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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Sri Lanka**

Proposed UNFPA assistance: \$18 million: \$9 million from regular resources and \$9 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Seventh

Category per decision 2005/13: C

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.75	4.25	10.00
Gender	2.00	4.75	6.75
Population and development	0.50	-	0.50
Programme coordination and assistance	0.75	-	0.75
Total	9.00	9.00	18.00

## I. Situation analysis

1. Sri Lanka is a lower middle-income country, with a per capita gross national income of \$1,160. It has a population of 19 million and is entering the final phase of its demographic transition. The total fertility rate is 1.9 children per woman, and life expectancy at birth is 73 years. The population is expected to stabilize at 24 million in 2030. As a result of these trends, Sri Lanka has a rapidly ageing population.

2. Since 1983, Sri Lanka has experienced an ethnic conflict, which has resulted in the loss of an estimated 60,000 lives and the displacement of nearly 1 million people. Although the entire country has been affected, the northern and eastern provinces have been the most directly affected.

3. In December 2004, a tsunami hit two thirds of the coastal belt, resulting in the loss of 40,000 lives and the displacement of nearly 1 million people. It destroyed much of the infrastructure and social fabric of the coastal communities and caused a disproportionate loss of female lives. Two years after the disaster, significant reconstruction efforts are under way. Progress remains uneven, however; the renewed armed conflict has slowed the pace of recovery.

4. Sri Lanka has made remarkable progress in reducing maternal and infant mortality. The maternal mortality ratio is 43 deaths per 100,000 live births, while the infant mortality rate is 14 deaths per 1,000 live births. There is universal access to health services, and the vast majority of births take place in health institutions. However, the quality of services remains a major challenge, and the unmet need for family planning is 12-18 per cent. One third of all pregnancies end in abortion, which is one of the leading causes of maternal deaths. Most women who seek abortions are married women over the age of 35, indicating the existence of gaps in the quality and availability of family planning services. In several parts of the country, access to reproductive health services remains limited. This includes most of the districts in the northern and eastern provinces.

5. Although Sri Lanka has a low prevalence rate for HIV/AIDS, there are several risk factors that could fuel the epidemic, including an estimated 200,000 new cases of sexually transmitted infections every year. Young people have limited access to reproductive health services, despite the growing gap between the onset of puberty and age of marriage (currently 26 years), which has resulted in higher levels of premarital sexual relations.

6. Sri Lanka scores high on the UNDP gender-related development index. Women have reached parity in educational attainment. Nevertheless, the labour force participation rate for women is half of that for men, and the political participation of women remains low, with just 4 per cent in parliament and 2 per cent in local assemblies. Another area of concern is the high level of gender-based violence. According to some estimates, 60 per cent of women have experienced some form of violence.

## II. Past cooperation and lessons learned

7. The sixth country programme (2002-2007) focused on increasing access to high-quality reproductive health services among underserved and vulnerable communities and on promoting an enabling policy environment. The programme helped to: (a) enhance the capacities of the health sector to apply international standards in reproductive health service delivery; (b) develop the capacities of government and civil society organizations in behaviour change health communication; and (c) institutionalize reproductive health education in schools.

8. Lessons learned included: (a) support for a wide range of partners fragmented the programme and made it difficult to consolidate achievements; (b) the phasing out of population and development support during the past two programme cycles resulted in a diminished capacity to integrate population issues into development planning processes; and (c) gender mainstreaming remains a challenge.

9. During the current programme cycle, UNFPA mobilized \$10 million to respond to the tsunami disaster. With this support, UNFPA: (a) restored 16 health facilities; (b) supported culturally appropriate psychosocial interventions to help people cope with the disaster; and (c) established mechanisms, including women's centres, to address gender-based violence.

### III. Proposed programme

10. The proposed programme is based on the findings of the 2006 common country assessment and responds to the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the Convention on the Elimination of All Forms of Discrimination against Women. The programme has been developed within the framework of the United Nations Development Assistance Framework. It is in conformity with the national population and reproductive health policy (1998), the national women's charter (1993) and the national development framework (2006-2016).

11. The UNFPA programme recognizes the need to enhance the quality and scope of reproductive health services within the overall goal of poverty reduction. It seeks to address regional disparities and will focus interventions on underserved areas of the country. The programme will provide support to strengthen reproductive health care in conflict-affected districts within the context of promoting equity and contributing to an environment for sustainable peace. It will also increase support to advance the rights of women, with a focus on combating gender-based violence, strengthening oversight mechanisms to protect the rights of women and girls, and facilitating the participation of women in peace-building efforts.

#### *Reproductive health component*

12. The expected outcome of the reproductive health component is: improved and equitable access to and utilization of high-quality reproductive health information and services for women, men and young people, particularly those living in

conflict-affected areas and on plantations. There are four interlinked programme outputs.

13. Output 1: Enhanced capacity of the national health system to improve the quality of and demand for comprehensive reproductive health services. To achieve this output, interventions and technical support will focus on: (a) strengthening quality assurance systems for comprehensive reproductive health services; (b) operationalizing a sustainable national reproductive health commodity security plan; (c) building the capacity of the health sector to respond to gender-based violence; (d) developing the skills of health workers to promote effective behavioural change; (e) assisting in mainstreaming reproductive health care and gender dimensions in disaster preparedness and emergency responses; and (f) enhancing the capacity of the health sector to plan, monitor and evaluate the reproductive health programme.

14. Output 2: Increased availability of and access to high-quality reproductive health services in conflict-affected and underserved districts. To achieve this output, the programme will use a two-pronged strategy. It will: (a) cater to the humanitarian needs of the affected communities; and (b) build the capacity, on an incremental basis, of the district health system to provide reproductive health services.

15. Under the first prong of the strategy, UNFPA will support: (a) a buffer stock of reproductive health commodities; (b) mobile health services in remote areas; and (c) the deployment of skilled voluntary health workers. Under the second prong of the strategy, UNFPA will: (a) strengthen local institutional mechanisms to deliver a basic package of reproductive health services; (b) adapt and translate standards and protocols and facilitate their utilization through in-service skills development; and (c) enhance good health behaviour. Since the demographic profile of the North and East includes a high percentage of widows, young female combatants and households headed by women, the programme will provide services that cater to their specific needs. The programme will also provide

services for internally displaced persons and plantation communities.

16. Output 3: Increased efforts to prevent sexually transmitted infections and HIV/AIDS among women and young people. This output will contribute to the national HIV/AIDS strategic plan in areas where UNFPA has a comparative advantage. Support will be provided to: (a) develop and implement the national behaviour change communication strategy; (b) promote condom programming; and (c) expand prevention services for specific population groups, including vulnerable women, members of uniformed services and out-of-school youth.

17. Output 4: Increased coverage and utilization of youth-friendly reproductive health services. UNFPA will support: (a) innovative ways of reaching young people with gender-sensitive information and counselling services; (b) an enabling policy and programme environment; (c) the mainstreaming of youth-friendly services in the health sector; (d) the participation of young people in designing, implementing and monitoring policies and programmes; and (e) strengthening the capacity of the Ministry of Health to plan, manage and coordinate youth-friendly health services.

#### *Gender component*

18. The expected outcome of the gender component is: to strengthen institutional mechanisms and empower communities to protect the rights of women. This outcome contributes to the UNDAF outcomes on gender and governance.

19. Output 1: Strengthened capacities of the Government, non-governmental organizations (NGOs) and community organizations to prevent and respond to gender-based violence. UNFPA will: (a) support advocacy for, and the implementation of, the domestic violence plan of action; (b) enhance the capacities of NGOs to manage and scale up women's centres; (c) improve referral mechanisms to improve access to support services; (d) strengthen community action to prevent gender-based violence; (e) enhance partnerships with men and boys; and (f) facilitate multisectoral mechanisms,

including the Gender-Based Violence Forum, to provide an effective response to gender-based violence. UNFPA will continue to play a leading role among development partners in this area.

20. Output 2: Strengthened national capacity and institutional mechanisms for increased government accountability to fulfil and protect the rights of women and girls. The programme will: (a) build the capacity of the Ministry of Child Development and Women's Empowerment to advance gender goals through evidence-based interventions; (b) support relevant institutions and mechanisms in overseeing, monitoring and protecting the rights of women and girls; (c) empower individuals and communities to safeguard the rights of women and girls; and (d) facilitate the participation of women in the peace-building process.

#### *Population and development component*

21. The expected outcome of the population and development component is: enhanced utilization of population data and strengthened capacity to track progress in implementing national poverty reduction strategies and in achieving the Millennium Development Goals, using a gender and social equity perspective.

22. Output 1: Increased availability and utilization of population data disaggregated by sex and age. The output will provide support for: (a) the 2011 census; (b) a national survey on gender-based violence; (c) capacity-building aimed at increasing knowledge and enhancing skills to improve the utilization of population data and trends for development planning processes; (d) institutional capacity-building for gender analysis, planning and budgeting; and (e) strengthened institutional capacities to monitor progress towards poverty reduction goals and the Millennium Development Goals, using a gender and social equity perspective.

#### **IV. Programme management, monitoring and evaluation**

23. The Government and UNFPA will implement the programme, within the context of the UNDAF, through joint and parallel programming efforts and by concentrating support in the same districts. UNFPA will collaborate with relevant ministries as well as NGOs to implement the programme outputs. UNFPA will primarily use the national execution modality. The programme will incorporate a results-based management approach for planning, monitoring and evaluation.

24. The Government will establish a high-level national steering committee to guide programme delivery and ensure accountability for results at all levels. UNFPA and the Government will undertake a baseline analysis in 2006 to compile the outcome, output and activity indicators. Key stakeholders will assist in the annual review of the country programme and the UNDAF. Regular supervisory visits will be made to all project sites.

25. The UNFPA country office in Sri Lanka consists of a representative, an assistant representative and four support staff. UNFPA will earmark programme funds to increase staff capacity in order to strengthen the lead role of UNFPA in areas where it has a comparative advantage and to guide the delivery of programme outputs. UNFPA will also seek to establish one or two sub-offices to oversee field operations. The UNFPA country technical services team in Kathmandu, Nepal, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR SRI LANKA

National development framework/national priority: <i>Mahinda Chintana</i> (Vision for a New Sri Lanka) goals and the Millennium Development Goals				
UNDAF outcome 1 (poverty reduction): economic growth and social services are pro-poor, equitable, inclusive and sustainable in fulfilment of the Millennium Development Goals and the national Millennium Development Goal-Plus targets, and focus on rural areas				
UNDAF outcome 3 (peace): by 2010, the people of Sri Lanka live in an improved environment for a sustainable peace anchored in social justice and reconciliation				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Improved and equitable access to and utilization of high-quality reproductive health information and services for women, men and young people, particularly those living in conflict-affected regions and on plantations</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Contraceptive prevalence rate for modern methods</li> <li>▪ Unmet need for family planning</li> <li>▪ Percentage increase in national budget allocated to contraceptives</li> <li>▪ Gender-based violence recognized as a public health priority in the health policy</li> <li>▪ Condom usage rate</li> <li>▪ Proportion of young people aged 10-24 years using reproductive health services</li> </ul>	<p><b>Output 1:</b> Enhanced capacity of the national health system to improve the quality of and demand for comprehensive reproductive health services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Proportion of service delivery points compliant with national quality standards</li> <li>▪ Health communication strategy approved and core capacities enhanced</li> <li>▪ Proportion of health service providers skilled in screening and managing cases of gender-based violence</li> <li>▪ National emergency preparedness plan includes reproductive health and gender issues</li> </ul> <p><b>Output 2:</b> Increased availability of and access to high-quality reproductive health services in conflict-affected and underserved districts</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Number of camps for internally displaced persons that have access to at least three priority reproductive health services</li> <li>▪ Number of volunteer health workers trained and deployed</li> <li>▪ Percentage increase in use of modern contraceptive methods</li> <li>▪ Accurate and reliable reproductive health data available for North and East districts</li> </ul> <p><b>Output 3:</b> Increased efforts to prevent sexually transmitted infections and HIV/AIDS among women and young people</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ National behaviour change communication strategy approved and core capacities enhanced</li> <li>▪ Condom programme strategy developed and operationalized</li> <li>▪ Percentage of population aged 15-24 with comprehensive and accurate knowledge of sexually transmitted infections and HIV/AIDS</li> </ul> <p><b>Output 4:</b> Increased coverage and utilization of youth-friendly reproductive health services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>▪ Number of service delivery points offering youth-friendly services as per national standards</li> <li>▪ Percentage of population aged 15-24 with comprehensive and accurate knowledge of reproductive health</li> <li>▪ Institutional mechanisms in place to facilitate youth participation in policies and programmes</li> </ul>	<p>Ministry of Health; World Health Organization (WHO)</p> <p>Ministry of Health; International Committee of the Red Cross; United Nations Children's Fund (UNICEF); WHO; NGOs</p> <p>Ministry of Health; Joint United Nations Programme on HIV/AIDS; NGOs</p> <p>Ministry of Health; Ministry of Youth Affairs; WHO; UNICEF; World Bank; NGOs</p>	<p>\$10 million (\$5.75 million from regular resources and \$4.25 million from other resources)</p>

<b>UNDAF outcome 2 (governance):</b> governance mechanisms and practices enable the realization of the principles of the Millennium Declaration and promote and protect the human rights of all persons				
<b>UNDAF outcome 4 (gender):</b> women are further empowered to contribute to and benefit equitably and equally in political, economic and social life				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Gender	<p><u>Outcome:</u> To strengthen institutional mechanisms and empower communities to protect the rights of women</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Resources mobilized to implement the national domestic violence programme of action</li> <li>▪ Percentage increase in reporting on gender-based violence</li> <li>▪ Percentage increase in national budget for implementing the national programme of action for women</li> <li>▪ Number of women participating in the peace process at the national level</li> </ul>	<p><u>Output 1:</u> Strengthened capacities of the Government, NGOs and community organizations to prevent and respond to gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Number of initiatives implemented under the national domestic violence programme of action</li> <li>▪ Number of women and girls accessing support services through women's centres</li> <li>▪ Number of awareness campaigns organized for and by men and boys</li> <li>▪ National and subnational mechanisms in place to monitor and reduce gender-based violence</li> </ul> <p><u>Output 2:</u> Strengthened national capacity and institutional mechanisms for increased government accountability to fulfil and protect the rights of women and girls</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Number of initiatives supported to facilitate the implementation of the national programme of action for women</li> <li>▪ National and subnational mechanisms in place to monitor implementation of the Convention on the Elimination of All Forms of Discrimination against Women</li> <li>▪ Number of NGOs and community-based organizations engaged in advancing gender goals</li> </ul>	<p>Ministry of Child Development and Women's Empowerment; Ministry of Health; National Committee on Women; Office of the United Nations High Commissioner for Refugees (UNHCR); UNICEF; WHO; NGOs</p> <p>Ministry of Child Development and Women's Empowerment; National Committee on Women; Human Rights Commission; United Nations Development Fund for Women (UNIFEM); UNHCR; UNICEF, NGOs</p>	\$6.75 million (\$2 million from regular resources and \$4.75 million from other resources)
<b>UNDAF outcome 1:</b> economic growth and social services are pro-poor, equitable, inclusive and sustainable in fulfilment of the Millennium Development Goals and the national Millennium Development Goal-Plus targets, focusing on rural areas				
Population and development	<p><u>Outcome:</u> Enhanced utilization of population data and strengthened capacity to track progress in implementing national poverty reduction strategies and in achieving the Millennium Development Goals, using a gender and social equity perspective</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• National development and sectoral plans take into account population and gender dimensions</li> </ul>	<p><u>Output 1:</u> Increased availability and utilization of population data disaggregated by sex and age</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Number of national and sectoral strategies and plans incorporating sex- and age-disaggregated data and analysis</li> <li>▪ Number of national and subnational plans using gender-sensitive indicators for monitoring and evaluation</li> <li>▪ National database on gender-based violence established</li> <li>▪ Number of advocacy events informed by analysis of data disaggregated by sex</li> </ul>	Ministry of Finance and Planning; UNDP; UNIFEM	\$0.5 million from regular resources