGOs and NGOs</p> <p>Ministry of Science and Technology</p>	<ul style="list-style-type: none"> • Skills trainers • Modules • Funds • Marketing spaces • Proposal writers • Resource mobilizing skills 	<p>Non-state actors including NGOs, INGOs, CBOs</p> <p>Responsibility: Providing information. Allocating human resources. Fund allocation and approval. Coordination Organizing and implementation of Monitoring and evaluation.</p>

	<p>materials for livelihood skills</p> <ul style="list-style-type: none"> • Financial support for re-integration • Financial aid for vocational training • Access the availability of information on the services provided by the government 			
CREATION, RECOVERY, REPLACEMENT OF IDENTITY DOCUMENTS	<ul style="list-style-type: none"> • Link with government authorities • Mobile services to issue legal documents • Create awareness about the procedures required for obtaining the necessary legal documents • Develop a checklist and display. 	<p>Registrar General's Department</p> <p>Department of Registration of Persons</p> <p>Ministry of Foreign Affairs</p> <p>Ministry of Justice Police</p> <p>Ministry of Social Services</p> <p>Foreign Employment Bureau</p>	<p>Knowledge on legal procedures</p> <p>Information and documents</p>	<p>Non-state actors including NGOs, INGOs, CBOs</p> <p>Relevant Government officers</p> <p>Responsibility: Providing information. Allocate human resources. Fund allocation and approval. Coordination Organizing and implementation of Monitoring and evaluation</p>

Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence: Essential Actions 7 - Legal and rights information, advice and representation, including in plural legal systems

Essential Actions 7E	Priority Actions/Activities In next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are they key partners to be involved and what would be their roles and responsibility
	1. Awareness creation of existing structures and mechanisms among all stakeholders at all levels	MoWCA Ministry of Justice MoH Provincial level Health Home Affaires, relevant INGO's NGO's and CBOs	IEC Materiel Technical Assistance and expertise from all relevant agencies , finance allocation	Women Ministry NGO's INGO's CSO's Academic institutions
	2 establish and strengthen coordination mechanisms at grassroots levels to improve services for community in prevention and responding to SGBV	MoWCA Ministry of Justice MoH Provincial level Health Home Affaires, relevant INGO's NGO's and CBOs		
	3. Develop IEC materials for targeting all segments of the society in all three languages	MoWCA Ministry of Justice MoH Provincial level Health and Home Affaires, INGO's NGO's	IEC Materiel Technical Assistance and expertise from all relevant agencies	
	4. Establish and maintain robust monitoring evaluation accountability and learning mechanism	MoWCA Ministry of Justice MoH Provincial level Health Home Affaires, relevant INGO's NGO's and CBOs	Impact and progress indicators, monitoring tools, guidelines, baseline and evaluations /MEAL advisors	To be defined

Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence: Essential Actions 8 - Psychosocial support and counseling.

Essential Actions 8	Priority Actions/Activities In next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are they key partners to be involved and what would be their roles and responsibility
	<p>1.Introduce and maintain minimum quality standards for counselling services provided by various Ministries</p> <p>2.introduce technology to provide counselling services, mobile Apps. Online etc</p> <p>3.Identify Village level volunteers to link with victims, counselling services</p> <p>4.Establish Child and women friendly spaces which maintain confidentiality</p> <p>5.Maintain proper data management system of the cases received and handle referrals according to the type violence</p>	<p>MoWCA, Social Welfare Ministry FHB Ministry of Education</p>	<p>Set of quality criteria and guidelines</p> <p>Simple user guides</p> <p>Minimum quality standards and ethical guidelines to maintain confidentiality</p>	
	<p>Establish and maintain robust monitoring evaluation accountability and learning mechanism</p>	<p>MoWCA Ministry of Justice MoH Provincial level Health Home Affairs, relevant INGO's NGO's and CBOs</p>	<p>Impact and progress indicators, monitoring tools, guidelines, baseline and evaluations /MEAL advisors</p>	

Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence:

Essential Actions 9 - Women-centered support

Essential Actions 9	Priority Actions/Activities In next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are they key partners to be involved and what would be their roles and responsibility
	<p>1.Develop and introduce set of National guidelines to relevant officers on SGBV case Management in 3 languages (including follow up mechanism)</p> <p>2.Introduce code of conduct for those who engage in this process at all levels</p> <p>3.Establish and strengthen strong coordination among women based organization and government sector</p> <p>4.. Establish and maintain robust monitoring evaluation accountability and learning mechanism</p>	<p>MoWCA Ministry of Justice MoH Provincial level Health Home Affairs, INGO's NGO's</p> <p>MoWCA Ministry of Justice MoH Provincial level Health Home Affairs, relevant INGO's NGO's and CBOs</p>	<p>Tools for consultations / technical expertise etc....Finance allocation</p> <p>Impact and progress indicators, monitoring tools, guidelines, baseline and evaluations /MEAL advisors</p>	

Priority Actions to Roll out THE SOCIAL SERVICES Guidelines to provide quality SOCIAL services to women subjected to violence

(Essential Actions 10| 11|12)

Essential Action 10, 11 & 12	Priority Actions/Activities In next 1-2 years	Who is responsible	Technical support/tools/resources required to address the priority actions and from whom	Who are they key partners to be involved and what would be their roles and responsibility
Child-centric services for children affected by violence	10.1: The alternative care policy needs to be put into practice within the next 2 years, with the recruitment of foster parents. This should be implemented in all districts.	Department of Probation and Child Care Services (national level)	Retrieve global knowledge on this issue.	NGOs, INGOs, CSOs, CBOs.
	10.2: Facilitate access to represent children where required, with specialized child protection lawyers.	Ministry of Justice	Curriculum on child protection developed.	Judges, Academic partners.
Community information, education and community outreach	11.1: Creative social messages	Ministry of Women and Child Affairs	Update knowledge on accessibility of social media and mobile apps / SMS access.	INGOs, CSOs, Media partners, private sector
Assistance towards economic independence, recovery and autonomy	12.1 Women victims of violence identified by the ministry of Women and Child Affairs to be referred to the Ministry of Social Empowerment and	Ministry of Women and Child Affairs Ministry of Social Empowerment Ministry of Housing		Media Relevant Ministries

	Ministry of housing for specialized and priority services			
	12.2 Services and Relevant SGBV and SRHR advocacy to be provided for communities through creative media.	Ministry of Women and Child Affairs	Update knowledge on accessibility of social media and mobile apps / SMS access.	INGOs, CSOs, Media partners, private sector.
	12.3: The social service department's disability fund to be prioritized for SGBV survivors with disabilities.	Ministry of Social Welfare.		



Conclusion & Way Forward

1. It was reiterated that the two-day workshop on Multi-Sectoral Services Responding to Women and Girls Subject to Violence was concluded with concrete actions to be implemented.
2. As an immediate way forward, it was identified that the establishment of a national and regional level taskforce is required to establish a multi sectoral coordination mechanism. The national taskforce should be led by the Ministry of Health Nutrition and Indigenous Medicine and the Ministry of Women and Child Affaires with the partnership of other relevant ministries. This national mechanism could be represented by the health and justice sectors, and chaired by the respective provincial ministers, with the involvement of CSOs. The taskforce can also enable the identification of gaps in coordination among the sectors-specific service providers.
3. The importance of collating the information retrieved from the workshop was highlighted along with the formulation of a national working committee to identify key intervention areas.
4. The action plans developed during the second day of the workshop culminated key points to formulate or a roadmap indicating the 'way forward' in operationalizing the ESP. The roadmap and its implementation will take a multi-sectoral coordination approach, thus ensuring that 'no-one is left behind.
5. Emphasizing the need for CSE capturing SGBV in school curriculums.
6. The aforementioned taskforce can also be instrumental in developing SOPs that address these issues at the national level in order to eliminate isolated responses by service providers, and ensure inter-linkages between sectors. Coordination among sectors is the most pressing intervention which requires immediate attention.



Annexure 1:



Multi-Sectoral Services Responding to Women and Girls Subject to Violence

AGENDA

Waters Edge, Battaramulla

5 - 6 July 2018

Day 1: Thursday, 5th July 2018	
08:30 AM -09:00 AM	Registration & light breakfast
09:00 AM -09:40 AM	Welcome note and introduction <ul style="list-style-type: none">• Ms. Ritsu Nacken, Representative, UNFPA• Dr. Razia Pendse, Representative, WHO• Ms. Ashoka Alawatte, Secretary, Ministry of Women and Child Affairs• H.E. David McKinnon, High Commissioner of Canada in Sri Lanka• Hon. Chandrani Bandara, Minister of Women and Child Affairs• Hon. (Dr.) Sudarshini Fernandopulle, Deputy Chair of the Sectoral Oversight Committee on Women and Gender
Session 1	Global frameworks and context of ending Violence Against Women
09:40 AM -10:10 AM	Facilitated by: <ul style="list-style-type: none">• Ms. Pamela Marie Godoy, UNFPA• Ms. Robin Mauney, UN Women• Dr. Megin Reijnders, WHO• Ms. Deepika Naruka, UNODC• Ms. Suruchi Pant, UNODC
Session 2	Local context of ending Violence Against Women (VAW) Evidence and progress made on state response to address VAW in Sri Lanka
10:10 AM -11:30 AM	Moderated by: <ul style="list-style-type: none">• Dr. Razia Pendse, WHO Presented by: <ul style="list-style-type: none">• Dr. Chandani Galwaduge, WHO• Dr. Lakshman Senanayake, Consultant Q & A Session
12:00 PM -01:00 PM	Lunch
Session 3	Challenges in responding to VAW in Sri Lanka
01:00 PM -02:45 PM	Moderated by: <ul style="list-style-type: none">• Ms. Pamela Godoy, UNFPA

	Facilitated by: <ul style="list-style-type: none"> • Prof. Muditha Vidanapathirana, JMO • SP Lanka Rajini, Children & Women’s Bureau, Sri Lanka Police • Ms. Thamarashi Wickremanayake, Legal Aid • Dr. Nisha Fernando, Mithuru Piyasa • Dr. Dinusha Perera, Family Health Bureau, Ministry of Health • Ms. Mariam Wadood, Women In Need 		
02:45 PM -03:15 PM	Tea break		
Session 4	Common Principles, characteristics, foundational elements, coordination and governance of coordination of the Essential Services Package		
03:15 PM -04:40 PM	Moderated by: <ul style="list-style-type: none"> • Ms. Ritsu Nacken, UNFPA Facilitated by: <ul style="list-style-type: none"> • Ms. Pamela Marie Godoy, UNFPA • Dr. Megin Reijnders, WHO • Ms. Robin Mauney, UN Women • Ms. Deepika Naruka, UNODC • Ms. Suruchi Pant, UNODC 		
04:40 PM onwards	Evening refreshments		
Day 2: Friday, 6th July 2018			
08:00 AM -08:30 AM	Registration & light breakfast		
Session 5 - Parallel Sessions 08:30 AM -01:30 PM	HEALTH Overall framework on quality essential services delivery by Health services Facilitated by: <ul style="list-style-type: none"> • Dr. Megin Reijnders, WHO • Dr. Mapitigama, MOH Venue: OLU	POLICE & JUSTICE Overall framework on quality essential services delivery by Police and Justice services Facilitated by: <ul style="list-style-type: none"> • Ms. Deepika Naruka, UNODC • Ms. Suruchi Pant, UNODC Venue: LINK	SOCIAL WELFARE Overall framework on quality essential services delivery by Social Services Facilitated by: <ul style="list-style-type: none"> • Ms. Pamela Marie Godoy, UNFPA • Mr. Sarath Rupasiri, Min of Social Empowerment Venue: MANEL
01:30 PM -02:30 PM	Lunch		
Session 6	Shared learning		

02:30 PM -04:40 PM	Facilitated by: <ul style="list-style-type: none"> Ms. Sharika Cooray, UNFPA
Plenary	Closing address by: <ul style="list-style-type: none"> Ms. Madusha Dissanayake, UNFPA
04:40 PM onwards	Evening refreshments

Annexure 2: Participants List

Health		
Name	Designation	Organisation
Dilka Peiris	Sector Specialist - Health & Nutrition	World Vision Lanka
Dr. Jennifer Perera	Dean, Faculty of Medicine	University of Colombo
Evangeline De Silva	Senior Program Officer, Gender and Justice	The Asia Foundation
Kamani Jinadasa	Gender Specialist	World Bank
Kumudu Wijewardene	Professor	University Sri Jaywardenepura
Ms. Micaela Martin		The Grassrooted Trust / THINK EQUAL
Prof Anuruddhi Edirisinghe	Cadre Chair and Professor in Forensic Medicine	
PUVANESWARY PONNIAH	Manager - Gender Equality & Social Inclusion	World University Service of Canada (WUSC)
Salani Samaranyaka	Finance and Admin Assistant	Sri Lanka Press Institute
Sashi Stephen	Director/CEO	Women's Development Centre-Kandy
Senel Wanniarachchi		FPA SL/ Hashtag Generation
Sr. Dinalika Perera	Good Shepherd Congregation	Counsellor

Police and Justice		
Name	Designation	Organisation
A.L. Nusky	State Counsellor	State Counsellor Mannar
Ayomi Fernando	Assistant Director General/ Head of Training	Employers' Federation of Ceylon
Bimali Ameresekere	Technical Specialist - Gender & Women's Empowerment	UNDP
Buhary Mohamed	Executive Director	Eastern Social Development Foundation
Chamalee Ahangama	Programme Officer	Women's Education and Research Centre
Charitha Kulatunga	LAC Homagama	Legal Aid Commission
Chithra Abeyrathne	LAC Kalutara	Legal Aid Commission
Damayanthi Sujatha Wijetilleke	Member Board of Directors at CENWOR/ Former President Sarvodaya Women's Movt.	CENWOR/Sarvodaya Women
Dhaneshi Yatawara	Program officer	Sri Lanka Press Institute
Dr. Saminda Rajapakshe	JMO Mannar	
Hashini Rajaratne	Programme Co-ordinator	Institute of Human Rights
Jeewani Bandara	LAC Battaramulla	Legal Aid Commission
Joyce Schreiner	Intern	Netherlands Embassy
Lasanthi Palapathwala	LAC Mt. Lavinia	Legal Aid Commission
Medha De Alwis	Lawyer	Lawyer
Menaka Shanmughalingham	Grants / Education Manager	Institute of Human Rights
Mohammed Yunus		UNDP
Mr, W.P. Jayanethsiri	Chief Inspector of Police	
Mr. Anushka Seneviratne	Academic Coordinator Sri Lanka Judges Institute	Ministry of Justice
Mr. Chethiya Gunasekara	Deputy Solicitor General	Attorney General's Department
Mr. Dilan Rathnayake	Deputy Solicitor General	Attorney General's Department
Mr. Mohamed Nowfer Najmi Husain	Legal Aid - Mannar	
Mrs. C.S. Abeysekara	Chairman (Actg.)	Department of Law Commission

Mrs. Champa Kumarasinghe	Mediation Training Officer	Mediation Board Commission
Mrs. K.R.Y Hapuarachchi	Additional Legal Draftsman	Legal Draftsman's Department
Mrs. P.L.K. Pathinagoda	Assistant Director	Department of Law Commission
Mrs. P.N.U. Pattiarachchi	Assistant (Legal & Law Enforcement)	National Authority for the Protection of Victims of Crimes and Witnesses
Mrs. S. S.K. Kasthuriarachchi	Director (Legal & Law Enforcement)	National Authority for the Protection of Victims of Crimes and Witnesses
Mrs. V. S. Thushari	Assistant Legal Draftsman	Legal Draftsman's Department
Ms. Anusha Nawaratne	PC- Lead Legal Consultant	Ministry of Justice and Prison Reforms
Ms. Ayesha Jinasena	Additional Solicitor General	Attorney General's Department
Ms. Iroma Nanayakkara	State Counsel	Attorney General's Department
Ms. Lakshmi Wijenayake		Legal Aid - Hambantota
Ms. N. Wickramasekara	Senior State Counsel	Attorney General's Department
Ms. Sewwandi Abeysekera	Secretary (Acting)	Dep. of Law Commission
Ms.Lilanthi Pathinagida	Assistant Secretary	Dep. of Law Commission
N.H.N. Safna	LAC Borella	Legal Aid Commission
Nabeela Yaseen		Not Your Nangi
Nalini Ratnarajah	Consultant	Women Political Academy
Ramani Jayasundere	Director (Justice and Gender Programmes)	The Asia Foundation
Ramanie Jayatilaka	Director	CENWOR
Rev.Sr.Noel Christine Fernando	Coordinator	Sramabimani Kendraya
Roshan Shajehan	Program Manager - Community Security & Police Reform	The Asia Foundation
Sajeewani Abeykoon	LAC	Legal Aid Commission
Sheila Richards	Deputy Chief of Party	Management Systems International (IDEA Project)

Shimali Zackeriya	Counsellor	Women's Development Centre - Kandy
Shiromi Perera	LAC Kaduwela	Legal Aid Commission
SP Lanka Rajini Amarasena	Head,	Police Women and Child Bureau
Sr. Shamindani Fernando	Social worker/Law students	Good Shepherd
Sri H Jayawardena	CPS	UNICEF
Sujatha Wijetilleke	Member Board of Directors	CENWOR
Uthpala Adhikari	LAC Head Office	Legal Aid Commission
Ms. Sarah Arumugam		Association of War Affected Women
Wipula Dahanayaka	High Commission of Canada to Sri Lanka	
WSI Anushika	OIC	OIC Women and Child Desks - Mannar
WSI Lakmali Kodithuwakku	OIC Women and Child Desks - Hambantota	
WSI Yasmin Rani	OIC Women and Child Bureau Trincomalee	
Y.A. D. P. Nilmini	LAC Gampaha	Legal Aid Commission
Hemamal		UNICEF
Ramzi		UNICEF
Ms. Nehama Jayawardena		UNOHCHR
Kaushalya Ariyaratne	Program Manager	SDJF
Hasarel Gallage	Program Officer	SDJF
Fathima Shimali		Women's Centre Kandy

Social Services		
Name	Designation	Organisation
Champa Gunsekera	General Secretary	Foundation for Innovative Social Development
Chandrathilaka Liyanarachchi	Programme Manager	Women's Development Centre-Kandy
Claude Goulet		High Commission of Canada to Sri Lanka
Daya Herath	Member	Community Education Center
Dr. Subhangi Herath	Department of Sociology	University of Colombo
Girty Gamage	Board Member	CENWOR
Heshani Ranasinghe	Gender Justice Adviser	Oxfam

Ishani Kurukulasooriya	Senior Manager - Monitoring Evaluation Accountability and Learning	Save the Children International
Ishara Wickramasinghe	Digital Coordinator	Sri Lanka Press Institute
Kalana Peiris	National Health Advisor	Plan International
Kanishka Rathnayake	Technical Adviser- Child Protection and Participation	World Vision Lanka
Kapila Rathnayake	Founder	Voices of Humans
Kathya Senevirathne		Ministry of Justice - UNICEF project
Marian Pradeepa Sudarshani	Coordinator	Mothers and Daughters of Lanka
Maya Macoy	Volenteer on fellowship	FOUNDATION FOR INNOVATIVE SOCIAL DEVELOPMENT
Miss Himadari	Assistant Director - Women's Bureau	Ministry of Women and Child Affairs
Miss K.Y.C. Kumari	Development Officer - Development	Ministry of Women and Child Affairs
Miss S. Rajapaksha	Assistant Director - Development	Ministry of Women and Child Affairs
Mr. A.F.M. Azhar	Counseling division	Social Welfare and Primary Industries
Mr. H. M. Abayarathna	Chairman	National Child Protection Authority,
Mr. J.P.S. Jayasinghe	Director Planning	Ministry of Women and Child Affairs
Mr. Namarathna	Internal Auditor	Ministry of Women and Child Affairs
Mr. P.A.P.I. Wijekulasuriya	Elders Secretariat	Social Welfare and Primary Industries
Mr. Prasanna Piyadigama	National Secretariat of Persons with Disabilities	Social Welfare and Primary Industries
Mr. Rammamurthi	Director (Planning)	Social Welfare and Primary Industries
Mr. Sarath Rupasiri	Additional Secretary	Ministry of Social Empowerment
Mr. Susantha Bandara	Counseling division	Social Welfare and Primary Industries
Mrs S. Palliyaguruge	Director - Development	Ministry of Women and Child Affairs
Mrs, Anula Indrani	Executive Director - NCW	Ministry of Women and Child Affairs

Mrs. Pradeepa Chandrakanthi	Counseling division	Social Welfare and Primary Industries
Mrs. Sandya Ekanayake	Development Officer - Development	Ministry of Women and Child Affairs
Mrs. Swarna Sumanasekara	Chairperson - NCW	Ministry of Women and Child Affairs
Ms. Champa Upasena	Director	Women's Bureau - Ministry of Women and Child Affairs
Ms. Kalpanee Jayasingha	Counseling division	Social Welfare and Primary Industries
Ms. P.M.M. Kumari	Elders Secretariat	Social Welfare and Primary Industries
Ms. Sriyani Mangalika	Managing Director	Women's Development Federation, Hambantota
Ms. Thushini Vithanage	Counseling division	Social Welfare and Primary Industries
Ms. Vishaka Mala Peiris	National Secretariat of Persons with Disabilities	Social Welfare and Primary Industries
Nadeeshani Mahabandara	Programme Coordinator	Women's Political Academy
Nelun Gunasekera	Gender Inclusion Advisor	Skills for Inclusive Growth
Padmini Weerasuriya	Executive Director	Women's Centre - Sri Lanka
Predeep Rajapakse	Head/Outreach Unit	Family Planning Association of Sri Lanka
Rangika Wickramage	Assistant Director-Public Affairs, Policy and Advocacy	The Family Planning Association of Sri Lanka
Shiranee Mills	Executive Director	Women's Education and Research Centre
Shyamali Gnanasena	Manager Child Protection and Child Rights Governance	Save the Children
Sithumini Nimanthika	Member	Women's Political Academy
Sithumini Thihagoda Gamage	Programme Assistant	Women's Political Academy
Sonali Gunasekera	Director Advocacy	Family Planning Association
Sr. Mary Niluka Perera	Coordinator	Good Shepherd
Susima Wijesekara	Add. Secretary	Ministry of Women and Child Affairs
Thisarani Siriwardana	Project Coordinator	Sri Lanka Press Institute
Thushani Shiwanthika		Women's Centre - Sri Lanka

Thushara Manoj Hewa Kaluwala Mullage	Senior Manager	Family Planning Association of Sri Lanka
Ushara Thathsarani	Programme director	Sarvodaya Women's Organization
Vindhya Fernando	Head of Advisory Services	Chrysalis
Wasantha Herath		
Wimalawathi Ranathunge	President	Sarvodaya Women's Movement
Mr. Weerasingham		Men Engage Alliance
W.L.A.D Chandrathilaka		Women's Centre Kandy