SVRI Knowledge Exchange

Co-creating Implementation Research for IPV Prevention

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What this paper is about and why it matters

This paper shares early lessons from a South–South collaboration in Sri Lanka between Chrysalis, the Ministry of Health's Family Health Bureau, and SVRI to adapt and pilot an IPV prevention intervention within the national health system. The project is still underway, but the process of co-creation and implementation so far has already generated important insights for the field.

Five key lessons:

1. **Relationship-building is the work.**
   Trust, shared vision, and mutual understanding are not preparation for research. They are foundational to research that is equitable and actionable.
2. **Flexibility must be built in from the start.**
   Government systems are non-linear. Adaptive mechanisms are not a fallback, they are essential.
3. **Communication is a form of care.**
   Consistent, layered, and culturally attuned communication, both formal and informal, sustains momentum and keeps all partners genuinely engaged.
4. **Capacity strengthening flows both ways.**
   Meaningful collaboration draws on every partner's expertise and does not position government or community partners as passive recipients of academic knowledge.
5. **Local leadership produces better research.**
   When research is co-created with and led by local partners, it is more likely to be relevant, trusted, and used to inform policy and practice.

Introduction

Recent scholarship has increasingly highlighted the need to decolonize global health and implementation science by centering equity, contextual knowledge, and local leadership in research processes.[i]

While evidence is growing globally – much of it from low- and middle-income countries – on what works to prevent intimate partner violence[ii], there is little evidence on sustainably scaling effective prevention interventions.[iii] Implementation research is a key approach to drive evidence building to address this gap. To build truly sustainable and successful scaled interventions this research must be participatory, equitable, and led by stakeholders within the countries and contexts where the intervention will be scaled.[iv] This is critical to producing ethical and actionable evidence for policymakers and communities in the Global South.

This article shares early reflections from a unique, ongoing South–South collaboration in Sri Lanka between Chrysalis (a local NGO), the Family Health Bureau (FHB) within the Ministry of Health, and the Sexual Violence Research Initiative (SVRI). Together, these partners are adapting and piloting an evidence-informed IPV prevention intervention for newly married couples, with the goal of integrating it into the government's Pre-Conception Care Programme (PCCP)[v] that is currently under revision.

Getting to this point—where research is now underway—has taken time, more than initially envisioned. However, the learning gained through this process has been invaluable. We have come to better understand the enabling conditions that allow collaborations to take root and flourish. For implementation research to be truly participatory, equity-centered, and useful to policymakers, significant preparatory work is essential. This includes being willing to contribute significant attention and labor to building trust, fostering mutual understanding, and aligning on shared priorities and goals. These relationship-building processes are not peripheral—they are foundational. In fact, the insights generated during this phase offer critical contributions to the field, even before the formal 'science' yields evidence and learning.

This article focuses on the practices and reflections emerging from this early phase of work, with the aim of contributing lessons to the broader field of implementation research, particularly for efforts that are embedded within health systems and committed to decolonising research practice, centering power-sharing, local expertise, and equitable partnerships as essential for both process and impact. We found that an approach deeply grounded in these principles gave rise to key practices that ensured this project moved forward and continues to evolve in ways that will ultimately support the sustainable scaling of effective IPV prevention.

Alignment on shared priorities and goals

As Ghafar et al. (2017) have argued, research that is embedded within health systems and developed in close collaboration with policymakers and implementers—while also being responsive to local contexts—is more likely to inform policy priorities and guide effective decision-making.[vi] Unlike many externally driven collaborations, this project began with a commitment to co-creation and building on the expertise, priorities, and leadership of national partners. Time was taken to understand these factors and to ensure the project approach and ultimately the prevention intervention to be adapted and piloted would be well aligned with each partner institution and particularly with the complex health system.

Sri Lanka's PCCP offers a critical entry point for IPV prevention. With national data showing that 1 in 3 ever partnered women in Sri Lanka have experienced physical, sexual, or emotional violence by an intimate partner[vii] the integration of IPV prevention into existing systems and programming is urgent. Although IPV prevention is reflected as a priority in national frameworks, including the National Action Plan on Gender-Based Violence, it remains underfunded and under-implemented.[viii]

The government's desire to strengthen and expand IPV prevention efforts, as well as to revise the current PCCP with a focus on strengthening the program's IPV prevention approach is very timely. This is aligned with Chrysalis' strategic priorities on gender-based violence (GBV) and systems change, and SVRI's mission and strategy to support implementation research that reflects local priorities and is led by local partners and embedded within existing national systems.

Early in the project, SVRI facilitated a collective visioning process through which partners articulated shared goals and institutional priorities. This process surfaced each partner's unique strengths and laid the foundation for equitable partnership with mutual accountability. SVRI brought decades of experience in generating evidence on violence prevention and response, along with access to global networks of research and advocacy support. Chrysalis brought deep contextual expertise in GBV prevention and implementation, grounded in years of work with government and communities in Sri Lanka. Uniquely positioned as a bridge between research and government systems, they play a critical role in translating policy language, navigating bureaucratic hierarchies, and aligning technical concepts with on-the-ground realities—ensuring the intervention will be practically implementable at the field level. The Family Health Bureau (FHB), as the key government stakeholder, served as the entry point for programming through the PCCP, a promising platform for piloting an IPV prevention intervention targeting newly married couples. For the FHB, what made this partnership compelling was not only complementary technical expertise but also a shared awareness of administrative realities, respect for institutional processes, and willingness of all partners to engage deeply with the public health context before taking action.

Investing in relationships and building trust

Trust was intentionally built as a core value of all the partners through honesty, patience, and empathy and regularly staying in touch using informal and formal channels. A certain amount of emotional labour was necessary to establish and nurture connections through consistent contact with individuals within each partner organisation and this was instrumental in navigating challenges and moving this project forward.

Notable throughout the project so far has been each partner's unwavering commitment to a respectful partnership grounded in a genuine recognition of each other's contexts. For example, when government partners did not respond to specific requests for information or action, the other partners could understand that this was not resistance or lack of interest, but rather an indicator of their multiple competing priorities and workloads. This meant that the Chrysalis and SVRI teams could respond from a position of empathy during these phases, which kept the project active and on the Health Ministry's radar through strategic and continuous contact and communication.

The basis of mutual trust and respect enabled collaborative problem-solving and a willingness to be flexible when needed. This was particularly important for navigating procedural challenges that could have impeded the research. For example, when the ethics review board required a formal Memorandum of Understanding (MoU) with the government before approving the study – a process that was still underway-the Secretary of the Ministry of Health endorsed a letter of approval for the project that the ethics review board could use. This proactive and trust-based decision allowed the first phase of research to begin while the formal processes continued in parallel.

Accountable and layered communication

Communication in this partnership was not just a matter of information exchange; it was an extension of relationship nurturing and trust building. Responsiveness, consistency, and thoughtfulness were key to successful communication between the three partners as the project navigated various complexities and challenges. All partners proactively shared updates ensuring shared understanding and clarity around what activities were in progress and how each partner's roles coalesced to achieved each milestone. Everyone was kept in the loop which contributed to the sense of shared ownership.

Both formal and informal communication channels have been important among the partners. Chrysalis understood the importance of formal protocols (e.g., documentation, letter writing, maintaining correspondence files with clear records of communication for all partners, clear action points circulated to all partners etc.) and informal communication (e.g., phone calls and text messages to key individual allies to maintain contact, connection, and responsiveness; summary notes) necessary to work with government partners. These everyday gestures smoothed bottlenecks and sustained momentum within the project, and the same approach has worked well in communications with field offices during the early stages of the research. They also had a deep understanding and appreciation of how to navigate cultural nuances in communications (e.g., departmental hierarchies, protocols and etiquette with government staff). The FHB appreciated this multi-layered approach that kept everyone appropriately informed and involved, without being overwhelmed.

Flexibility as foundational

Flexibility was embedded in the project from the outset—not as a concession, but as a systemic necessity. The project's funder, with a clear focus on systems change and a realistic understanding of the complexities of embedding research within government structures, played a critical role in enabling this approach. Unlike many donor-funded initiatives that operate on rigid timelines and fixed deliverables, this project acknowledged early on the non-linear nature of government processes. Chrysalis and SVRI demonstrated this awareness from the proposal phase, having backup plans in case of delays and building adaptive mechanisms to respond constructively as challenges emerged.

Throughout implementation, the team revisited plans, reaffirmed shared goals, and adjusted timeframes to ensure the FHB could remain fully engaged at a manageable pace. Anticipating disruptions following an election, partners prepared for shifts in government appointments and the need to re-establish relationships and repeat key discussions. When points of contact changed, new relationships were nurtured and knowledge management systems—such as Chrysalis' shared file system for tracking approvals and correspondence—helped maintain institutional memory. Internally, the team held regular learning meetings to reflect, course-correct, and stay aligned with FHB priorities.

The FHB identified this flexibility as a major strength of the partnership. It reduced pressure, enabled authentic participation, and fostered psychological safety—creating space for concerns to be raised without fear of blame. When decisions or processes took longer than expected, partners responded with patience and respect, recalibrating timelines and approaches to ensure continued progress and collaboration. Our experience underscores that implementation research embedded in dynamic policy and practice environments must be grounded in flexibility, adaptability, and responsiveness to change.

Mutual capacity strengthening

Scholars have noted that implementation science often adopts a top-down approach, privileging academic expertise "and positioning other vital actors in the system (e.g., implementers, policy makers, or service users) as passive information sources or executors of tasks and activities."[ix] While much attention in implementation research is placed on capacity building for government actors, this partnership recognized that each partner brought valuable and distinct forms of expertise to the table, and that meaningful progress would rely on reciprocal knowledge exchange and capacity strengthening, and a culture of continuous learning.

All partners were willing to clarify concepts, terminologies, or processes where they had more experience than the other partners (e.g., FHB explaining health system structures related to service delivery and administrative processes, Chrysalis contributing critical context around community engagement and GBV prevention and SVRI explaining research concepts and evidence-based practices to prevent IPV). Multiple methods were used to translate complex concepts into familiar, actionable language including summary

briefs, infographics and visual aids during in-person meetings and virtual dialogues and workshops. To foster shared understanding and ensure that we advanced together, partners adopted the practice of pausing, requesting feedback, and re-engaging, where necessary, on complicated topics.

This resulted in all partners noting their growing understanding on multiple topics whether government procedures and decision-making, or the latest research methods and evidence around IPV prevention, adaptation of interventions[x] and scaling. The government partners noted their appreciation of the inclusion of two technical specialists who accompanied the project team during the first year. Their responsiveness to queries, openness to clarifying concepts, and willingness to make space for government representatives' input has strongly contributed to an environment of inclusive, beneficial and sustained learning on an implementation science approach to IPV prevention integration within public health programming.

Ongoing success will rely on the continuation of this learning approach focusing on public sector planning, scaling, adapting effective IPV prevention approaches, and evidence building and sharing through rigorous research and dissemination.

Concluding remarks

The project has been characterized by open, respectful, and genuinely collaborative engagement. We have worked as equal partners, listening, reflecting, and adapting in response to learning. This approach has fostered mutual trust and strengthened our ability to work constructively through challenges. Focusing on relationship-building, rather than just task delivery, helped us navigate day-to-day coordination while staying attuned to operational and institutional realities. As SVRI and Chrysalis have noted elsewhere, partnerships that prioritise equity, local leadership, and mutual respect are not only more ethical, they are also more effective.[xi]

Although this project is still unfolding, it already offers valuable insights for advancing locally led implementation research in LMICs. What makes this collaboration effective goes beyond technical expertise; it lies in the values, attitudes, and consistent effort all partners have invested in building and sustaining an equitable partnership. This project in Sri Lanka reinforces the idea that meaningful systems transformation is possible when we move beyond transactional models and invest deeply in relationships, reflexivity, and co-creation.

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