

Government of Sri Lanka/UNFPA
9th Country Programme
Evaluation
(2018-2022)



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Map No. A/72/Pov.3 UNITED NATIONS
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Department of Field Support
Cartographic Section

Map of Sri Lanka
(Source: United Nations, 2008)

Consultant Team

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Table 1: Consultant Team

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Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
APRO	Asia Pacific Regional Office (UNFPA)
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
CCA	Common Country Assessment
CHANGE	Community Health Advanced through Nutrition and Gender Equality
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
DAC	Development Assistance Committee
DCS	Department of Census and Statistics
DHS	Demographic and Health Survey
DO	Development Officer
DV	Domestic violence
EM	Evaluation Manager
ERG	Evaluation Reference Group
EQA	Evaluation Quality Assessment
ET	Evaluation Team
FGD	Focus Group Discussion
FHB	Family Health Bureau
FP	Family Planning
G2G	Generation to Generation
GBV	Gender Based Violence
GDP	Gross Domestic Product
GIS	Geographical Information Systems
HDI	Human Development Index
HIES	Household Income Expenditure Survey
HIV	Human Immunodeficiency Virus
HPB	Health Promotion Bureau
HPA	Health Protection Agency
HRCSL	Human Rights Council Sri Lanka
ICPD	International Conference on Population and Development
ICPD –POA	International Conference on Population and Development- Programme of Action
ISA	In Service Advisors
IMR	Infant Mortality Rate
IP	Implementing Partner
IT	Information Technology
KI	Key Informant
KII	Key Informant Interview
LAC	Legal aids Commission
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MOE	Ministry of Education

MoF	Ministry of Finance
MoH	Ministry of Health
MP	Mithuru Piyasa
MSDVT	Ministry of Skills Development and Vocational Training
MSG	Mother Support Groups
MTP	Medium Term Plan
MTR	Mid Term Review
MWCA	Ministry of Women and Child Affairs
MVR	Maldivian Rufiyaa
NBS	National Bureau of Statistics
NFFP	National Family Planning Programme
NPD	National Planning Department
NSACP	National STD/AIDS Control Programme
NSPA	National Social Protection Agency
NGO	Non-Governmental Organisation
NYSC	National Youth Services Council
NYC	National Youth Corps
OECD	Organization for Economic and Cultural Development
PMTCT	Prevention of Mother to Child HIV Transmission
PPE	Personal Protection Equipment
PD	Population Dynamics
P&D	Population and Development
PSC	Public Service Commission
RBMS	Results Based Management Strategy
RRF	Results and Resources Framework
SDGs	Sustainable Development Goals
SGBV	Sexual Gender- Based Violence
SGBV-NAP	Sexual Gender-Based Violence- National Action Plan
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
SYB	Statistical Year Book
TFR	Total Fertility Rate
TWG	Technical Working Group
UN	United Nations
UNAIDS	United Nations Joint Program on AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNSCR	United Nations Security Council Resolution
UNSDF	United Nations Sustainable Development Framework
USD	United States Dollar
WDO	Women development Officer
WFHS	Women Friendly Health Services
WYFHS	Women and Youth Friendly
WHO	World Health Organization
WWC	Well Woman Clinic
WWP	Well Woman Programme
YFHS	Youth Friendly Health Services
YP	Yowun Piyasa

Key Facts Table

Table 2: key facts table

Key Indicators	Data and Statistics		Sources
Land			
Geographic location	7 00 ° N, N, 81 00 ° E		World Atlas
Land area	64,740 square km		
Terrain	Island		
People			
Population (including foreigners)	2020	21.90 million	data.worldbank.org (2020)
Urban population %	2020	18.713%	data.worldbank.org (2021)
Population growth rate	2018	1.048%	data.worldbank.org (2021) ¹
	2019	0.612%	
	2020	0.531%	worldpopulationreview.com (2021)
	2021 (proj.)	0.350%	
Governance			
Government	Democratic Socialist Republic		parliament.lk (2021)
Seats held by women in national parliament %	2020	5%	
Economy			
GDP per capital US\$	2020	3,682.038	statistics.gov.lk (2020)
GDP growth rate %	2018	3.272%	
	2019	2.255%	
	2020	-3.569%	
Main industries	Agriculture, Industries and Services		
Social indicators			
Human development Index	2018	0.779	statistics.gov.lk (2020)
	2019	0.782	
	2020	0.782	http://hdr.undp.org/2020
Health expenditure as % of GDP	3.8		http://hdr.undp.org/2020
Adult literacy (% aged 15 years and above)	91.7		http://hdr.undp.org/2020
Total net enrolment ratio in primary education, both sexes	100		http://hdr.undp.org/2020
Sustainable Development Goals			
SDG 1 – No Poverty			
Poverty head count ratio at \$1.90 (%)	0.3		https dashborads.sdg.index.org>profiles>Sr Lanka
Poverty head count ratio at \$3.20 (%)	8.5		https dashborads.sdg.index.org>profiles>Sr Lanka
SDG 2 – Zero Hunger			
Prevalence of undernourishment (%)	7.6		https dashborads.sdg.index.org>profiles>Sr

¹ The latest Census of Population and Housing of Sri Lanka has been conducted in 2012, and the projections for year 2021 have not been included in that report. Hence, the information available in <https://data.worldbank.org/indicator/SP.POP.GROW?locations=LK> had to be used.

		Lanka
Prevalence of stunting in children under 5 years of age (%)	17.3	https://dashboards.sdg.index.org/profiles/Sri Lanka
Prevalence of wasting in children under 5 years of age (%)	15.1	https://dashboards.sdg.index.org/profiles/Sri Lanka
Prevalence of obesity BMI \geq 30 (% adult population, both sexes)	5.9	Ministry of health, Nutrition & Indigenous Medicine. Non communicable Diseases Risk Factor Survey 2015.
SDG 3 – Good Health and Wellbeing		
3.1.1. Maternal Mortality Rate (per 100,000 live births)	28.8	Ministry of Health. Sri Lanka Annual Health Bulletin 2019.
3.1.2. Skilled birth attendance	99.5%	DCS. Sri Lanka DHS 2016.
3.7.1. Met need for family planning (15-49 year currently married women, any method) %	64.6	DCS. Sri Lanka DHS 2016.
Modern methods	74.3	DCS. Sri Lanka DHS 2016.
3.7.2. Adolescent birth rate (births per 1000 females aged 15-19)	20.4	www.statista.com/stats
3.8.1. Coverage of essential health services	66	https://dashboards.sdg.index.org/profiles/Sri Lanka
New HIV infections (per 1000 uninfected population)	00	https://dashboards.sdg.index.org/profiles/Sri Lanka
Under 5 mortality rate per 1000 live births	10.1 (2015)	Ministry of Health, Sri Lanka. Family Health Bureau. Annual Report 2018.
SDG-4 Quality Education		
Net primary education enrolment rate	99.5% (2018)	https://dashboards.sdg.index.org/profiles/Sri Lanka
Lower secondary completion rate	96.4% (2017)	https://dashboards.sdg.index.org/profiles/Sri Lanka
Literacy rate (% population aged 15-24 years)	98.8% (2018)	https://dashboards.sdg.index.org/profiles/Sri Lanka
SDG-5 – Gender Equality		
5.2.1 Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former partner in the previous 12 months (%)	17	DCS. Sri Lanka DHS 2016.
5.2.2. Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by persons other than an intimate partner in the previous 12 months (%)	0.4	DCS. Women Wellbeing Survey Sri Lanka 2019.
Other		
Total Fertility Rate	2.2 live births per woman	https://dashboards.sdg.index.org/profiles/Sri Lanka
Contraceptive prevalence rate (women aged 15-49) (any method) (married or in union)	64.6	https://dashboards.sdg.index.org/profiles/Sri Lanka
Contraceptive prevalence rate (women aged 15-49) (modern method) (married or in union)	53.6	https://dashboards.sdg.index.org/profiles/Sri Lanka
Traditional Method	11.0	https://dashboards.sdg.index.org/profiles/Sri Lanka
Non- use of contraception among currently married women	35%	https://dashboards.sdg.index.org/profiles/Sri Lanka

Unmet need for Family Planning among 15-49 year only currently married women	7.5	DCS. Sri Lanka DHS 2016.
Life expectancy at birth		
Both sexes	76.9	www.who.int gho data
Male	73.9	www.who.int gho data
Female	79.8	www.who.int gho data

Executive Summary

1. The purpose, objectives and scope of the Country Programme Evaluation

The purpose of the country programme evaluation (CPE) was to demonstrate accountability to stakeholders on the contribution of the country programme (CP) on agreed results, generate evidence and lessons to support evidence-based programming in UNFPA, and provide necessary evidence for the design of the UNFPA 10th country programme of support.² The evaluation was commissioned by the UNFPA Sri Lanka Country Office (CO). The target audience is UNFPA country office, Asia Pacific Regional Office (APRO), UNFPA HQs, the evaluation reference group (ERG), the UN Country Team (UNCT) and key stakeholders including government, donors and CSO partners.

The specific objectives of CPE are to³: (a) provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coherence of the CP; (b) provide an assessment of the CO's strategic positioning within the UNCT, development community and national partners, in view of enhancing UNFPA's coordination and value add to achieve the country's development results; and (c) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The CPE covers the time period 2018 up to the second quarter of 2021, and includes all initiatives implemented under the three outcome areas of the 9th CP that were planned and / or implemented during the period. The geographic scope is focused at the National level and sub national level (Northern, Southern, Eastern and Central provinces).

2. Country programme focus and strategies

The CP broadly focused on three UNFPA outcome areas: (a) Outcome 2: adolescents and youth – in particular, young people's SRH and reproductive rights and their meaningful participation in national development and peacebuilding; (b) Outcome 3: gender equality and women's empowerment – with a particular focus on gender-based violence; and (c) Outcome 4: population dynamics - data and evidence-based decision-making.

Outcome 2 – adolescents and youth has one output: young people have more opportunities to participate in national development and peacebuilding processes with the knowledge and skills to make informed choices about their sexual and reproductive health and reproductive rights. The two strategies include: (a) rolling-out of comprehensive, gender-responsive reproductive health education that reaches young people in and out of school for improved access to SRH services; and (b) advocacy and support to the participatory development and monitoring processes of national and subnational youth policies, including capacity building of youth organisations to participate meaningfully in policy dialogue, peace building and development planning.

Outcome 3 - gender equality and women's empowerment has one output: prevent and address gender-based violence through strengthened national policies and systems that advance gender equality and reproductive rights in development and humanitarian settings to empower marginalized and vulnerable women. The two strategies include: (a) strengthening national frameworks and mechanisms including development and implementation of policies to prevent and respond to GBV through multi-sectoral interventions and use of continuum approach in development and humanitarian settings; and (b) Support development and implementation of policies to ensure women and girls are able to exercise reproductive rights.

² Annex 1: Terms of Reference for the evaluation of the UNFPA 9th Country Programme of Support

³ Ibid

Outcome 4 - Population Dynamics also has one output: strengthened capacity for use of evidence-based analysis of population data for decision-making at national and subnational level to address inequalities and advance the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs). The two strategies include: (a) promoting the importance of disaggregated data and access to data for the development of policies and the monitoring of policy implementation to address inequalities and advance gender equality, the SDGs framework and the ICPD; and (c) use of demographic data to inform policies related to adolescents and young people, demographic dividend and population ageing.

3. Methodology

The CPE followed a participatory process that actively involved UNFPA CO staff and key stakeholders. It also used a theory-based approach to ensure robust analysis and understanding of the programme logic, underpinned by the theory of change; and a mixed method approach, utilizing mainly qualitative data but also quantitative data where available. The data was from both primary and secondary sources, with secondary data obtained through extensive document review while primary data was obtained from key informant interviews (KIIs) and focus group discussions (FGDs). Data analysis involved synthesis and the triangulation of the data collected using different data collection methods and from different sources.

The sample of those interviewed composed of 66 persons (36 female, 30 male), and included UNFPA CO staff (current and former), representatives of implementing partners (current and past), donors, UN agencies, and the RCO. Three focus group discussions were held with members of the Youth Panel, Senior Citizens Committees, and trainers from GBV shelters.

The CPE followed the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG) and the Organization for Economic Cooperation and Development (OECD/DAC). The evaluation team was also guided by the UNEG norms and standards of evaluation⁴, Ethical Guidelines for Evaluation⁵, Code of Conduct for Evaluation in the UN System⁶, and Guidance on Integrating Human Rights and Gender Equality (HRGE) in Evaluations⁷, and Guidance on Disability Inclusion in UNFPA Evaluations.⁸ In line with OECD / DAC criteria, the 9th CP was assessed in relation to relevance, effectiveness, efficiency, sustainability and coherence. The cross-cutting themes of human rights, gender equality disability inclusion and the triple nexus (humanitarian, development and peace) within UNFPA's work was also assessed. The evaluation team also reviewed the organizational effectiveness and efficiency of the UNFPA CO.

The evaluation followed the five phases in line with UNFPA Evaluation Handbook (Revised 2019):

The first was *the preparatory phase* where the CO drafted the terms of reference in consultation with the ERG, and recruited the independent evaluation team consisting of the international consultant, the national thematic expert and the young and emerging evaluator. The next four phases include the *design phase*, the *field phase*, the *reporting phase* (which also includes quality assurance), and *the facilitation of use and dissemination phase*.

During the *design phase* the consultants presented the country context, UNFPA response and programme, detailed approach and methodology, the evaluation process, the stakeholders selected for consultation, data collection tools and the work plan and submitted it for review by the EM in consultation with the ERG, and approval by APRO. During the field phase, the consultant team collected data through extensive document review, key informant interviews and group discussions with the CO team, key stakeholders and partners, and focus group discussions with beneficiaries. The

⁴ <http://www.unevaluation.org/document/detail/1914>

⁵ <http://www.unevaluation.org/document/detail/102>

⁶ <http://www.unevaluation.org/document/detail/100>

⁷ <http://www.unevaluation.org/document/detail/980>

⁸ [Guidance on disability inclusion in UNFPA evaluations | United Nations Population Fund](#)

field phase was conducted virtually because of the restrictions due to COVID-19 pandemic. Then the data was analysed, synthesised and triangulated. The draft evaluation report was developed and submitted to the CO for validation. The draft CPE report, revised after CO inputs, was then submitted and presented to the APRO, ERG and other key stakeholders who provided their feedback.

During the facilitation of use and dissemination stage, the Evaluation Manager will submit the final report to APRO Monitoring and Evaluation Advisor (MEA), who will review the report and assess its quality. The CO will approve the CPE Report considering the feedback from ERG and APRO. APRO MEA will prepare and submit a draft evaluation quality assurance (EQA), together with the final CPE Report, to UNFPA HQs Evaluation Office (EO) for the independent assessment of the report as per the EQAA. The EO will upload the CPE Report and EQA into the UNFPA evaluation database. The Evaluation Manager will also share the report with relevant external stakeholders (UN agencies, government and CSO partners) and prepare a management response to the recommendations of the evaluation and submit to UNFPA HQs after MEA's clearance.

The evaluation team received excellent support from the CO team and despite the limitations listed in the report, the purpose and objectives of the CPE were met.

4. Key results achieved during the period

Key results achieved during the 9th CP include the following:

- UNFPA contributed to enhanced capacity and participation of the youth in policy dialogue resulting in the development of provincial draft policies and action plans for 4 provinces with the youth working closely with provincial authorities.
- Enhanced capacity for the implementation of CSE in schools through the development curriculum, training manual and materials for grade 12; and training a limited number of teachers.
- UNFPA contributed to increased awareness on GBV situation in the country through the successful conduct of the Women Wellbeing Survey; and increased capacity for the prevention of and response to GBV through the development and implementation of guidelines and SOPs, the piloting of coordination mechanisms at subnational level, and improvement of services in GBV shelters for survivors.
- Increased knowledge from the generation of data and development of knowledge products with significant potential to support policy and programmatic interventions going forward. This includes the additional evidence from the Women Wellbeing Survey mentioned above; the construction of the National Transfer Accounts (NTA) which has already influenced retirement age in Sri Lanka; the needs, level of awareness, attitudes, perceptions, and barriers for family planning use; and the level of knowledge, attitudes and perceptions on CSE
- UNFPA contributed to improved capacity for the generation and communication of data and knowledge. This includes the capacity gained by DCS for the conduct of census and surveys, the communication strategy and branding for DCS, and the ongoing effort to provide online access to data, and provide access to data to wider audiences through use of additional languages and braille for the visually impaired. Other improvements include tracking and communication of SDG indicators, maternal death surveillance and the monitoring of data on GBV.

The results were achieved under challenging religious, cultural and political context especially related to the issues it focuses on. The frequent changes in government, and lack of national ownership of the issues involved and their solutions has slowed progress in key areas. The advent of the COVID-19 pandemic also slowed progress in many areas.

5. Main conclusions and key recommendations

The conclusions listed below are based on the findings, which are in turn based on the evidence obtained during the field phase. They are categorized into strategic level findings (those related to overall relevance, overall performance, organizational effectiveness and efficiency, and overall sustainability) and programmatic level conclusions.

Strategic level conclusions

- The 9th CP is well aligned strategically to international frameworks and national priorities, addressed the needs of diverse populations, and responded appropriately to the changing context and demands.
- Although a number of CP targets were not fully met, UNFPA achieved significant results in all outcome areas with the potential to impact future performance. The CP also integrated cross cutting issues of gender equality, disability inclusion and human rights-based approaches. However, the cultural, religious and political environment presents significant risks to the achievement of UNFPA results. The results chain logic underlying the theory of change had inadequacies mainly related to indicators.
- UNFPA developed capacity and built a team able to effectively achieve the CP targets, and respond appropriately to national demands and changing circumstances.
- UNFPA has established highly valued partnerships with implementing partners including government agencies and CSOs, artists, the private sector, professional colleges, academia and donors.
- UNFPA used innovative approaches effectively in many instances, demonstrating its business unusual attitude towards the achievement of results. However, there is no systematic and proactive approach to promoting innovation in UNFPA and with partners.
- UNFPA made effort to ensure the successful implementation and sustainability of its interventions. However, challenges in inadequate institutional capacities and ownership may undermine such efforts.
- Although the benefits of working together as one is well appreciated and encouraged, the collaboration between UN agencies in the UNCT is inadequate.

Programme level conclusions

- UNFPA has put significant effort in the implementation of CSE in school and out of school. However, external challenges (cultural, religious and political) remain that has slowed the progress of this initiative.
- Although UNFPA supported interventions to promote youth participation in peace building and advocacy, modest results were achieved that may not be sustainable.
- UNFPA made serious strides in raising awareness on and promoting appropriate responses to GBV / IPV. However, this is still work in progress that need to be continued into the next CP.
- Although Sri Lanka has achieved exceptionally good health indicators, gaps exist in maternal health and SRH information and services that need to be addressed.
- UNFPA supported the generation of data and knowledge with significant potential to influence policy. However, this can only be effective if its value is fully exploited through knowledge sharing and policy advocacy.
- UNFPA positioned itself strategically to support improved communication of official statistics so that they are more accessible, informative, more inclusive and reach wider audiences.

The following are the key recommendations focused on the design of the next CP and addresses the conclusions of this evaluation. Again, as with conclusions, they are categorized into strategic and program level recommendations.

Strategic level recommendations

- UNFPA should use the results achieved during the period in all the outcome areas as a basis for, and to inform the interventions of the next CP. UNFPA should also pursue greater national ownership of the issues, solutions and interventions and use innovative methods to mitigate the challenges from cultural and religious sensitivities. UNFPA should also improve the results chain logic underlying the theory of change for the next CP especially in the definition of indicators.
- UNFPA should continue with efforts to build a high performing and cohesive team, while addressing gaps in capacity and efficiency.
- UNFPA should protect and build on its profile and the gains made to further enhance and exploit partnerships with government agencies, artists, the private sector, CSOs, and donors. UNFPA should also proactively seek partnerships and beneficial relationships with other UN agencies.
- UNFPA should pursue innovation in a systematic and proactive manner to ensure it fully exploits the opportunities available to advance its objectives.
- To enhance sustainability, UNFPA should emphasize on early ownership of interventions and the requisite institutional structures and capacities to ensure sustainability.

Programme level recommendations

- UNFPA needs to implement strategies to overcome the cultural, religious and political challenges to the implementation of CSE in school. This should be done through high level multistakeholder conversations to make progress towards common national articulation of the issue and a culturally appropriate and acceptable solution. UNFPA should also focus on strengthening policy and institutional infrastructure for continued youth engagement in policy dialogue and peacebuilding.
- UNFPA should support efforts to fully exploit the data and knowledge generated, and the capacities built to further the GBV / IPV agenda.
- UNFPA should ensure that the next CP is designed with focused interventions to address gaps in maternal health and SRH services.
- UNFPA continue with interventions to generate evidence and knowledge products and undertake further policy advocacy taking advantage of the data and evidence generated during the period.
- UNFPA should continue support in the next CP for the completion and sustainability of the interventions to improve communication of official statistics to make them more accessible, informative, more inclusive and to reach wider audiences.

Chapter One: Introduction

1.1 Purpose and objectives of the Country Programme Evaluation

The three main purposes of the UNFPA Country Programme Evaluation (CPE) is to demonstrate accountability to the stakeholders on the contribution of the country programme (CP) on agreed results, generate evidence and lessons to support evidence-based programming in UNFPA, and provide necessary evidence for the design of the UNFPA 10th country programme of support.⁹ This is an independent evaluation commissioned by the UNFPA Sri Lanka Country Office (CO).

The specific objectives of CPE are to¹⁰:

- a) provide an independent assessment of the relevance, effectiveness, efficiency, sustainability and coherence of the CP;
- b) provide an assessment of the CO's strategic positioning within the UNCT, development community and national partners, in view of enhancing UNFPA's coordination and value add to achieve the country's development results; and
- c) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The target audience for the CPE include decision-makers in UNFPA (at the country office and relevant regional and global units), the Executive Board and counterparts in the Government of Sri Lanka, United Nations Country Team (UNCT), development partners, civil society organizations (CSOs), private sector as well as other implementing partners (IPs).¹¹

1.2 Scope of the CPE

The CPE covers the time period from January 2018 up to the second quarter of 2021 and includes all initiatives under the three outcome areas of the 9th CP that were planned and / or implemented during the period, including humanitarian and peacebuilding interventions. The geographic scope is focused at the National level and four provinces at the sub national level (Northern, Southern, Eastern and Central provinces).

1.3 Methodology and process

This CPE followed the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG) and the Organization for Economic Cooperation and Development (OECD/DAC), and as stipulated in the TOR (Annex 1). The evaluation team was guided by the UNFPA Evaluation Handbook (Revised 2019), UNEG norms and standards of evaluation¹², Ethical Guidelines for Evaluation¹³, Code of Conduct for Evaluation in the UN System¹⁴, and Guidance on Integrating

⁹ Annex 1: Terms of Reference for the evaluation of the UNFPA 9th Country Programme of Support

¹⁰ Ibid

¹¹ UNFPA Sri Lanka CPE, Terms of Reference 2021

¹² <http://www.unevaluation.org/document/detail/1914>

¹³ <http://www.unevaluation.org/document/detail/102>

¹⁴ <http://www.unevaluation.org/document/detail/100>

Human Rights and Gender Equality (HRGE) in Evaluations¹⁵, and Guidance on Disability Inclusion in UNFPA Evaluations.¹⁶

In line with OECD / DAC criteria, the 9th CP was assessed in relation to relevance, effectiveness, efficiency, sustainability and coherence. The cross-cutting themes of human rights, gender equality disability inclusion and the triple nexus (humanitarian, development and peace) within UNFPA's work was also assessed. In addition, organisational effectiveness of the UNFPA CO was reviewed which included foundational functions such as communication, resource mobilization, monitoring & evaluation, partnerships, innovation and operations.¹⁷ The final refined evaluation questions are presented below. The questions relate to each programme component area and also to CO strategic positioning, management, structure and coordination within the UNCT. These were explored in relation to a set of assumptions highlighted in the Evaluation Matrix (Annex 4).

The CPE explores the positioning and relevance of the CO including the extent of coordination and synergies within the UNCT, the sustainability of its achievements, and its capacity to respond to changing national needs. Besides the assessment of the intended results of the programme, the CPE identifies key unintended effects. The evaluation team also reviewed the organizational effectiveness and efficiency of the UNFPA CO.

Relevance

EQ1: To what extent is UNFPA support (i) addressing the varied needs of the population, including the needs of marginalized and vulnerable groups (women and girls, youth, persons with disabilities, older persons, etc.); and (ii) aligned with the priorities set by relevant international and national policy and normative frameworks including international human rights agreements, ICPD, SDGs, the UNFPA Strategic Plan 2018-2022, UNSDF 2018 – 2022; and national policies and programmes?

EQ2: To what extent has the country office been able to respond (i) to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to crisis situations or major political changes; and (ii) to specific/ad-hoc/urgent request caused by humanitarian and health emergencies (COVID-19, floods, droughts etc.)?

Effectiveness

EQ3: To what extent have the outputs of the 9th CP been achieved and to what extent has the achievement of these outputs contributed towards the 9th CP outcomes on adolescent & Youth, Gender Equality and Women's Empowerment and Population Dynamics and contributed to the making progress on the achievement of relevant SDGs? How adequate was the theory of change underlying the results chain logic?

EQ4: To what extent has the programme integrated the cross-cutting issues of gender equality, disability inclusion and human rights based approaches? To what extent has UNFPA ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, etc.) have the information they need to have protection against violence and have access to life-saving services during humanitarian situations?

EQ5: What were the unforeseen consequences of the UNFPA programme?

Efficiency

¹⁵ <http://www.unevaluation.org/document/detail/980>

¹⁶ [Guidance on disability inclusion in UNFPA evaluations | United Nations Population Fund](#)

¹⁷ *ibid*

EQ6: To what extent has UNFPA made good use of its human, financial, technical and administrative resources (including frameworks and procedures), and appropriate combination of tools, innovative approaches and partnerships to pursue the achievement of the outputs and outcomes defined in the country programme?

EQ7: To what extent are the results effectively and efficiently measured and reported?

Sustainability

EQ8: (a) To what extent have UNFPA-supported interventions contributed to the capacity development of its implementing partners and beneficiaries (in terms of policies, increased capacity and budgetary allocations) thereby promoting national ownership and durability of effects? (b) To what extent has UNFPA CO humanitarian response and recovery efforts contributed to strengthening national capacities and systems in the fields of SRHR, GBV prevention and protection?

Coherence

EQ9: (a) How effectively does the UNFPA CO coordinate and work in conjunction with the UNCT with other UN agencies to deliver as one, particularly in areas of potential overlap? (b) How well does the UNFPA CO collaborate with development partners, NGOs and partners and what are opportunities to increase this collaboration? (c) To what extent does UNFPA bring comparative advantage and has added value to results in its focus areas?

The ET included additional questions in the process of the refinement of evaluation questions. These includes EQ5, EQ7 and EQ9(c). EQ5 is to assess whether there has been any unanticipated positive or negative consequences of programme interventions. The idea is to understand reasons for this and leverage for positive impact while minimizing negative impacts. EQ7 is to assess the M&E system in place, while EQ9(c) assesses the extent to which UNFPA is adding value in the context it is in, and not duplicating efforts.

The ERG and CO management reviewed the evaluation matrix, the evaluation questions and tools to ensure their relevance, appropriateness and comprehensiveness, in order to assure the quality and usefulness of the evaluation.

Data collection

This CPE followed a participatory process that actively involved current and former UNFPA CO staff and key stakeholders (implementing partners, government agencies, CSOs, and UN agencies) who provided inputs but also validated information obtained. The CO and members of the ERG were presented and provided inputs into the CPE design, and also had the opportunity and did provide inputs to shape the evaluation during the presentation of the preliminary findings after the field phase, and provided inputs to the draft CPE report before it was finalized. The stakeholders, through the ERG, were involved in the evaluation process from the design to the final report.

The ET also adopted a theory-based approach to ensure a robust analysis and understanding of the programme logic including how CP interventions contributed to outputs and how outputs were utilized to achieve outcomes, and assumptions / factors at play. The CP theory of change is considered adequate and did not need to be revised for the purpose of this evaluation. A mixed method approach was used relying on both qualitative and quantitative data from both primary and secondary sources. This method allowed for more comprehensive and in-depth understanding of the findings informed by stakeholders' experiences and inputs, and the triangulation and validation of the evidence. Secondary data (both qualitative and quantitative) was obtained through extensive document review. This was supplemented by primary data, mostly qualitative, collected through key informant interviews (KIIs) and focus group discussions (FGDs). The team paid close attention to the

availability of disaggregated data. Throughout, the team had regular contact and discussion with the CO staff to clarify issues and contribute to early and continuous validation.

Document review provided critical input and was the source of secondary data for this CPE. Documents reviewed include UNFPA Strategic Plan (2018-2021), UNSDF (2018-2022), UNFPA CPD (2018-2022) and other programme related documents, CO and IP Work Plans and annual reports, CO monitoring and evaluation reports, relevant national government policy and strategy documents and evaluation reports. The full list of documents consulted are included as Annex 3 of this Report.

Field work activities (KIIs and FGDs) were conducted virtually mainly through Zoom due to restrictions resulting from the prevailing COVID-19 pandemic. Limited site visits were carried out due to the same restrictions (the ET managed only one site visit to the Ministry of Women and Child Affairs to observe the operation of the M&E system implemented with UNFPA support). KI interviews (66 in total, 36 female, 30 male) were conducted with CO staff and key UNFPA partners and stakeholders including the representatives of relevant government ministries and departments, UN agencies, UNCT and other partner agencies to address the evaluation questions. The interviews with CO mainly focused on clarifying and filling gaps on the CP interventions and related information but also validation of the information collected from other sources. Interviews with implementing partners focused on obtaining information and perspectives on the respective UNFPA interventions. Interviews with UN agencies and the UNCT focused mainly on coordination and synergies within the UNCT. Some of the persons interviewed had been involved in UNFPA supported interventions earlier and were selected due to their significant insights into and institutional memory related to UNFPA programs. The interviews were voluntary with UNFPA CO making the requests and obtaining express willingness to participate. During the interviews, the interviewees were informed of the confidentiality of their inputs, and requested if they would allow for recording which was availed only to the members of the ET. No members of the UNFPA staff were present during interviews with external stakeholders, including partners and beneficiaries, to ensure confidentiality and non-traceability of inputs to individuals or institutions and to provide conducive environment for free expression.

FGDs were conducted, all virtually, with primary beneficiaries, who included members of the Youth Peace Panel (2 female, 8 male), members of the Senior Citizens Committees (7 female, 11 male), and GBV shelters' trainers (6, all female), who had participated in the programme to capture their experiences and perspectives regarding the relevance and effectiveness of the interventions supported by the UNFPA. The full list of stakeholders consulted is included as Annex 3 of this Report.

Table 2 below provides the data gathering tools used against the target informants.

Table 3: Target groups, tools and approaches

Target	Tools and approaches
UNFPA, other UN agencies, UNCT, government, implementing partners, other partners	Key informant semi-structured interview guides
Beneficiaries	Focus group discussion guide

Selection of the sample of stakeholders consulted

This CPE followed UNFPA guidelines that stipulate a comprehensive criterion for the selection of stakeholders to consult for the purposes of this evaluation. Purposeful sampling was used with the sample selected based on their potential to provide comprehensive and in-depth understanding of the project. The sample was comprehensive and included government agencies and non-state actors; those involved in well performing as well as poorly performing interventions; ongoing as well as completed interventions; implementing partners support through direct and national execution

modalities; implementation partners involved in national and subnational level interventions; and interventions with large and small annual work plan budgets.

Representatives of UN agencies who interacted with UNFPA, and the RCO were consulted to provide insights and perspectives of the level of collaboration and synergies within the UN System and the level of participation and leadership from UNFPA CO.

The final sample included representatives from all the stakeholder groups. The table below shows the categories of the stakeholders interviewed.

Table 4: Categories of stakeholders consulted

#	Category	Description
1	Total	66, 36 female, 30 male. 1 PWD
2	UNFPA CO, current and former	9, 8 female, 1 male
3	Implementing partners, current and former	12 – 5 government, 7 NGOs
4	Persons living with disability	1
5	UN agencies	3 UN agencies, RCO
6	Donors	2 donors
7	Other	4 partners
8	Focus group discussions	4 – Youth Panel (2), Senior Citizens Committees, GBV shelter counsellors.

The response was good with almost all those selected for interviews availing themselves and participated well. The only exception was the FGD with PWDs where only one of them showed up for the meeting. The sample provided a good basis for the evaluation and to avoid potential bias in the evidence collected. However, it would have been more desirable to have interacted more with final beneficiaries including vulnerable groups targeted than was possible due to the COVID-19 restrictions.

In shaping the evaluation, the stakeholders were consulted throughout the process from design of the CPE to the recommendations through the ERG.

The full list of stakeholders consulted is included in Annex 2 of this Report.

Data analysis and validation

The ET used content analysis to identify patterns, common themes and meaning in the data collected through document analysis, interviews, and focus group discussions. We also used contribution analysis to identify how far documented inputs and activities were likely to have contributed to outputs and outcomes. This required exploration of the theory of change and of both the sufficiency and relationship between the inputs and activities to the outputs and their likely contribution to outcome results.

The data was validated through triangulation of the data from the various sources and collected through different methods. Data collected through key informant interviews was triangulated with that from FGDs, document review and CO staff feedback. Information from CO staff interviews were cross validated with that from implementing partners, and in some cases, UN agencies. The debriefing meeting with CO staff and presentation to the ERG also served to communicate preliminary findings, conclusions and recommendations and obtain early feedback before embarking on the substantive analysis and drafting of the CPE report. The CPE Report was drafted and submitted to the CO to review and validate and provide additional input or point to any material omissions or errors in the Report. The revised report incorporating CO inputs was further validated by the ERG and the APRO whose inputs will be used to further refine the CPE report.

Throughout, the team benefitted from regular contact and discussion within the team and with the CO staff to clarify issues and provide ongoing validation to evidence collection throughout the process.

Limitations encountered during the CPE

Table 5 highlights the limitations encountered during the CPE and the mitigation measures taken.

However, the limitations were not sufficient to invalidate the conclusions of this evaluation. There was bias observed in the evidence obtained to inform the evaluation. The wide variety of stakeholders consulted, even within the COVID-19 related restrictions, and the evidence obtained is reasonably sufficient to inform the evaluation.

Table 5: Limitations encountered and mitigation measures taken

Limitations and Risks	Mitigation Responses
COVID-19 pandemic restricting opportunities to interact with interviewees and CO. The most vulnerable and marginalised may be at greatest risk of not being reached to provide input for this CPE.	The meetings were conducted virtually through Zoom. The CO arranged with IPs to ensure that all respondents including beneficiaries (including marginalised and vulnerable groups) had access to facilities for virtual meetings.
Inadequate access to quality internet services, especially for beneficiaries	CO arranged in advance and ensured interviewees have adequate internet connectivity
Disaggregated data is not available to identify the benefits to the adolescents and youth, PWD as well as women	In-depth interviews with beneficiaries, government representatives, other UN agencies and stakeholders
Delays in reviewing the CPE report by the EM/CO, ERG, Regional Office and UNFPA HQs	Advanced planning and agreement on the schedule.

Process Overview

The evaluation process followed the guidelines in the UNFPA CPE Handbook.¹⁸ The CPE was conducted in five phases as depicted in the figure below:

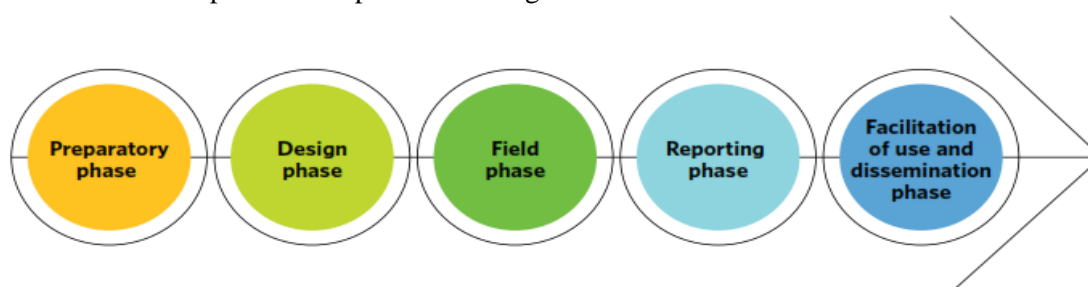


Figure 1: The phases of a CPE (Source: UNFPA Evaluation Handbook Revised 2019)

Phase 1 – the preparatory phase was led by the evaluation manager (EM) and involved the establishment of the evaluation reference group (ERG), the development of the terms of reference, the recruitment of the international consultant / team, local consultant / thematic expert and the young upcoming evaluator; the preparation of the stakeholder map; and compiling of key documents.

Phase 2 – the design phase achieved the main objective of producing the CPE design report. Under the guidance and direction of the EM, activities included the orientation of the consultant team, review of key documents, selection of the sample of stakeholders to consult, the development of the evaluation matrix, refinement of evaluation questions, development of data collection tools, planning for data collection and analysis; and production of a comprehensive work plan for the field work data collection, analysis and synthesis and reporting phases of the evaluation. The final design report

¹⁸ Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA. Revised May 2019.

incorporated feedback from the EM, ERG and the APRO. The CO also planned the interviews and FGDs and consulted the selected sample of stakeholders during this phase.

Phase 3 – the fieldwork phase. During this phase, the consultants continued with extensive document review started in phase 2, and conducted KIIs and FGDs with key partners and beneficiaries. The field phase activities were conducted virtually. At the end of the field phase, the ET presented their preliminary findings in a debriefing meeting with the CO staff and the members of the ERD. The meeting discussed preliminary findings and obtained early validation and feedback.

Phase 4 - the synthesis and reporting phase. During this phase, the evaluation team undertook data collation, triangulation and analysis, and developed the draft and final evaluation reports. The reports underwent validation at several stages. The EM and the CO reviewed the first draft report and provided feedback which was used to revise the report. The revised draft (second draft) was then submitted and subjected to validation by the members of ERG and representatives of the APRO. The input from the validation meeting was used to produce the third draft report which was submitted to APRO for final approval. This iterative process allowed for full validation and refinement of the findings, conclusions, and recommendations.

Phase 5 - facilitation of use and dissemination phase. During this phase, the Evaluation Manager will submit the final report to APRO Monitoring and Evaluation Advisor (MEA), who will review the report and assess its quality. The APRO MEA will share the draft evaluation quality assurance (EQAA) and the final CPE Report with UNFPA HQs Evaluation Office (EO) for finalization of the EQAA. The EO will upload the CPE Report and EQAA into the UNFPA evaluation database. The Evaluation Manager will also share the report with relevant external stakeholders (UN agencies, government and CSO partners) and prepare a management response to the recommendations of the evaluation and submit to UNFPA HQs after MEA’s clearance. Finally, the Evaluation Manager will post the CPE report and management response on the CO website, and track the implementation of the management response action points

Work plan

The evaluation exercise commenced with the kick off meeting on August 4th 2021 with the UNFPA CO and the Evaluation Team. The design report was given a go ahead by APRO MEA at the end of September 2021. The work plan below provides the actual timelines for this CPE.

Table 6: Detailed work plan

DELIVERABLES	WEEKS																					
	August				September				October				November				December				Jan '22	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
<i>Kick off meeting</i>																						
Orientation, desk review, prepare design report & tools																						
Submit design report for CO/EM/ERG review				☆																		
Presentation of the design report to the ERG						☆																
Revision and approval of design report									☆													
Data collection – field phase																						
Document review																						
Presentation of preliminary findings to the CO and ERG															☆							
Data analysis, synthesis, triangulation, drafting of report																						
Submission of the first CPE report draft (Draft V1)																	☆					
Review of the first draft report by the CO, APRO																						
Revision of Draft V1 to incorporate CO, APRO inputs																						
Submission of Draft CPE V2																						☆

Chapter Two: Country Context

2.1. Development challenges and national strategies

Sri Lanka is an island situated 30 kilo-meters south-east of India and separated from the Indian sub-continent by a narrow strip of shallow water known as the Palk Strait. The country is known as the “Pearl of the Indian Ocean” due to its natural beauty of lush plantations, tropical forests, coastal belts and diverse landscapes with a high biodiversity. Sri Lanka gained its independence from British rule in 1948 and became a republic in 1972.

Sri Lanka is a Democratic Socialist Republic with a Constitution of Sri Lanka that assures all persons’ freedoms, equality, justice, and fundamental human rights.¹⁹ The three arms of government include an independent Judiciary, the Executive and a parliament elected by the people. In 1987, constitutional powers were devolved and by the 18th Amendment, the Provincial Council administration system was introduced⁷

Sri Lanka is a multi-ethnic, multi-religious, and culturally diverse country with an estimated population of 21.9 million (2020) of which 52 percent are women.²⁰ In terms of ethnic distribution of the population, the majority are Sinhalese (74.9 percent), followed by Tamils (15.3 percent). Almost 70 percent of Sri Lankan population is Buddhists followed by Hindus (12.6 percent), Islam (9.7 percent), and Roman Catholic (6.2 percent).²¹ Average population density is 350 individuals per square kilometre. Sri Lanka has over 4.4 million young people aged 15 to 29 years.²² It is estimated that 12 percent of the current population are above 60 years, and reach 29 percent by 2050.²³ Average life expectancy is 76.8 years.²⁴

In 2019, Sri Lanka was ranked 72nd in the Human Development Index (HDI) which was higher than neighbouring peer countries.²⁵ Regrettably, Sri Lanka is highly vulnerable to climate change and is ranked in the 6th position on the Climate Risk Index.²⁶ Although health, survival and education attainment indicators are impressive, low political participation of women (5.8 percent in 2015)²⁷ and low female labour force participation (34.5% in 2019)²⁸ ranks Sri Lanka in the 116th position out of 156 countries in the Global Gender Gap Index (GGGI)²⁹, and 73rd position out of 186 countries in the UNDP’s Gender Inequality Index (GII).³⁰

Sri Lanka experienced a civil war between the Government of Sri Lanka (GOSL) and Tamil separatists which lasted three decades ending 2009 which affected socio-economic development. From then, the country has experienced significant progress in socio-economic and human development. The economy grew at an average 5.3 percent per year, but dipped to 4.5 percent in 2016 and further to 2.3 percent in 2019. It contracted by 3.6 percent in 2020 due to the COVID-19 pandemic, recording the worst growth performance.³¹ In 2020, the World Bank re-classified Sri Lanka from an Upper Middle-Income Country (UMIC) to a Lower-Middle-Income Country (LMIC).³²

¹⁹ Parliament of the Democratic Socialist Republic of Sri Lanka, the constitution, Revised edition 2021.

²⁰ Department of Census & Statistics. Sri Lanka Statistical Pocket Book 2020. www.statistics.gov.lk accessed 11.8.2021).

²¹ Department of Census & Statistics. Census of Population and Housing 2012

²² Government of Sri Lanka & United Nations Population Fund (UNFPA). The 9th Country Programme Action Plan (CPAP) 2018-2022.

²³ Ministry of Health, Nutrition & Indigenous Medicine. National Elderly Health Policy - 2019

²⁴ Department of Census & Statistics Sri Lanka. (www.statistica.com/lifeexpectancy-atbirth-Sri Lanka)

²⁵ United Nations Development Programme Report. www.hdr.undp.org/en/countries/profiles/LKA

²⁶ *ibid*

²⁷ Department of Elections. *Parliamentary Representations*. www.elections.gov.lk

²⁸ Sri Lanka Labour Force Survey. Annual Report 2019. Department of Census & Statistics. Ministry of Finance. Sri Lanka

²⁹ World Economic Forum Report March 2021

³⁰ United Nations Development Programme Report. www.hdr.undp.org/en/countries/profiles/LKA

³¹ Central Bank Sri Lanka Annual Report 2020.

³² United Nations Population Fund. *Terms of reference for the evaluation of the UNFPA 9th country programme 2018-2022*. Sri Lanka Country Office. May 2021

National poverty headcount index declined from 6.7 percent in 2013 to 4.1 percent in 2016. The poverty rate (at \$3.20 per day in 2011 purchasing power parity) declined from 16.2 percent in 2013 to 11.0 percent in 2016³³. As the country is prone to natural disasters, the country has policies on climate change³⁴ and disasters.³⁵

The Government has engaged the United Nations for support to better align and integrate the SDGs with national policies and rationalize the institutional framework to guide the process towards achieving SDGs by 2030.³⁶ To this end, H.E. the President launched his vision “Vistas of Splendour & Prosperity” which aims to achieve the vision of “A productive citizen, a happy family, a disciplined society and a prosperous nation and its commitment to the sustainable development agenda.”³⁷

Despite achievements of human development indices, Sri Lanka is continuously facing challenges. The Constitutional crisis in 2018, Easter Sunday terrorist bomb attack (in 2019), Presidential and Parliamentary elections in 2019 and 2020 respectively, and the COVID-19 pandemic have caused setbacks in the economy and governance. The pandemic impacted negatively on export orientated businesses, tourism, remittances from foreign employment and the social fabric of the country while placing a huge burden on the health system. In 2015, the Government of Sri Lanka (GoSL) co-sponsored the United Nations Human Rights Council Resolution 30\1 promoting reconciliation, accountability, transitional justice, good governance, resettlement and human rights for durable peace. In 2019, with the change of government, Sri Lanka announced its intention to withdraw from co-sponsorship and declared its commitments to achieve sustainable peace through inclusive, domestically designed and executed reconciliation and accountability process. In March 2021, UNHCR adopted Resolution 46\1 after criticizing Sri Lanka for lack of accountability in addressing international human rights and humanitarian laws. The GoSL has to face the challenge of the effects of the new resolution which will primarily be determined by the action taken by member states.³⁸

The challenges and the corresponding national strategies related to UNFPA mandated areas to achieve SDGs are discussed below.

2.1.1 Sexual and Reproductive Health

Key reproductive health indicators in Sri Lanka are good and exceed those of neighboring countries. Maternal mortality rate of 32 per 100,000 live births, skilled birth attendance coverage is 99.5 percent, and ante natal clinic visits more than 4 visits is at 99.3 percent³⁹. Sri Lanka is categorized as country with a low-level HIV epidemic (adult HIV prevalence is less than 0.1 percent)⁴⁰. Total demand for family planning is reported as 72 percent and of the total 65 percent corresponds to the satisfied demand. The unmet need for family planning is 7.5 percent⁴¹.

Sri Lanka has a robust policy framework on SRH. Policies include the Population and Reproductive Health (RH) Policy⁴², Maternal and Child Health Policy (MCH)⁴³ and the Strategic Plan for Maternal and Newborn Health (MNH Strategy)⁴⁴. The RH Policy, which is still relevant today, aims at achieving a higher quality of life by providing quality RH information and services, achieving gender equality, providing health care and social support for the elderly, promoting the economic benefits of migration and urbanization while controlling their adverse social and health effects and reaching a

³³ Central Bank Sri Lanka. The Annual Report 2020.

³⁴ National Climate Change Policy of Sri Lanka (2012)

³⁵ National Emergency Plan (2015-2019)

³⁶ United Nations Sustainable Development Framework 2018-2022 Sri Lanka. United Nations in Sri Lanka

³⁷ Sri Lanka Podujana Peramuna. Sri Lanka. Vistas of Prosperity & Splendour. Sri Lanka

³⁸ HRC-RES-30-1 General Assembly. www.mfa.gov.lk

³⁹ Ministry of Health. Family Health Bureau. Annual Report 2019

⁴⁰ Ministry of Health. National STD/AIDS Control Programme. Annual Report 2020.

⁴¹ Department and Census and Statistics. Sri Lanka Demographic and Health Survey 2016

⁴² Ministry of Health, Sri Lanka (August 1998). Population and Reproductive Health Policy

⁴³ Ministry of Health, Sri Lanka (2012). National Policy on Maternal and Child Health

⁴⁴ Ministry of Health, Sri Lanka (2017). National Strategic Plan for Maternal and Newborn Health (2017-2025)

stable population size in the long term. MCH policy emphasizes broad policies relating to maternal, newborn, infant and child care, include pre-pregnancy care, care of older children including adolescents, family planning, prevention of non-communicable diseases (NCDs) and STD/HIV/AIDS, gender and women's health. The MNH Strategy has a vision of a “A country in which there are no preventable deaths of mothers, fetuses and newborns, where every pregnancy is planned and wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential”. The goals include reducing maternal mortality ratio from 32.5 per 100,000 live births in 2013 to less than 10 by 2030; and reducing neonatal mortality rate and still birth rates from 6.5 and 6.4 respectively per 1000 live births (2013) to less than 2.2 and 2.0 by 2030.

However, challenges remain. There are several vulnerable and marginalized population groups such as young women and girls in urban settings, apparel industry, plantation sector, women in women-headed households (both in the conflict affected northern and eastern province and the south), people with disability who are poorly reached by government services resulting in poor SRH outcomes. For plantation and apparel sector workers, long working hours, poverty, poor living conditions, low level of education, language barriers, difficult terrain and poor transport facilities are some of the challenges that limit their access to SRH services.⁴⁵ They need to be empowered to make their own choices on SRHR and participate in peace building processes. Most of the health interventions are being continued in the new normal environment due to COVID-19.

Another challenge appears to be the stagnating use of contraception. Over the past decade, family planning activities in Sri Lanka have slowed down where the contraceptive prevalence rate has dropped from 68.4 per cent in 2006 to 64.6 per cent in 2016. If one were to use the past relationship between fertility and contraceptive use in Sri Lanka (TFR=9.193 -0.1021CPR), at a contraceptive prevalence rate of 64.6 per cent in 2016, it would give a total fertility rate of 2.6 instead of the reported rate of 2.2. Thus, it is evident that factors other than contraception have kept the fertility rate relatively low. This may include induced abortion, unreported use of widely available emergency contraceptive pill, and under-reporting of contraceptive use due to religious and political reasons.⁴⁶ (document review). Understanding this phenomenon remains a gap in addressing SRH.

2.1.2 Adolescents and youth

Youth make up approximately one fourth of the population and gender parity in primary, secondary and tertiary education was achieved due to the introduction of the free education system. However, the highest rate of unemployment (21.5 percent) is reported within this age group.⁴⁷ Sri Lanka has reached high coverage for sexual and reproductive health services through the non-fee levying point of care services. TFR declined from 2.3 in 2006 to 2.2 for three years preceding the 2016 DHS which was the lowest in the South Asia.⁴⁸ Adolescent fertility rate (AFR) was 20.7 per 1000 women in 2018 which is a reduction from 30 in 2016. The prevalence of teenage pregnancy was 4.6 percent in 2018.⁴⁹ The challenge is to determine the root causes and address the district level disparities and provision of legal protection for pregnant adolescents. There is a data gap on SRH needs of sexually active young people, cohabiting couples and pregnant women in this age group. The contraceptive prevalence rate (CPR) among currently married young women aged 15-19 was 43.5 percent and the corresponding figures for 20-24 years and 25-29 years were 56 percent and 58.6 percent respectively. The unmet need for currently married 15-19 year olds was 21 percent and mostly for spacing (19.3 percent).⁵⁰ Revising the present strategy to cater for the demand for FP services is necessary to ensure this category is not left behind.

⁴⁵ Nithershini Periyasamy. Update on the health status of plantation community in Sri Lanka. *Journal of the College of Community Physicians of Sri Lanka*. 2017;23(4); Tessa Martin. Estate Workers in Sri Lanka. An account of the legal and policy framework. International Center for Ethnic Studies. 2020; Ministry of Women and Child Affairs. Policy framework and National Plan of Action to address Sexual and Gender Based Violence (GBV) in Sri Lanka . 2016-2020

⁴⁶ Ministry of Health. Multi-year costed action plan for the National Family Planning Programme in Sri Lanka 2019.

⁴⁷ Department of Census & Statistics. Sri Lanka Labour Force Survey 2019.

⁴⁸ Department of Census & Statistics, Ministry of National Polices and Economic Affairs and Ministry of Health, Nutrition & Indigenous Medicine. Sri Lanka. Demographic Health Survey 2016,

⁴⁹ Family Health Bureau. Ministry of Health. National Youth Health Survey 2013/2014

⁵⁰ Department of Census & Statistics, Ministry of National Polices and Economic Affairs and Ministry of Health, Nutrition & Indigenous Medicine. Sri Lanka. Demographic Health Survey 2016,

Only around 50 percent had correct basic knowledge on SRHR, 30 percent of youth had engaged in sexual activity within the year preceding the survey while only 54.8 percent correctly understood that there was a risk of sexually transmitted infections even after a single sexual intercourse. Interestingly a significant proportion of youth (72.6 percent) were aware of country laws on marriage.⁵¹ Although Sri Lanka is categorized as a low HIV prevalence country, in 2020, nearly 12.1 percent of new HIV infections were reported among the 15-24 year age group⁵² and only 24 percent of married women aged 15-24 had comprehensive knowledge on HIV/AIDS.⁵³ In this background, rolling out a comprehensive, gender responsive SRHR education that reaches young people in schools and out of schools becomes a necessity to access SRH health services.⁵⁴

There is no evidence that child marriage is a problem. A study commissioned by UNICEF in 2013 reports that early marriage in Sri Lanka cannot be considered a traditional practice and there was no evidence of the practice of ‘customary’ marriages.⁵⁵ The legal age for marriage, without the need for court and/or parental consent, is 18 years for both men and women. However, the Muslim Marriage and Divorce Act (MMDA), which regulates Muslim marriages, does not set a minimum age of marriage and allows girls to marry as young as 12 years old or even younger with the permission of a “Quazi”, a Muslim court⁵⁶. Sri Lanka is a member of the South Asian Initiative to End Violence Against Children (SAIEVAC), which adopted a regional action plan to end child marriage that recognizes birth and marriage registration as important for ending this practice. According to UNICEF, 2 per cent of girls are married by the age of 15 years and 12 per cent by the age of 18.⁵⁷

The demand for age-appropriate comprehensive sexuality education (CSE) was evidenced by 78 percent of teachers considering it to be a teaching priority in the school curriculum and 82 percent of students holding the view that SRH is important for a successful life with more girls than boys holding this opinion.⁵⁸ Age-appropriate SRH is already included in school curricula from grade six onwards and in 2018 it was made compulsory at grade twelve.⁵⁹ However, while there are opinions that indicate that the current curriculum is not in line with international standards, there was no evidence of systematic identification of the gaps.

Adolescent and Youth Friendly Health Services (AYFHS) are now established in hospitals and community settings both under the banner of “Youvun piyasa”.⁶⁰ A challenge is to sustain the peer led sexual health package which is offered to key populations at risk of HIV including rapid HIV testing and self-testing.⁶¹ Sexual health related service packages are provided across the life course through the Family Health Programme.⁶²

2.1.3 Gender equality and women’s empowerment

Article 12 of the Constitution of Sri Lanka (1978) recognizes equality and non-discrimination on the grounds of sex as a fundamental right.⁶³ However, women representation in economic, social and

⁵¹ Family Health Bureau. Ministry of Health. [National Youth Health Survey 2013/2014](#)

⁵² National STD/AIDS Control Programme, Ministry of Health. Sri Lanka. Annual Report 2020. National STD/AIDS Control Programme, Ministry of Health. Sri Lanka.

⁵³ Department of Census & Statistics, Ministry of National Polices and Economic Affairs and Ministry of Health, Nutrition & Indigenous Medicine. Sri Lanka. Demographic Health Survey 2016,

⁵⁴ Government of Sri Lanka & United Nations Population Fund (UNFPA). The 9th Country Programme Action Plan (CPAP) 2018-2022.

⁵⁵ UNICEF. Savithri Gunasekera and Harini Amarasuriya. Emerging Child and case studies on child marriages in Sri Lanka. 2013

⁵⁶ Ministry of Health and World Health Organization. Sri Lanka. Using Human Rights to Advance Sexual and Reproductive Health of Youth and Adolescents. 2012

⁵⁷ United Nations Children’s Fund. The State of the World’s Children. Children in a digital world. 2017.

⁵⁸ Family Health Bureau. Ministry of Health Sri Lanka, [National Youth Health Survey 2012/2013.](#),

⁵⁹ Family Health Bureau. Ministry of Health Sri Lanka. National Strategic Plan for Adolescent & Youth Health 2018-2025.

⁶⁰ Family Health Bureau. Ministry of Health Sri Lanka. National Strategic Plan for Adolescent & Youth Health 2018-2025. .

⁶¹ National STD/AIDS Control Programme, Ministry of Health. Sri Lanka. Annual Report 2020. .

⁶² Family Health Bureau. Ministry of Health Sri Lanka. National Strategic Plan for Adolescent & Youth Health 2018-2025.

⁶³ Parliament Secretariat. The Constitution of the Democratic Republic of Sri Lanka, Revised edition 2021. .

political decision making remains poor.⁶⁴ Among the eligible ever married women, 17 percent have suffered domestic violence from their intimate partner during the 12 months preceding the survey and only 28 percent of those who have experienced violence sought help. Among the women who suffered domestic violence 13 percent have experienced IPV on a daily basis.⁶⁵ IPV was seen to increase with age, and more prevalent in urban settings and in the lowest wealth quintile.⁶⁶ During their lifetime, one in five (20.4%) women had experienced physical and or sexual violence by IPV and one in four (24.9 percent) women experienced physical and/or sexual violence since age 15 by a partner or non-partner.⁶⁷ Violence against women is experienced in several settings including public and private transport, workplaces, schools, tuition classes and even in religious institutions. The situation will escalate during the COVID crisis.

In term of decision making, 77 percent of currently married women indicated that they participate in their health care, major household purchases, visit to the woman's family or relative with participation with decision making increasing with age. Women with no voice in decision making was notably higher in districts in Northern and Eastern Province (20 percent, 18 percent and 18 percent in Mullativu, Batticaloa and Jaffna respectively). Women with higher decision-making ability were using more contraception than those without (45 percent compared with 35 percent). Ever married women from rural (84 percent) and urban (81 percent) sectors are more likely to use a bank account compared with estate women (69 percent). More urban women (84.6 percent) use a mobile phone compared with rural (77.4 percent) and estate women (55.1 percent).⁶⁸

A patriarchal social system in which power is held by men through cultural norms and customs that favour men and withhold opportunities for women is still present in the country despite a high literacy rate. Women are placed in a submissive status and are expected to play the role of mother, wife and home maker.⁶⁹

National policies that address gender equality and GBV are: the draft National Policy on Women⁷⁰ and Policy framework and National Action Plan to address sexual and gender-based violence (GBV) in Sri Lanka 2016-2020⁷¹, a "rights based" multi-sectoral action plan. The policy is based on three prongs: prevention (primary prevention of GBV), intervention (responding to those affected by GBV) and advocacy (facilitating the formulation of policies and laws to address GBV).

During the COVID crisis, strengthening provision of care for survivors became a priority. The Ministry of Health by way of circulars enhanced mobilizing Medical Officer of Health offices including the public health midwife to reach out to vulnerable women and girls and address their needs. The Shelter centres were strengthened with more infrastructure, human resources and IT facilities. The National Action Plan for Health Sector Response on Prevention and Management of GBV in Sri Lanka prepared by the Family Health Bureau has guided service providers in prescribing interventions for survivors during the humanitarian emergency⁷². Guidelines, SOPs, essential service packages, minimum standards will help in providing quality care. Mobilizing health staff had been a challenge since priority had to be given for the vaccination programme and handling the clinical burden of COVID.

⁶⁴ United Nations Development Programme Report. www.hdr.undp.org/en/countries/profiles/LKA

⁶⁵ Department of Census & Statistics. The Demographic and Health Survey 2016

⁶⁶ Department of Census & Statistics Sri Lanka. Demographic and Health Survey 2016

⁶⁷ Department of Census & Statistics Sri Lanka. Women's Well Being Survey 2019.

⁶⁸ Department of Census & Statistics. 2016 The Demographic and Health Survey

⁶⁹ Report of the Leader of the Opposition on the prevention of violence against women and girl child 2014

⁷⁰ Ministry of Women and child affairs and dry zone development Sri Lanka. National Policy on Women in Sri Lanka. (draft).

⁷¹ Ministry of Women & Child Affairs. Sri Lanka. Policy Framework and National Action Plan to address Sexual and Gender based Violence (SGBV) in Sri Lanka 2016-2020.

⁷² Family Health Bureau. Ministry of Health. Sri Lanka. The National Action Plan for Health Sector response on Prevention and Management of Gender Based Violence in Sri Lanka.

Despite the gains in education, the labour force participation of women in 2019 was 34.3 percent with the majority being in the estate sector (44.6 percent) where social, economic and health facilities are not optimum.⁷³ There is a wide pay gap between men and women which is attributed to the fact that women are mainly engaged in low-income jobs such as agriculture, apparel industry, domestic service within the country or as migrant workers. Re-integration of external migrants to society they left behind becomes ever important as an influx of returnees is expected due to COVID. Foreign employment is a vital sector to the national economy with migrant worker remittances topping USD7.2 billion or nearly 10 percent of GDP in 2015, making it the top foreign exchange earner of the country.⁷⁴

Key reasons for gender disparity in labour force participation includes: the lack of proper, safe, affordable child care facilities, inadequate provisions for flexible working hours, greater responsibility and care duties socially ascribed to women in households, as well as limitations faced when accessing public transport. Informal workers accounting for about 70 percent of the workforce, majority of which are women, are particularly vulnerable due to the lack of social protection coverage and paid leave.⁷⁵ Further, since they are outside the ambit of labour regulations, protecting their rights is a challenge.

2.1.4 Population dynamics

Sri Lanka has a long history of formulating policy interventions based on population dynamics and some outstanding examples are the Population & Reproductive Health policy (1996), Maternal and Child Health policy which address SRH including family planning. Sri Lanka is experiencing a demographic transformation, which involves a shift from young to old age and in the gender structure. The age structure is associated with the “youth bulge” as well as “population aging”.⁷⁶ The share of females in the elderly population increases with age: from 54 percent in the 60–64 age group, to 58 percent in the 70–74 age group, to 60 percent in those aged 80 years and over⁷⁷, women continue to outnumber men in the old ages due to higher life expectancy among women. This marks the feminization of ageing in Sri Lanka. The youth (15 – 29 years of age) population is expected to show a gradual increase up to 2037 although the percentage of the youth population remains almost stable during the period 2012 to 2037. The working age population (15 – 59 years of age) is estimated to increase to 13.6 million in 2037, before beginning to decline.⁷⁸ In this scenario, dependency ratio grows significantly based on the ageing population structure.

The legal framework (ordinances) for the conduct of the population census has existed since 1868 and has been revised overtime, the latest being the Census (Amendment) Act, No. 55 of 2000. The legal framework establishing the Official Bureau of Statistics for Sri Lanka has been in place since 1935, the latest revision being in 1956. The Maternal and Child Health Policy⁷⁹ addresses monitoring and evaluation of maternal and child health programme and the promotion of research on maternal and child health. Policies on aging include the National Charter for Elders, National Policy for Elders, and the draft National Policy for Senior Citizens of 2017. The legal framework includes the Protection of the Rights of Elders Act, No. 9 of 2000 revised in 2011 which, among other things, establishes the institutional framework for the protection of the welfare and rights of the elderly. However, there is no policy specific to statistics.

Some of the challenges identified include the inadequate availability of data on SDGs, inadequate access to data (agencies that need access to data from DCS have to pay, even UN agencies), and

⁷³ Sri Lanka Labour Force Survey. Annual Report 2019. Department of Census & Statistics. Ministry of Finance. Sri Lanka

⁷⁴ United Nations Sustainable Development Framework 2018-2022 Sri Lanka. United Nations in Sri Lanka

⁷⁵ United Nations Population Fund. Terms of reference for the evaluation of the UNFPA 9th country programme 2018-2022. Sri Lanka Country Office. May 2021

⁷⁶ *ibid*

⁷⁷ Asian Development Bank. Country Gender Assessment, Sri Lanka. 2015

⁷⁸ United Nations Population Fund. Terms of reference for the evaluation of the UNFPA 9th country programme 2018-2022. Sri Lanka Country Office. May 2021

⁷⁹

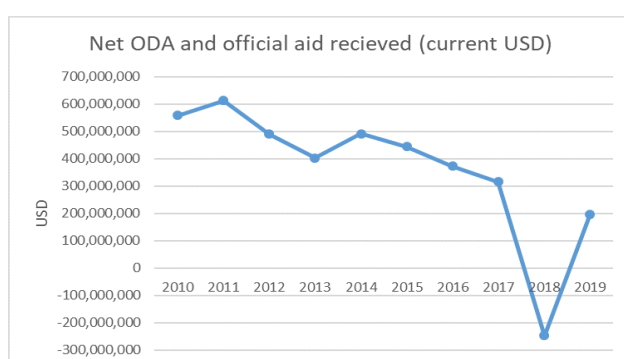
delays in publishing data even when it exists. The current policy position needs to change to allow for optimum access to data, especially through online access. And although the policy and legal framework for aging exists, it does not yet address gender dimensions of aging (“feminization of aging”). UNFPA is also part of the UN Network for the Global Compact on Migration, and will need to review its policy framework to be in line with the global thinking on migration.

2.2 The Role of External Assistance

2.2.1 Overseas Development Assistance

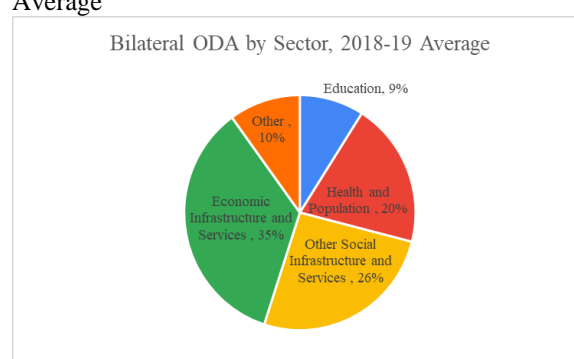
Sri Lanka graduated to a lower Middle-Income Country in 2010.⁸⁰ As expected, official development assistance and official aid received reduced to nearly a third from US\$559 million in 2010 to US\$197 million in 2019. This trend is shown in **Figure 2**. On average, the proportion of bilateral ODA that went to education, health and other social infrastructure is 9 percent, 20 percent and 26 percent⁸¹ as shown in **Figure 3**.

Figure 2: Net ODA and Official Aid Received



(Source: World Bank)

Figure 3: Bilateral ODA by Sector, 2018-19 Average



(Source: OECD/DAC)

This trend is likely to continue, thereby limiting resource availability for the achievement of SDGs including in areas related to UNFPA work.

⁸⁰ UNSDF, Sri Lanka 2018 - 2022

⁸¹ [Workbook: OECD DAC Aid at a glance by recipient_new \(tableau.com\)](#)

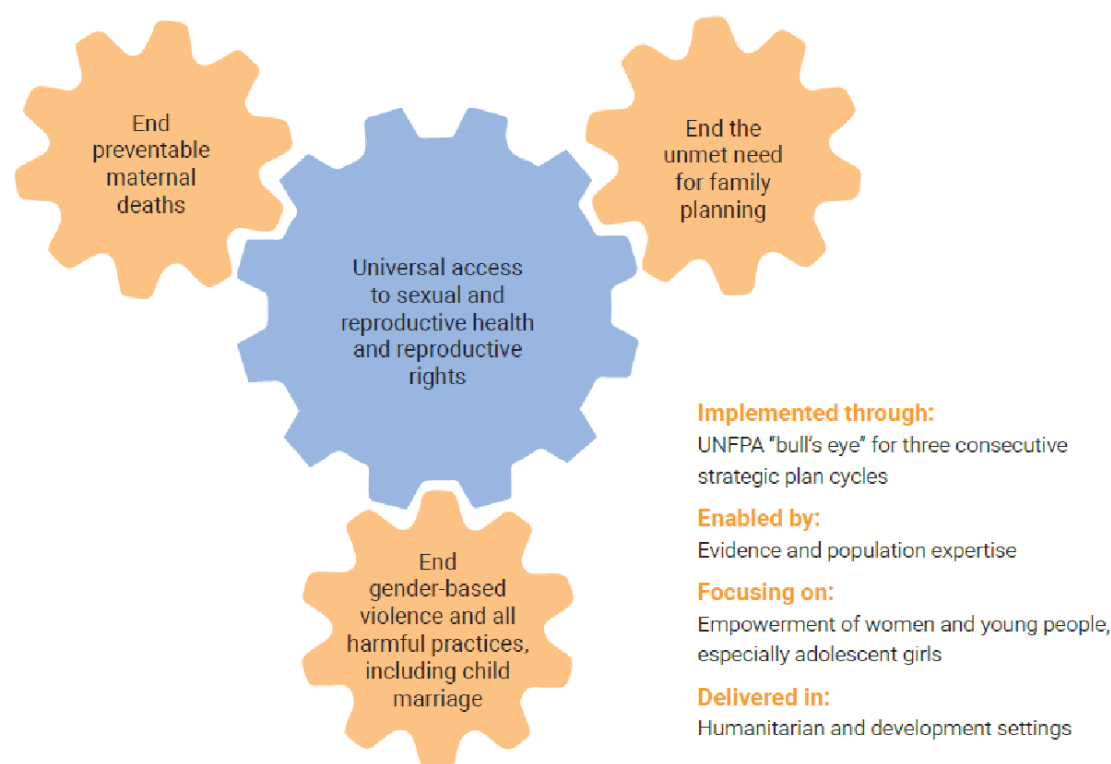
Chapter Three: United Nations / UNFPA response and programme strategies

The UNFPA Sri Lanka 9th Country Programme is guided both by the UNFPA Strategic Plan (2018 - 2021), Sustainable Development Goals, and grounded in the principles of the International Conference on Population and Development (ICPD).⁸²

3.1 UNFPA Strategic Response

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA's strategic goal is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality".⁸³ In order to achieve this goal, UNFPA works towards three transformative and people centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices.

Figure 4: Universal and people centered transformative results



(Source: UNFPA Strategic Plan 2018 – 2021)

These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular, good health and well-being (Goal 3), gender equality and the empowerment of women and girls (Goal 5), reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16) and Global Partnerships (Goal 17). In line with the 2030

⁸² UNFPA Country Programme Document for Sri Lanka (2018-2022)

⁸³ UNFPA Strategic Plan 2018-2021

agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and the furthest behind will be reached first.

The 9th CP was guided by the four outcome areas spelt out in the UNFPA Strategic Plan 2018-2021 summarised in the following paragraphs.

Outcome 1 – Sexual and reproductive health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Outcome 2 - Adolescents and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

Outcome 3 - Gender equality and women’s empowerment: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Outcome 4 - Population dynamics: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

3.2 United Nations Sustainable Development Framework (UNSDF)⁸⁴

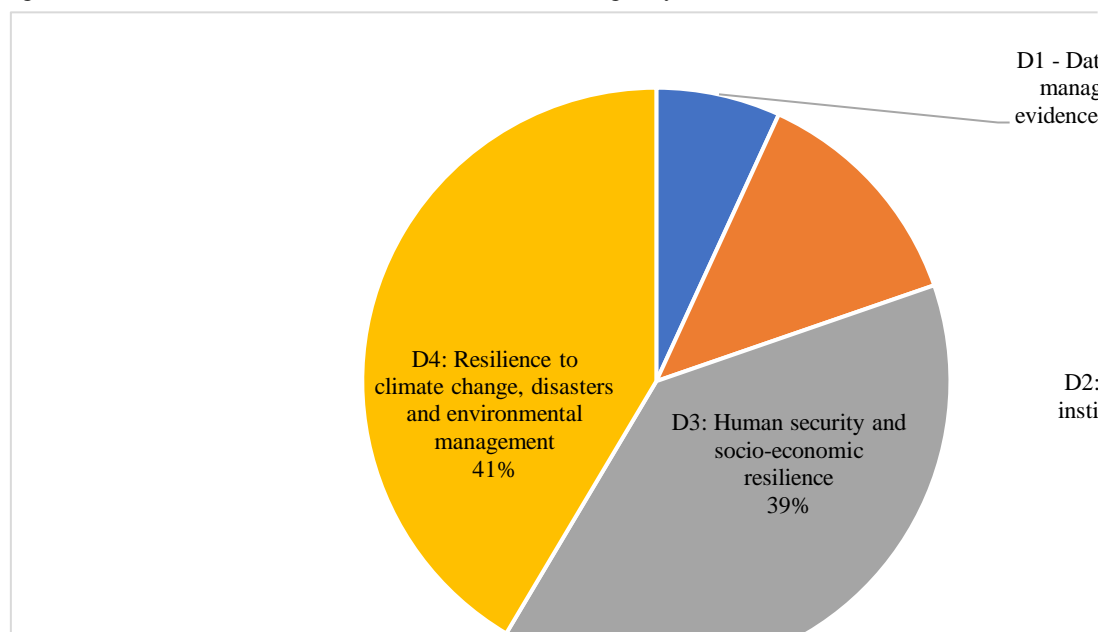
The UNSDF (2018 - 2022) is the strategic programme framework between the Government of Sri Lanka and the UN in the country for the period 2018-2022 developed in line with the principles of the UN delivering as one (DAO). Through the UNSDF, the 13 UN Agencies in Sri Lanka are furthering their mutual agreement and cooperation for the realization of the 2030 Agenda for Sustainable Development and the SDGs and other internationally agreed development goals that the Government and the UN is committed to. The UNSDF drives joint and comprehensive UN work planning and monitoring for results, integrating the full range of UN, national and international partners’ expertise and experience, facilitating the application of normative programming principles in alignment with national development priorities. Four drivers of the UN system in Sri Lanka, as contained within the UNSDF 2018 - 2022, were identified. These include:

- **Driver 1: Towards improved data, knowledge management and evidence-based policy:** By 2022, people in Sri Lanka benefit from improved data and knowledge management to address inequalities and ensure inclusive and responsive decision making.
- **Driver 2: Strengthened innovative public institutions and engagement towards a lasting peace:** By 2022, people in Sri Lanka, especially the marginalised and vulnerable, benefit from more rights-based, accountable, inclusive and effective public institutions, to enhance trust amongst communities and towards the State.
- **Driver 3: Human security and socio-economic resilience:** By 2022, people in Sri Lanka, especially the vulnerable and marginalised groups of children, youth, women, elderly and disabled, benefit equitably from dynamic and responsive social protection systems.
- **Driver 4: Enhancing resilience to climate change and disasters and strengthening environmental management:** By 2022, people in Sri Lanka, in particular the vulnerable and marginalized are more resilient to climate change and natural disasters and benefit from increasingly sustainable management of natural resources, better environmental governance and blue/green development.

⁸⁴ United Nations Sustainable Development Framework 2018-2022 for Sri Lanka

UNFPA contributes to drivers 1, 2 and 3 of the UNSDF. The estimated total resource requirements to achieve the UNSDF results is US\$366.8 million with available funding of US\$160.7 million and the balance to be mobilized in the course of implementation. This is presented in the following figure.

Figure 5: UNSDF Sri Lanka 2018 - 2022 - Common Budgetary Framework



(Source: UNSDF Sri Lanka 2018 - 2022)

(Please note that while the UNSDF refers to “drivers”, the CPD refers the same as “outcomes”. The CPD also refers to UNDAF instead of UNSDF. This report reproduces the text in the relevant document “as is”)

3.3 UNFPA Response through the Country Programme

3.3.1 The Country Programme

The UNFPA Sri Lanka programmatic response to the national development priorities as outlined in the UNSDF for Sri Lanka (2018 – 2022) and in the Public Investment Programme 2017 - 2020 is articulated in the 9th Country Programme Document (CPD).

The 9th CP broadly focused on three UNFPA outcome areas: (a) young people’s SRH and reproductive rights and their meaningful participation in national development and peacebuilding; (b) gender equality, in particular gender-based violence; and (c) data and evidence-based decision-making, on population dynamics, including ageing.

Outcome 2 – adolescents and youth has one output: young people have more opportunities to participate in national development and peacebuilding processes with the knowledge and skills to make informed choices about their sexual and reproductive health and reproductive rights. The two strategies include: (a) rolling-out of comprehensive, gender-responsive reproductive health education that reaches young people in and out of school for improved access to SRH services; and (b) advocacy and support to the participatory development and monitoring processes of national and subnational youth policies, including capacity building of youth organisations to participate meaningfully in policy dialogue, peace building and development planning.

Outcome 3 - gender equality and women’s empowerment has one output: prevent and address gender-based violence through strengthened national policies and systems that advance gender equality and

reproductive rights in development and humanitarian settings to empower marginalized and vulnerable women. The two strategies include: (a) strengthening national frameworks and mechanisms including development and implementation of policies to prevent and respond to GBV through multi-sectoral interventions and use of continuum approach in development and humanitarian settings; and (b) Support development and implementation of policies to ensure women and girls are able to exercise reproductive rights.

Outcome 4 - Population Dynamics has one output: strengthened capacity for use of evidence-based analysis of population data for decision-making at national and subnational level to address inequalities and advance the International Conference on Population and Development and the Sustainable Development Goals. The two strategies include: (a) promoting the importance of disaggregated data and access to data for the development of policies and the monitoring of policy implementation to address inequalities and advance GE, the SDGs framework and the ICPD; and (c) use of demographic data to inform policies related to adolescents and young people, DD and population ageing.

For the geographical scope, the interventions were focused at the National level and four provinces at the sub national level (Northern, Southern, Eastern and Central provinces).

The 9th country programme takes cognizance of the fact that some of the SDG and ICPD targets have been achieved in the country. These includes key reproductive health indicators, such as skilled birth attendance coverage, the maternal mortality rate and coverage of antenatal care, although subnational disparities exist. The national capacity for data generation and analysis is also relatively high. Consequently, the programme focused on the remaining challenges⁸⁵ that is the focus on the three outputs listed above.⁸⁶

Both the previous and current CPs focused on three UNFPA outcomes. However, while the 8th CP focused on the first three outcomes and not on the 4th (population dynamics), the current CP focuses on UNFPA outcomes 2-4 and includes population dynamics.

The output and their contribution to the Public Investment Plan (2017 – 2020), the UNFPA Strategic Plan (2018 – 2021) and the UNSDF (2018 - 2022) outcomes are outlined in the Results and Resources Framework for UNFPA Sri Lanka CPD (2018 - 2022) presented in Table 2 below.⁸⁷

Table 7: Results and Resources Framework for Sri Lanka (2018-2022)

<p>National development priority or goal: Public Investment Programme (2017 – 2020): Create more opportunities for all communities to interact and to see the diverse cultures among them</p> <p>UNDAF Outcome: By 2022, people in Sri Lanka, especially the marginalized and vulnerable, benefit from more rights-based, accountable, inclusive and effective public institutions to enhance trust among communities and towards the State. By 2022, people in Sri Lanka, especially the vulnerable and marginalized groups of children, youth, women, elderly and disabled, benefit equitably from dynamic and responsive social protection systems.</p> <p>Indicator: The extent to which priorities identified in the Peace Building Priority Plan are implemented to achieve the country’s peacebuilding and reconciliation vision.</p> <p><i>Baseline: 10%; Target: 75%</i></p>					
UNFPA Strategic Plan Outcome	Country Outputs	Programme	Output indicators, baselines and targets	Partners	Indicative resources

⁸⁵ UNFPA Sri Lanka 9th CPD

⁸⁶ *ibid*

⁸⁷ UNFPA Sri Lanka CPD 2018 - 2021

<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator:</u> Number of laws, policies and programmes that allow adolescents access to sexual and reproductive health information and services. <i>Baseline: 2; Target: 3</i></p>	<p><u>Output 1:</u> Young people have more opportunities to participate in national development and peacebuilding processes with knowledge and skills to make informed choices about their sexual and reproductive health and reproductive rights.</p>	<ul style="list-style-type: none"> • Number of provinces that have developed comprehensive youth policies in line with the national youth policy <i>Baseline: 4; Target 9</i> • Number of Youth Platforms engaged with the State on peacebuilding. <i>Baseline: 1; Target 2</i> • National education curriculum incorporating comprehensive, gender-responsive reproductive health education for Grade 1-13 implemented <i>Baseline: No; Target Yes</i> 	<p>Ministries of Vocational Training and Skills Development; Health; Education; Higher Education; National Policies and Economic Affairs; Social Empowerment and Welfare; Provincial Councils and Local Government and Institutions; Department of Census and Statistics; Asian Forum for Parliamentarians on Population and Development; University Grants Commission; University of Colombo and other universities; private sector; professional organizations; the media; civil society organizations</p>	<p>\$1.8 million (\$1.0 million from regular resources and \$0.8 million from other resources)</p>
<p>National development priority or goal: Public Investment Programme (2017 – 2020): Zero tolerance to gender-based violence. Reduce incidences of women and child violence and ensure women and child’s rights. UNDAF Outcome: By 2022, people in Sri Lanka, especially the marginalized and vulnerable, benefit from more rights-based, accountable, inclusive and effective public institutions to enhance trust among communities and towards the State. By 2022, people in Sri Lanka, especially the vulnerable and marginalized groups of children, youth, women, elderly and disabled, benefit equitably from dynamic and responsive social protection systems. Indicator: Amount of national budget allocation for gender empowerment and elimination of discrimination against women. <i>Baseline: Sri Lanka Rupees (LKR) 2.83 billion; Target: LKR 5.69 billion</i></p>				
<p>Outcome 3: Gender equality and empowerment of women.</p> <p><u>Outcome indicator:</u> Proportion of actions taken on Universal Periodic Review (UPR) – accepted recommendations on reproductive rights from the previous reporting cycle. <i>Baseline: 0%; Target: 75%</i></p>	<p><u>Output 1:</u> Strengthened national policies and systems to advance gender equality, reproductive rights and to prevent and address gender-based violence in development and humanitarian settings.</p>	<ul style="list-style-type: none"> • National and subnational multisectoral coordination mechanism for prevention and response to gender-based violence established for development and humanitarian settings <i>Baseline: No; Target: Yes</i> • National guidelines and protocols for essential services for women and girls subjected to violence developed and implemented <i>Baseline: No; Target: Yes</i> • Existence of a functioning tracking and reporting mechanism to follow up on implementation of reproductive rights and gender equality recommendations and obligations from treaty bodies. <i>Baseline: No; Target: Yes</i> 	<p>Prime Minister’s Office; Ministry of Women and Children Affairs; Ministry of Health; Ministry of Higher Education; Ministry of National Policies and Economic Affairs; National Human Rights Commission; Department of Census and Statistics; National Forum against Gender-based Violence; Asian Forum for Parliamentarians on Population and Development; private sector; professional organizations; the media; civil society organizations</p>	<p>\$1.5 million (\$1.1 million from regular resources and \$0.4 million from other resources)</p>
<p>National development priority or goal: Public Investment Programme (2017 – 2020): Zero tolerance to gender based violence. Reduce incidences of women and child violence and ensure women and child’s rights. UNDAF Outcome: By 2022, people in Sri Lanka, especially the marginalized and vulnerable, benefit from more rights-based, accountable, inclusive and effective public institutions to enhance trust among communities and towards the State. By 2022, people in Sri Lanka, especially the vulnerable and marginalized groups of children, youth, women, elderly and disabled, benefit equitably from dynamic and responsive social protection systems. Indicator: Amount of national budget allocation for gender empowerment and elimination of discrimination against women. <i>Baseline: Sri Lanka Rupees (LKR) 2.83 billion; Target: LKR 5.69 billion</i></p>				

<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator:</u> Number of surveys conducted, analysed and disseminated that allow for the estimation of key population and reproductive health indicators. <i>Baseline: 2; Target: 3</i></p>	<p><u>Output 1:</u> Strengthened capacity for use of evidence-based analysis of population data for decision making at the national and subnational level to address inequalities and advance International Conference on Population and Development and the Sustainable Development Goals.</p>	<ul style="list-style-type: none"> Data on the prevalence of gender-based violence available for policy-making and development planning <i>Baseline: No; Target: Yes</i> National policy on elderly updated to incorporate sexual rights and feminization of ageing <i>Baseline no Target Yes</i> National database of population data that facilitates mapping of socioeconomic and demographic inequalities for the Sustainable Development Goals monitoring available and accessible. <i>Baseline No; Target Yes</i> 	<p>Ministries of Health; National Policies and Economic Affairs; Social Empowerment and Welfare; Department of Census and Statistics; Provincial Councils and Local Government and Institutions; Asian Forum for Parliamentarians on Population and Development; Elder’s Secretariat; University Grants Commission; University of Colombo and other universities; private sector; professional organizations; the media; civil society organizations</p>	<p>\$0.5 million (\$0.3 million from regular resources and \$0.2 million from other resources</p>
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(Source: UNFPA Sri Lanka 9th CPD)

3.3.2 The Country Programme Financial Structure

There was a significant decline in the indicative budget from US\$12.0 million in the previous (8th) CP to US\$4.1 million in the current (9th) CP, with the indicative budget for regular resources reducing from US\$11.0 million for the previous CP, to a low of US\$2.7 million for the current CP (Table 8).

Table 8: Indicative budget in the current and previous CPs

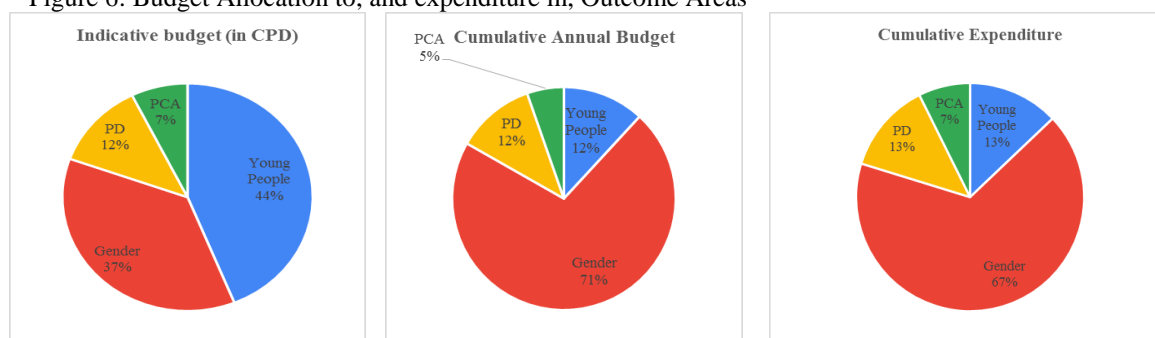
	Regular Resources		Other Resources		Total Amount (US\$)
	Amount (US\$)	%	Amount (US\$)	%	
Current (9 th) CP	2.7	65.9	1.4	34.1	4.1
Previous (8 th) CP	11.0	91.7	1.0	8.3	12.0

However, the cumulative budget for the period 2018-2021 had risen to US\$7.73 million by 2021, with US\$3.32 million (43 percent) from regular resources, and US\$4.40 million (57 percent) from other sources. The increase is mainly from a more than threefold increase in the amount from other sources, especially in 2021 (Table 9).

Table 9: Indicative budget vs cumulative budget (2018-2021)

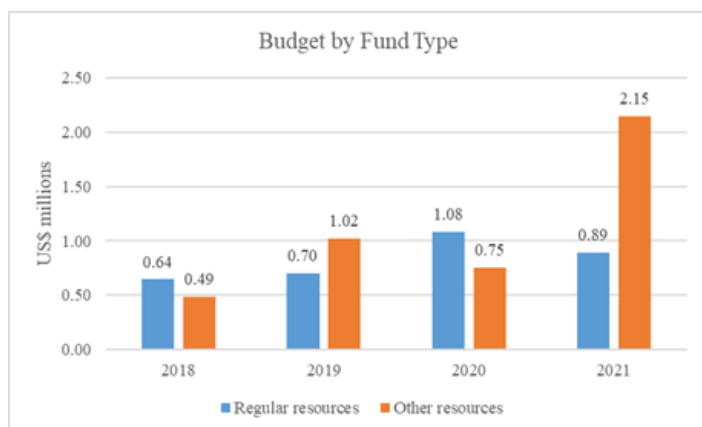
	Indicative budget in CPD (US\$m)	Cumulative Budget 2018-2021 (US\$m)	% Increase
Regular Resources	2.7	3.32	23%
Other Resources	1.4	4.4	214%
Total	4.1	7.73	89%

Figure 6: Budget Allocation to, and expenditure in, Outcome Areas



As can be seen from Figure 7, outcome 2 on adolescents and youth has the highest indicative budget (in the CPD) at 44 percent, followed by outcome 3 on gender equality and women’s empowerment at 37 percent. However, the proportion of the cumulative annual allocation to gender and women’s empowerment increased to 71 percent while that on Adolescents and Youth reduced to 12 percent. Population dynamics had the least allocation in both cases at 12 percent.

Figure 7: Annual Budget by Origin of Funds



Annual budget by fund type is depicted in Figure 7 which shows a significant increase in the budget from other sources in 2021, overtaking budget from regular resources by over 140 percent. Annual budget and expenditure over the 4 years is depicted in Figure 8 which shows an increase in resources over the 4 years. Cumulative budget and expenditure per outcome area is shown in Figure 9 which shows outcome 3 had the highest allocation of resources by 2021.

Figure 8: Total Annual Budget vs Expenditure

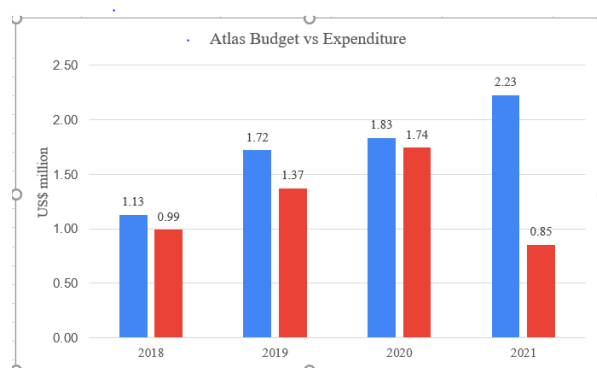
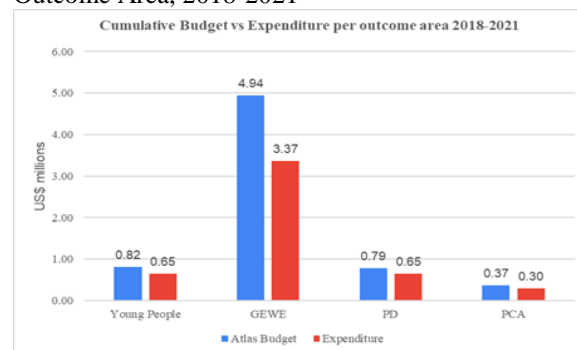


Figure 9: Cumulative Budget vs Expenditure per Outcome Area, 2018-2021



Total expenditure for the period 2018-2020 is US\$4.13 million. The overall implementation rate for the 3 complete years of the programme (2018-2020) is 88 percent, with that related to regular resources at 98 percent, while that related to other resources at 77 percent.

Chapter Four: Findings

4.1 Introduction

This Chapter addresses the questions, and explores assumptions in the evaluation matrix and is based on analysis, synthesis and triangulation of data from multiple sources. The sources included extensive document review; key informant interviews and group discussions with the UNFPA CO staff and representatives of implementing partners and key stakeholders including government agencies, CSOs, UN agencies, UNCT; and focus group discussions with beneficiaries or those who provide direct support to beneficiaries. One site visit was conducted. Interviews and discussions were done virtually.

4.2 Answer to evaluation questions related to relevance

EQ1: To what extent is UNFPA support (i) addressing the varied needs of the population, including the needs of marginalized and vulnerable groups (women and girls, youth, persons with disabilities, older persons, etc.); and (ii) aligned with the priorities set by relevant international and national policy and normative frameworks including international human rights agreements, ICPD, SDGs, the UNFPA Strategic Plan 2018-2022, UNSDF 2018 – 2022; and national policies and programmes?

EQ2: To what extent has the country office been able to respond (i) to changes in national needs and priorities, including those of vulnerable or marginalized communities, or to crisis situations or major political changes; and (ii) to specific/ad-hoc/urgent request caused by humanitarian and health emergencies (COVID-19, floods, droughts etc.)?

Summary of Findings

- The 9th CP is aligned to the ICPD, SDGs, and to the UNFPA Strategic Plan 2018 – 2021, and contributed directly to the UNSDF Sri Lanka 2018 – 22.
- It is also aligned to national priorities and addresses the needs of diverse population groups including the marginalised and vulnerable groups (women and girls, youth, the aged, and PWDs).
- UNFPA responded appropriate to changing circumstances including the humanitarian crises brought about by the COVID-19 pandemic. It also responded to the recommendations of the 2016 Mid Term Review

Challenges: UNFPA work is challenging due to religious, cultural and political sensitivities.

4.2.1 Addressing the varied needs of the population

The 9th CP addressed the varied needs of the population including the needs of the marginalized and vulnerable groups. Specifically, the CP addressed the needs of the women and girls and in particular had a strong focus on the survivors of sexual and gender-based violence (GBV) including intimate partner violence (IPV), the youth, persons with disability and older persons (document review, KIIs, FGDs). Systematic identification of the needs of the population especially those of the most vulnerable and marginalised was mainly achieved through the Common Country Analysis (CCA)⁸⁸ of 2016 which informed the formulation of the UNSDF 2018-2022⁸⁹. The CCA took stock of

⁸⁸ United Nations Country Team (October 2016). Common Country Analysis (CCA).

⁸⁹ United Nations Sri Lanka and Government of Sri Lanka. United Nations Sustainable Development Framework (UNSDF), Sri Lanka 2018-2022

economic, political, social, cultural and environmental realities in Sri Lanka and their impact on the population in terms of human development, analysed the different types of vulnerabilities faced by the people – particularly the most vulnerable and disadvantaged groups. The CCA further identified the development challenges and their causes and priorities to be addressed through the UNSDF and UN agencies CPs including through the UNFPA 9th CP.⁹⁰

Understanding the needs of the population especially the most disadvantaged to inform its interventions has been an ongoing process for UNFPA in Sri Lanka. The study on Sexual Harassment in Public Transport (2015)⁹¹ which is again articulated in the Policy Issue of 2017⁹² helped to obtain a comprehensive understanding of the prevalence, incidence, frequency, nature and extent of sexual harassment on public transport. Other studies and surveys during the period that furthered this understanding include the Women Wellbeing Survey (2019)⁹³ with a focus on intimate partner violence (IPV), Family Planning Needs, Awareness, Practices and Barriers in Sri Lanka (2020)⁹⁴ aimed at designing an effective communication strategy for, and repositioning family planning in Sri Lanka; and the KAP study of School Children’s SRH Education (2018)⁹⁵ to identify the current status of knowledge and attitudes of school children’s sexual and reproductive health education, and its causes in Sri Lanka to support the CSE intervention.

The selection of the target groups for UNFPA supported interventions in the CPD and the AWP is consistent with the identified needs as well as national priorities (as reflected in the Sri Lanka Government policies) and focused on the most vulnerable and marginalized and those most left behind. These targeted groups included women (especially potential and actual survivors of GBV and IPV), the youth and adolescents (in school and out of school), the elderly, and to some extent the PWDs⁹⁶ and those not hitherto reached with information because of language barriers.⁹⁷ However, the lack of disaggregated information undermines evidence of their participation in and the determination of the extent to which these groups are impacted by the interventions.

4.2.2 Alignment with ICPD PoA, 2030 Agenda and other international frameworks

The UNFPA Sri Lanka 9th Country Programme is grounded in the principles of the International Conference on Population and Development Program of Action (ICPD PoA), Beijing Platform of Action and ICPD 25+. It is also aligned with other international conventions including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); Convention on the Rights of the Child (CRC); Global Accelerated Action for the Health of Adolescents Framework (AA-HA); Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030); the International Convention on Civil and Political Rights (ICCPR); UNSCR 2250 (2015) on youth, peace and security; and other international human rights conventions (document review).

The 9th CP is aligned with Global 2030 Agenda for Sustainable Development and SDGs, guided by the principle of “*leaving no one behind*” and “*reaching the furthest behind*”. In particular, it is aligned to: Goal 3 on good health and well-being (specifically targets 3.1 on maternal health, 3.2 on child health, and 3.7 on ensuring universal access to SRH-care services, including the integration of RH into national strategies and programmes.); Goal 5 on gender equality and the empowerment of women and girls (specifically targets 5.1, 5.2 and 5.3 on ending all forms of discrimination and

⁹⁰ UNFPA Sri Lanka 9th Country Programme Document 2018-2022

⁹¹ UNFPA (December 2015). Sexual Harassment in Public Trains and Buses (unpublished).

⁹² UNFPA (March 2017). Population Matters – Policy Issue 04

⁹³ Department of Census and Statistics, UNFPA, Canada (2019). Women Wellbeing Survey. Sri Lanka

⁹⁴ Family Health Bureau and UNFPA Sri Lanka (November 2020). Family Planning Needs, Awareness, Attitudes, Practices and Barriers in Sri Lanka

⁹⁵ Ministry of Education and UNFPA Sri Lanka (March 2018). Analysis of Knowledge and Attitudes of School Children’s Sexual and Reproductive Health Education and Its Causes

⁹⁶ Example - the initiative to publish statistical information in braille

⁹⁷ Example – the publishing of statistical information in more than one language

eliminating all forms of violence and harmful practices against all women and girls respectively, 5.6 on ensuring universal access to SRH and reproductive rights, in addition to 5.c on strengthening policies and laws for the promotion of gender equality and the empowerment of women and girls.); Goal 10 on reducing inequalities; Goal 16 on promoting peaceful and inclusive societies and effective, accountable and inclusive institutions; and Goal 17 on strengthening the means of implementation (especially target 17.18 and 17.19 on capacity building increase availability of high quality, timely and reliable and appropriately disaggregated data; and supporting statistical capacity building respectively). The CP also supported initiatives to achieve target 17.6 on enhancing South-South Cooperation on access to science, technology and innovation (document review⁹⁸).

4.2.3 Alignment with UNFPA Strategic Plan and UNSDF

The CP is fully aligned with, and supports the four outcomes of the UNFPA Strategic Plan 2018-2021). The CP directly addresses outcomes 2 on adolescents and Youth, 3 on gender empowerment and women's empowerment and 4 on population. Although outcome 1 on SRH is not directly addressed, it is mainstreaming into the other outcome areas especially outcome 3 (document review⁹⁹).

The CP is also aligned with the UNSDF Sri Lanka 2018 – 2022 and supports three of the four drivers: Driver 1 - towards improved data, knowledge management and evidence-based policy; Driver 2 - strengthened innovative public institutions and engagement towards a lasting peace; and Driver 3 - Human security and socio-economic resilience (document review¹⁰⁰).

4.2.4 Relevance and responsiveness of the 9th CP to the country's priorities

The 9th CP is aligned to the Constitution of the Democratic Socialist Republic of Sri Lanka which enshrines human rights to all citizens. The CP is also aligned to national policies and strategies related to the four thematic areas of UNFPA. Specific policies are discussed against the relevant UNFPA outcome areas.

Sexual and Reproductive Health and Rights

Although the CP did not expressly address this outcome area, it is mainstreamed into the other outcome areas especially outcome 3 on gender equality and women's empowerment. National policies that the CP is aligned to include: National Health Policy (1996), National Policy on Maternal and Child health (2012); National Strategic Plan for Maternal and Newborn Health (2017-2025); National Strategic Plan on Adolescents and Youth Health (2018-2025) and Population & Reproductive Policy (1998).

Adolescents and Youth

The 9th CP is aligned to the Constitution of Democratic Socialist Republic of Sri Lanka which ensures right to education in Article 27(h), and national policies including: The National Youth Policy (2014); The National Strategic Plan for Adolescents and Youth Health (2018-2025); Population and Reproductive Health Policy (1998), National Maternal and Child Health Policy (2017-2025); National Strategic Plan on Adolescent and Youth Health (2018-2022); National HIV/AIDS policy (2011), National Mental Health Policy (2015), Gazette on Compulsory Education 5-14 years on compulsory

⁹⁸ [THE 17 GOALS | Sustainable Development \(un.org\)](#); UNFPA Sri Lanka 9th Country Programme Document 2018 – 2022, and annual work plans.

⁹⁹ UNFPA Strategic Plan 2018 – 2021; UNFPA Sri Lanka 9th Country Programme Document 2018 – 2022 and annual work plans

¹⁰⁰ United Nations Sustainable Development Framework for Sri Lanka (UNSDF), 2018 – 2022; UNFPA Sri Lanka 9th Country Programme Document 2018 – 2022 and annual work plans

education (1997 Gazette no: 1003/5), National Policy on disability (2003), Outcome 2 of the Peace building Priority Plan (PPP) of Sri Lanka (2016)¹⁰¹.

Gender Equality and Women's Empowerment

The 9th CP is aligned with the following national policies: Policy Frame Work and National Plan of Action to Address GBV in Sri Lanka (2016-2020), National Health Policy (1996), National Policy on Maternal and Child health (2012), National Strategic Plan for Maternal and Newborn Health (2017-2025), National Strategic Plan for Adolescent and Youth Health (2018-2022), Population & Reproductive Policy (1998), Prevention of Domestic Violence Act 2005, Plan of Action supporting prevention of Domestic Violence (2005), National Mental Health Policy (2015), Trafficking & Violence Prevention Act (TVPA) (2000), National Action Plan for the Protection and Promotion of Human Rights and guidelines for a code on sexual harassment (period, date?) and National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka (2017).

The 9th CP is also aligned with the policy document of H.E. the President - Vistas of Prosperity & Splendour 102 (2019) which is the overarching national vision. Although it came to be after the 9th CP was in place, it recognises the priorities included in the 9th CP especially under the section on “a productive citizen and a happy family”. This includes the need to respond to the increasing trend of GBV in the country, the need for increased involvement of the youth in the national discourse and peace building.

Population Dynamics

In the population dynamics outcome area, the 9th CP is aligned to the various statistics and census ordinances and laws including the Census Ordinance Act No. 16 of 1981, Census (Amendment) Act No. 55 of 2000. It is also aligned with policies laws on the elderly and senior citizens including: The National Policy for Elders Sri Lanka (undated); The National Policy for Senior Citizens Sri Lanka (2017); and the Protection of the Rights of the Elders Act No. 9 of 2000, and Protection of the Rights of Elders (Amendment) Act No. 5 of 2011. There is no national policy or strategy on statistics.

On the construction of the NTA, no government agency was involved from the beginning, raising the issue of ownership, and delayed access to data and capacity building for government counterparts. However, the NPD has since assumed full ownership and seeks to fully train its own staff to further efforts related to the exercise including fully exploiting the policy development value of the NTA and undertaking such an exercise in the future (document review, KIIs).

4.2.5 Response to changes in national priorities and specific requests

The main crisis during the period was the global COVID-19 pandemic that had significant social economic effect on Sri Lanka. Others include the Constitution crisis in 2018, Easter Sunday Bomb attack in April 2019, presidential and parliamentary elections in November 2019 and March 2020 respectively. The latter disrupted the governance structures with change of government officials creating challenges in continuity of planned interventions. The bomb attack created communal violence specifically targeting family planning.

The UNFPA CO worked closely with government agencies and was responsive and professional. It provided IT facilities that enabled continuation of training online. It also procured and provided personal protective equipment, hygiene kits, family planning commodities which were in short supply, and responded to the higher levels of GBV and IPV incidences through support for the availability of hotlines and 6 shelters (document review, KIIs, FDGs). UNFPA developed a strong

¹⁰¹ *ibid*-1

¹⁰² Sri Lanka Podujana Peramuna. Vistas for Prosperity & Splendour

partnership with the Ministry of Disaster Management and provided support in responding promptly to the needs of marginalized and vulnerable groups. The response included provision of hygiene and dignity kits which were handed to DMC and distributed to people through the island-wide 25 DM centres during the COVID 19 pandemic. The development of the Handbook for Safety Centers was done in 2021 under the Ministry of Health with UNFPA contributing to the section on the needs of women and girls during disaster situations (other partners being UNICEF and IOM); and Gender Hand Book for DMC staff on addressing issues of women and girls was also developed. The increase in religious following the Easter attacks resulted in the spread of myths and misconceptions about FP and population growth. UNFPA together with WHO responded through media advocacy to address these myths and misconception. Further, the CO developed and implemented the PROMISES project to address the above challenges stemming from communal tensions. To improve uptake, undertook efforts to reposition FP through raising awareness and designing advocacy programs. (Document review¹⁰³, KIIs with CO).

4.2.6 Responsiveness to the recommendations of the Mid-Term Review (2016)

The design of the 9th CP 2018 – 2022 was responsive to, and took into account, the recommendations of the Mid-Term Review (2016)¹⁰⁴. On recommendation 1 on data driven advocacy and communications, UNFPA undertook initiatives to increase availability of data and analysis to support policy advocacy, including supporting the Women Wellbeing Survey and the construction of the National Transfer Accounts. The CO also assisted in efforts to improve online availability, communication and distribution of data by the Department of Census and Statistics. On recommendation 3 – the CO undertook innovative communication and advocacy initiatives including increased media engagement, use of ICT and theatre to communicate SRH and GBV messages. On recommendation 5, greater effort was given to developing partnerships and resource mobilization that resulted in increased funding and enhanced interest in UNFPA’s thematic areas from donors. The CO also improved the working relationship with government agencies that has seen improved engagement and ownership of UNFPA supported initiatives.

However, on recommendation 2 on a “culturally fit framework”, the CO continues to face a culturally, socially, religiously and politically challenging environment for the advancement of its core outcomes, that will require continued engagement and innovative approaches to be effective.

4.3 Answer to evaluation questions related to effectiveness

EQ3: To what extent have the outputs of the 9th CP been achieved and to what extent has the achievement of these outputs contributed towards the 9th CP outcomes on adolescent & Youth, Gender Equality and Women’s Empowerment and Population Dynamics and contributed to the making progress on the achievement of relevant SDGs? How adequate was the theory of change underlying the results chain logic?

EQ4: To what extent has the programme integrated the cross-cutting issues of gender equality, disability inclusion and human rights-based approaches? To what extent has UNFPA ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, etc.) have the information they need to have protection against violence and have access to life-saving services during humanitarian situations?

Summary of Findings

- Although a number of the output targets were not fully met, the CO achieved significant results in all the thematic areas of UNFPA.

¹⁰³ PROMISES reports

¹⁰⁴ UNFPA Sri Lanka (2016). Mid Term Review 2013-2017

- For outcome 2 on adolescent and youth, the CO supported interventions that provided platforms for youth participation, and enhanced their capacity for policy dialogue. It also supported the achievement of increased capacity for the implementation of CSE in and out of school. However, progress has been slow due to religious, political and cultural challenges.
- For outcome 3 on gender equality and women's empowerment, significant results were achieved with UNFPA contribution. This includes the generation of increased evidence and knowledge, improved policies and tools, and increased capacity for the prevention and response to GBV.
- On outcome 4 on population dynamics, UNFPA CO supported the generation of additional data and evidence on GBV / IPV, and the development of important knowledge products including the construction of the NTA during the period with significant potential to support policy and programmatic interventions, with NTA already influencing retirement age. The evidence and knowledge products are already influencing policy change and political conversations. UNFPA is also supporting strategic improvements DCS communication with potential for a paradigm shift and far-reaching improvements on how government communicates statistical information, with greater inclusion and reach including for marginalised and vulnerable groups.
- However, the results chain logic underlying the theory of change has inadequacies mainly in the definition of indicators.

Challenges: UNFPA is working under challenging religious, cultural and political context especially related to the issues it focuses on. The frequent changes in government, and lack of national ownership of the issues involved and their solutions has slowed progress in key areas. The advent of the COVID-19 pandemic also slowed progress in many areas.

The results chain logic

The results chain logic in the CP is sound, but has inadequacies in all the three outcome areas, mainly as far as the indicators are concerned. This is explained in the following paragraphs:

For Outcome 2: Adolescents and Youth, the results chain logic is adequate except for the baselines and targets. The key interventions: implementation of the CSE and building the capacity of the youth to participate and contribute to the issues that affect them have the potential of empowering the youth with skills and knowledge to make informed choices, and to have access to SRH and reproductive rights in all contexts. However, on indicators, there were no provincial youth policies identified at baseline. Therefore, the baseline is not 4 but 0. The same on youth platforms – none was identified at baseline, making the baseline 0. At the same time, although it was the globally accepted standard, it was unrealistic to embark on the development of the curriculum from grades 1 to 13 within the context of Sri Lanka's political, religious and social context during the 9th CP.

For Outcome 3: Gender Equality and Women's Empowerment, the results chain is underlying the theory of change is sound. The focus on national policies, mechanisms and systems have the potential to prevent and address GBV / IPY and advance gender equality and women empowerment and reproductive rights. However, the outcome indicator refers to reproductive rights. However, Universal Period Review country report refers to the total recommended actions and those accepted by the government. In the 3rd cycle ending in 2017, 76.9 percent (177 out of 230) of recommended actions were accepted. The next cycle ending in 2022 will provide the next value of this indicator. Therefore, the baseline for the outcome indicator is not 0, but 76.9 percent. Secondly, the first output indicator does not provide clarity that UNFPA was to support a select few divisions within a few districts (in this case only 2), as a pilot whose success can be replicated in the other areas. Thirdly, the review of existing policies, policy briefs and protocols on GBV response was meant to inform the development of appropriate national policy framework for GBV but there is no indicator measure this.

For Outcome 4: Population Dynamics, the results chain logic is also sound. The interventions: the survey on GBV prevalence, the updating of the national policy on the elderly, and the development of a national database on population data that is accessible has potential to contribute to the achievement of the output: improved capacity for use of evidence-based analysis of population data. However, the output should also have included the generation of data that was supported by UNFPA during the period. On indicators, the outcome indicator: “Number of surveys conducted, analysed and disseminated...” with the target of one additional survey appears narrow, and is easily satisfied by one survey e.g., the Women Wellbeing Survey conducted during the period, and fully tracked by the first output indicator. The second indicator on national policy on the elderly is not supported by adequate effort from UNFPA and / or other partners to achieve.

UNFPA further supported the achievement of additional results during the 9th CP that are consistent with its mandate and strategic positioning. This includes support for enhanced capacity for the conduct of the census, communication, data visualization, the construction of the National Transfer Accounts, and the support for the capacity building of the Senior Citizens Committees in emergency preparation.

4.3.1 Adolescent and Youth

The following table presents a summary of achievements against CP output indicators during the period 2018 – 2021.

<p>UNFPA Strategic Plan Outcome: Adolescents and Youth - Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p> <p>Outcome indicator: Number of laws, policies and programmes that allow adolescents access to sexual and reproductive health information and services. Baseline: 2, Target: 3</p> <p>There are no additional law, policy or programme to meet the target in the 9th CP. This outcome target was therefore not achieved.</p>		
<p>Country Programme output: Young people have more opportunities to participate in national development and peace building processes with knowledge and skills to make informed choices about their sexual health and reproductive rights.</p>		
Output Indicators, Baseline and Targets	Key interventions	Achievements Against Output Indicators
<p>Number of provinces that have developed comprehensive youth policies in line with the National Youth Policy.</p> <p>Baseline: 0, Target: 4</p>	<ul style="list-style-type: none"> Advocacy and capacity building for development of provincial youth policies working together with the provincial council administration officers. 	<p>Target partially achieved.</p> <p>4 policies and costed action plans for Northern, Eastern, Southern and Central Provinces were drafted and ready to be presented to the Provincial Council when a new administration is elected.</p>
<p>Number of youth platforms engaged with the State on peace building.</p> <p>Baseline: 0, Target: 2</p>	<ul style="list-style-type: none"> Support establishment of partnership platforms for youth and their engagement in policy dialogue 	<p>Target partially achieved</p> <p>Youth Peace Panel was established, but limited results achieved during the period. Steering committees were established at the provincial levels</p>

		with the participation of youth and other stakeholders and were engaged in the development of the youth policies and action plans.
<p>National education curriculum incorporating comprehensive, gender responsive reproductive health education for Grade 1 to 13 implemented.</p> <p><i>Baseline: No, Target: Yes</i></p>	<ul style="list-style-type: none"> • Survey conducted on Knowledge, Attitude and Practices (KAP) among young people, parents and teachers on SRHR. • Evidence – based advocacy for political and policy makers on CSE. • Developed curriculum and manual and training materials for Grade 12 teachers and teacher trainers; and e-learning tools (mobile apps, interactive games) as an alternative learning opportunity for adolescents in and out of school. • Sensitization and capacity building for government ministries, school principals, teacher educators, in-service-advisors, and teachers. • Capacity building for responding to GBV incidences in schools including upgrading infrastructure, IT facilities and capacity building of healthcare workers of youth friendly health services (Yowun Piyasa) of Ministry of Health to deliver friendly services and data management system. Also included sensitization of Ministry of Youth Affairs and police officers to create and enabling environment to access services. 	<p>Target not achieved</p> <p>Only the national curriculum for Grade 12 incorporating comprehensive, gender responsive reproductive health education was approved by the Parliamentary Select Committee.</p>

The achievement of planned results

Results achieved include the establishment of the Youth Peace Panel at the national level, the draft of 4 provincial youth policies and action plans with the engagement of the steering committee set up at the provincial level, and enhanced capacity for the implementation of CSE in and out of school and institutional capacity for responding to SGBV incidences in the school system. However, full achievement of the results in this outcome area was marred by socio-political and religious challenges and those related to the COVID-19 pandemic. There appears to be little likelihood to make substantial progress during this CP cycle.

Promoting the participation of youth and women in peace building process

UNFPA, with UN Women and UN Volunteers promoted and enhanced the capacity of youth and women to participate in the peace building process. This provided women and youth from diverse populations (ex-combatants, youth from poor socio-economic backgrounds, war widows, people with disabilities, school children, youth from different ethnic groups) the opportunity to engage in peace building and develop capacity in policy development. The project was implemented in the Northern, Southern, Eastern and Central Provinces. (Document review¹⁰⁵)

Regional youth consultations / platforms

Around 400 youth participated in the four regional youth symposiums and it was followed by a national level youth symposium. The project design was such that a group of youth from each province participated in the provincial platform, and then a select group from the provincial level moved to the next level and participated at the national level. This resulted in the national level platform having a diverse group of youth (ex-combatants, war disabled youth, war widows, plantation workers, school children from poverty-stricken backgrounds, marginalized castes, different ethnic groups). During the consultations a variety of topics were discussed including peace building, social cohesion, unemployment, peace, security, access to education, access to technology, language barriers, conflict resolution, myths and misconceptions on SRHR. The platforms provided them the opportunity to strengthen their knowledge on peace, conflict, social cohesion, SRHR and skills in decision making and community mobilization and values to respect other cultures and religions and tolerance. The youth expressed the usefulness and value of bringing together various groups giving them the opportunity to discuss cultural and religious diversities and the need to respect each other's differences. They were able to acquire the correct knowledge on SRHR and dispel the myths and misconceptions doing the rounds on social media which fuel communal disharmony. As a result, nearly 80 percent of youth had a positive change in their attitude on peace building that has led them to work towards national, provincial and community level peace building initiatives¹⁰⁶ (document review). Some were able to use the correct SRHR knowledge they gained to prevent a misunderstanding which was brewing in a particular community. The greatest achievement for the youth was the opportunity given to grass root level youth to directly engage with the key government stakeholders to share their views and contribute to the development of youth policies and initiatives at sub national level. (FGD with youth involved in the peace platforms).

Establishment of the National Youth Peace Panel and engagement in policy dialogue

At the national symposia, the formation of the Youth Peace Panel was discussed in groups and thereafter the groups presented their thoughts on its purpose and structure. At the symposia, the youth were asked to apply for the membership of the youth peace panel. This was also advertised in the newspapers and in social media. There were several interviews and 30 (20 male, 10 female, eventually reduced to 22 active members) youth selected to be members of the national peace panel. The capacity of the Youth Peace Panel was enhanced on policy advocacy to increase their political participation including in advocating for increased youth nominations in local council elections to 25 percent, mitigate the harmful messages on social media, and influence the inclusion of peace education into the school curriculum. The activities of the National Youth Panel did not proceed

¹⁰⁵ Peace Building Fund –Project Report 2020).

¹⁰⁶ UNFPA Peace building Fund Project Report 2020 and Center for Poverty – Evaluation Report 2021 on Participation of Youth and Women in the Peace building Process

mainly due to the COVID-19 pandemic (document review¹⁰⁷, KIIs with IPs, CO and FGD with the youth [2 male, 1 female]).¹⁰⁸

Enhanced youth participation in policy development

Steering committees comprising officers from the provincial office, youth and other stakeholders were formed in each of the four provinces. UNFPA supported steering committees in the four provinces to develop provincial youth policies working together with the provincial council administration officers. The policies and action plans are still in draft as they are yet to be presented to the provincial councils for consideration, approval and implementation, the reason being the councils are yet to be elected (document review, KIIs with Ips, CO and FGD with the youth).

The respective draft provincial youth policies emphasize different issues in line with provincial priorities that include: youth participation in development and peace building; good governance; health including access to SRHR information and services; right to education, employment and voting; gender equality and empowerment of women, GBV and early marriages; and life skills. The target groups again differ in emphasis depending on the province but generally include poor families, marginalized and vulnerable groups, key populations, PWD, ex-combatants, women headed households, orphans, estate workers. Those most affected by war emphasize peacebuilding and dealing with marginalized groups affected by war including ex-combatants¹⁰⁹ (document review).

Implementation of the CSE curriculum for in and out of school youth

During the 9th CP, the CO put effort and resources into the implementation of the CSE curriculum but achieved modest results. This included obtaining Parliamentary Committee approval, the development of age appropriate, gender responsive comprehensive reproductive health education curriculum for grades 6-13, and enhanced awareness and capacity for the implementation of the curriculum. Institutional capacity for responding to GBV incidences in the school system was also enhanced.

The teacher training curriculum and training manual for Grade 12 was developed with UNFPA technical and financial support and approved by the Select Parliamentary Committee in 2019 (*KII – high level officials of the Ministry of Education, Ministry of Health, CO*). The approval was as a result of UNFPA policy advocacy efforts using the KAP study on CSE¹¹⁰ to support evidence-based policy briefs with government officials, media personnel, and also generation to generation dialogues to talk about CSE in school (document review, KIIs with CO).

Enhanced awareness and capacity for the implementation of CSE curriculum for teachers and teacher educators

UNFPA supported the Ministry of Education on the sensitization and capacity building for the implementation of the CSE in schools. This included the development of CSE training materials for teachers and teacher educators; sensitization and capacity building for government ministries, school principals, teacher educators, in-service-advisors, and teachers. However, limited numbers of teachers (n=400) were trained with UNFPA support and no commitment from the government to continue with this effort was forthcoming by the time of the evaluation. The political situation including changes in government and religious tensions seemed to have significantly adversely impacted on the progress of

¹⁰⁷ UNFPA Final Peace building Fund Project Progress Report 2020

¹⁰⁸ Final Peace building Fund Project Progress Report 2020 and FGD with 2 males and 1 female from the peace panel

¹⁰⁹ Draft provincial youth policies for Northern, Eastern, Southern and Central provinces

¹¹⁰ UNFPA and Ministry of Education. An analysis of knowledge and attitudes of school children's sexual and reproductive education and its causes. 2018

the implementation of the CSE in schools (document review¹¹¹, KIIs with ministries of education and health).

UNFPA also supported capacity building of vocational training instructors (n=672) in both public and private sector in SRHR and delivering CSE. The support included the preparation of e-learning tools (an online booklet) as an alternative learning opportunity for adolescents in and out of school. University students of 9 universities were sensitized using theater performances to improve SRHR knowledge and available services (document review¹¹², KIIs with CO and ministry of education and health).

Repositioning youth friendly health services

UNFPA supported efforts to reposition youth friendly services. First, UNFPA supported FHB to conduct the National Review on Adolescents and Youth (2019) on the implementation of youth friendly health services with representation of preventive and curative sectors from all the districts across the country. Participants were from all categories (n=130) including the medical officers working in Youwun Piyasa, Medical officers of Health, Medical Officer- Maternal and Child Health, Supervising Public Health Inspectors, Public Health Nursing officers (KIIs with FHB and document review).

Secondly, UNFPA supported the repositioning youth friendly health services (Yowun Piyasa) by providing office furniture and clinical equipment which has improved the ambience in the 29 centers. The centers were also provided with ICT system for data management (KIIs with FHB). The Family Health Bureau conducted capacity building for 35 medical officers and nurses working in Yowun Piyasa (Reference - Family Health Bureau, Annual Report 2019). Thirdly, UNFPA supported the development of a training manual and online training for two hundred and fifty (n=250) youth educators from the Ministry of Youth Affairs and Sports were trained on-line (KII –Focal Point-FHB and Family Health Bureau, Annual Report 2019). To create an enabling environment for youth to access health services, 700 police officers from 6 districts were also trained, an effort led by a Senior Deputy Director General of Police who also assured of better collaboration between youth programmes and the police. (KIIs with FHB and CO, document review - UNFPA and FHB)

Integration of human rights, gender equality and disability inclusion

The adolescents and youth interventions have integrated gender, disability and human rights across CSE and peace building interventions. For example, the peace building consultations included a diverse group of youth and women belonging to different ages, cultural and religious backgrounds, sexual identities and orientations, persons with disabilities, rural and urban poor groups, estate sector population for the provincial consultations / platforms and peace panels. The leader of the youth peace panel is a female. The representation at the sub-committee and youth peace panel had no gender, ethnic, religious or socio-economic bias. At the same time, the draft provincial youth policies developed with UNFPA support integrate issues of diverse groups including marginalized and vulnerable groups, key populations, gender and those affected by war.¹¹³ (Document review, FGDs with the youth – 2 groups). CSE teacher and teacher trainers' curriculum addresses issues of understanding gender, values, rights and culture which is consistent with the integration referred to in this section.¹¹⁴ (document review)

Challenges

¹¹¹ UNFPA annual reports

¹¹² UNFPA annual reports

¹¹³ Draft provincial youth policies

¹¹⁴ Ministry of Education. Teachers and teacher trainers CSE training curriculum.

Challenges that affected the interventions in this outcome areas includes the constitutional crisis of 2018, the dissolution of the provincial councils, political factors including changes of government, and cultural and religious tensions especially after the Easter Bombing.

4.3.2 Gender Equality and Women’s Empowerment

The following table presents a summary of achievements against CP output indicators during the period 2018 – 2021.

<p>UNFPA Strategic Plan Outcome: Gender equality and women’s empowerment - Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> <p>Outcome indicator: Proportion of actions taken on Universal Periodical Review - accepted recommendations on reproductive rights from the previous reporting cycle. <i>Baseline: 0, Target 75%.</i></p> <p>Universal Period Review country report refers to the total recommended actions and those accepted by the government. In 2017, Sri Lanka faced the 3rd cycle of the UPR and 76.9 percent (177 out of 230) of recommended actions were accepted¹¹⁵. The next cycle ending in 2022 will provide the next value of this indicator covering the period of the 9th CP. Therefore, the baseline for the outcome indicator is not 0, but 76.9 percent.</p>		
<p>Country Programme output: Strengthened national policies and systems to advance gender equality, reproductive rights and to prevent and address gender-based violence in development and humanitarian settings</p>		
Output Indicators, Baseline and Targets	Key interventions	Achievements Against Output Indicators
<p>National and subnational coordination mechanism for prevention and response to gender-based violence established for development and humanitarian settings</p> <p><i>Baseline: 0, Target: yes</i></p>	<p>Subnational coordination mechanism for multisectoral prevention and response to GBV piloted in 4 divisions in 2 districts. This involved:</p> <ul style="list-style-type: none"> • Mapping of service providers in select divisions and districts. • Development of SOPs and guidelines for a coordinated response to GBV with referral linkages with multi-sectoral participation. • Building subnational capacities of service providers to strengthen the referral pathway for GBV survivors and survivors with a special focus during humanitarian settings 	<p>Target partially achieved</p> <p>Subnational coordination mechanism for multi-sectoral prevention and response to gender-based violence has been established for development and humanitarian settings based on a pilot in two selected districts involving four divisions from each district. Guidelines for District and Divisional level Referral System: GBV was completed in 2020. The MWCA is planning to replicate the pilot in other districts.</p> <p>The coordination mechanism at the national level was initiated but the progress slowed down due to the pandemic.</p>
<p>National guidelines and protocols</p>	<p>Development of guidelines and</p>	<p>Target fully achieved</p>

¹¹⁵ Universal Periodic Review

<p>for essential services for women and girls subjected to violence developed and implemented</p> <p><i>Baseline: No, Target: Yes</i></p>	<p>SOPs through a consultative process, and printing and distribution including publishing them online. Capacity building of healthcare workers in using guidelines and SOPs to provide quality standardized care.</p>	<p>National guidelines and protocols, and GBV shelter guidelines for essential health services for women and girls subjected to violence developed and implemented. These include essential elements relevant to Sri Lanka</p> <p>The United Nations Joint Global Programme on Essential Services Package for Women & Girls subjected to violence launched and a roadmap inclusive of a gap analysis was conducted. Only aspects relevant to the country context were adapted.</p> <p>The Health Sector Response to Gender Based Violence – National Guideline for first contact point health care providers and SOPs for first contact point health care providers were developed and published.</p>
<p>Existence of a functioning tracking and reporting mechanism to follow up on implementation of reproductive rights and gender equality recommendations from treaty bodies.</p>	<p>Development and implementation of a web-based data collection system for tracking of GBV national action plan and reporting. This included hiring of a contractor to develop and implement the system and capacity building.</p>	<p>Target substantially achieved</p> <p>Fully functional web-based tracking and reporting system is in place to follow up on implementation of reproductive rights and gender equality recommendations from treaty bodies at the Ministry of Women and Child Affairs Development.</p> <p>A functional web-based system is in place at the Ministry of Women and Child Affairs. However, generating reports for national and international reporting is not possible at the moment since the other sectors have not been trained in using the web-based data base due to the COVID outbreak.</p>

Achievement of planned results

UNFPA achieved substantial results during the period especially in improving the policy framework and enhancing the national and subnational capacities for the prevention and response to GBV. The National guidelines and protocols for essential services for women and girls subjected to violence were developed in line with international guidelines, capacity enhanced and they are in use (this target is fully achieved). UNFPA supported the MWCA to pilot the subnational coordination mechanism for prevention and response to gender-based violence in two districts, with the Ministry already planning to roll out the mechanism in two more districts. However, this target is partially achieved as the national coordination mechanism is not yet in place. With UNFPA support, the MWCA has

implemented an ICT based tracking and reporting mechanism to follow up on implementation of reproductive rights and gender equality recommendations from treaty bodies. However, this target is partially achieved as some of the actors are not yet trained.

Other results during the period are the development of the National Well Woman Strategy (2019-2023) and support for the implementation of the National Condom Strategy and the repositioning the National Family Planning Programme (NFFP) by re-branding and re-packaging the FP services. The National Women Policy and the Women Headed Households Acton Plans were also drafted. These results and related initiatives are discussed below.

The target on the implementation of a tracking and reporting mechanism can be achieved during this CP. However, since only the pilot in 2 districts have been conducted, it is unlikely that the target on the establishment of national and subnational coordination mechanism for prevention and response to gender-based violence for development and humanitarian settings will be achieved during this CP cycle.

Strengthening and implementation of policies to advance gender equality and women's empowerment and reproductive health and rights

UNFPA supported the development of national policies and framework in support of gender equality, women's empowerment, reproductive health and rights and to address GBV. This includes the following:

Development and implementation of national guidelines and protocols for essential services for women and girls subjected to GBV

The first contact with the health care providers, when survivors access the health care system is a crucial interphase, which not only ensures service provision, but becomes the first step in generating trust, promoting and encouraging continuity of care, and if done effectively, becomes the first step in the process of rehabilitation of the survivors¹¹⁶.

As part of the Health Sector Response to Gender Based Violence and developed with UNFPA support, the National Guideline for First Contact Point Health Care Providers¹¹⁷ serves as a guide in receiving survivors and providing appropriate care and referrals, particularly at the initial contact. It provides a technical update on GBV and its prevalence in Sri Lanka and describes the essential services that need to be provided in detail. It is supplemented with a SOPs¹¹⁸ targeting different categories of health care providers with explicit instructions on the precise steps and the manner in which care should be provided. Both these documents are aligned with the Essential Service Package developed by UN Women, UNFPA, WHO and other partners which was launched in 2018, and the Handbook developed by WHO to assist the care providers. These guideline and SOPs were developed through a series of multi-sectoral consultative meetings, supported by UNFPA. The guidelines are comprehensive and encompass the referral pathways to facilitate linkages of survivors to appropriate services and soft copies are available online (document review¹¹⁹ and KIIs).

UNFPA further supported capacity building of healthcare workers on using the guidelines and SOPs to provide standardized service for GBV survivors to ensure quality of care. The TOT training was in two phases at different levels of health care system. The first was for community physicians, medical officer for MCH (MOMCH), while the second was for supervisory public health staff (MOH, AMOH, Public Health Nursing Sisters – PHNS, Senior Public Health Inspectors, Senior Public Health Mid-

¹¹⁶ Family Health Bureau, UNFPA (2019). National Guideline for First Contact Point Health Care Providers

¹¹⁷ Family Health Bureau, UNFPA (2019). National Guideline for First Contact Point Health Care Providers

¹¹⁸ Family Health Bureau, UNFPA (2019). Standard Operating Procedures for First Contact Point Health Care Providers

¹¹⁹ Family Health Bureau, UNFPA (2019). National Guideline for First Contact Point Health Care Providers

wives) in the districts of Colombo, Gampaha, Kalutara, Galle, and Matara. However, the training was limited due to the COVID-19 pandemic. In addition, to enhance service delivery, the CO supported the upgrading of 10 centers offering Women Friendly Health Services (Mithuru Piyasa/Natpu Nilayam) with furniture (tables, chairs, examination beds), billboards and IT facilities to digitalize data management system (document review¹²⁰ and KIIs with FHB). According to the FHB, the guidelines and SOPs are already in use, and while its planned, no evaluation has been done to confirm the impact of this initiative.

Establishment of national and subnational coordination mechanisms for prevention and response to GBV

To enhance capacity to provide comprehensive, coordinated and quality services in the prevention and response to GBV, UNFPA supported the MWCA to implement a pilot initiative for the establishment of the subnational coordination mechanism in two districts Hambantota (Southern Province) and Mannar (Northern Province). From each district, four divisional secretariats were selected. The mechanism encompasses the work of key sectors (health, social services, Justice, Police as stipulated in the UN Essential services package) within a structured framework to provide services for survivors of GBV. The initiative involved mapping of service providers, development of divisional level coordination guidelines and SOPs, and capacity building, as explained below:

- *Mapping of Service Providers:* The main service providers involved in the prevention and response to GBV were identified. These included Government Ministries (Health, social services, justice, police and Transport, Education, MWCA), public transport providers, the media, parliamentarians, the legal fraternity, foreign employment development officers, Grama Niladhari (GN) officers, the Police, and NGOs. In all, 128 service providers were identified in Hambantota and 95 in Mannar. Their details were compiled in a directory (document review¹²¹, KIIs).
- *Development of SOPs and guidelines:* Divisional level coordination guidelines and SOPs were developed for a coordinated response to GBV with referral linkages with multi-sectoral participation from the ministries of health, justice, police and social sectors and NGO/CSO (Hambantota- Women 75 and men -74, Mannar women 139 and men 126 and 29 CSO). These were to support service providers to provide coordinated service to GBV survivors. The District and Divisional Secretariats were identified as the coordinating agencies and the women development officers of the institutions act as the focal points (document review¹²², KIIs).
- *Building of subnational capacities of service providers:* UNFPA supported the building of capacities of the identified subnational service providers from the mapping exercise to strengthen the referral pathway for GBV survivors and survivors including during humanitarian settings. A total of 279 participants were involved in the training (document review¹²³ and KIIs).

However, there needs to be a robust monitoring mechanism in place involving all the key agencies for tracking referral pathways. The ET was unable to fully determine the extent to which the mechanism is working. However, the MWCA has already planned to roll out the system to two more districts (KIIs with MWCA) which is an indication of the positive results of the pilot study, confidence in the system, and its possible rollout to other districts (document review, KIIs with the MWCA).

However, the national coordination mechanism is not yet in place.

¹²⁰ UNFPA – Progress Report (No;3 Q4- Oct-Dec 2020)

¹²¹ UNFPA Annual Report 2019; Ministry of Women and Child Affairs, UNFPA. Guideline for District and Divisional level referral system-SGBV

¹²² Ibid

¹²³ UNFPA Annual Report 2019; Ministry of Women and Child Affairs, UNFPA. Guideline for District and Divisional level referral system-SGBV

The National Well Woman Strategy (2019-2023)

This strategy was developed with CO support to align the Well Woman Programme, established in 1996, with ICPD recommendations and the SDGs. The strategy is also aligned to the National Strategic Framework for Development of Health Services (2016-2025), the National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases (2016-2020) and the National Policy and Strategic Framework on Cancer Prevention and Control 2015. The Programme enables women 35+ years to access screening for reproductive as well as other cancers. The Strategic Plan focuses on the following key areas: policy and advocacy, the transition from cervical cytology screening to HPV testing, health system strengthening to deliver the WW Programme, increasing coverage and equity, quality of care (QOC) and raising community awareness on screening.¹²⁴ (KIIs with FHB and document review¹²⁵).

*Implementation of the National Condom Strategy (2016-2020).*¹²⁶

The strategy, developed with UNFPA support in 2015, is aimed at ensuring the availability of and access to, and use of condoms in the country. During the 9th CP, UNFPA together with NSACP launched a programme on micro-skills development in condom use. The programme involved a cross section of key populations (KPs) from different age groups, religion, ethnic and social background. All KP groups (men who have sex with men, female sex workers, people who inject drugs) from various networks and CBOs participated (UNFPA SIS Report, FGD-KPs). Using the guide “Comforting Condomization - Guide to Overcome Common Obstacles of Condom use”¹²⁷ which was developed with CO support, KP groups were supported in overcoming the ten obstacles to condom use (which include myths, taboos, attitudes, negotiation skills, condoms available in the market, correct use of condoms, etc).¹²⁸ (document review, KIIs with CO, NSACP and FGD with KPs).

Draft National Women Policy and the Women Headed Households Action Plan

Although the rights of women are enshrined in Sri Lanka constitution, other policies and laws, and in international instruments which the country is a signatory, there lacks a comprehensive overarching national policy on women. The draft National Women’s Policy¹²⁹ was formulated with UNFPA technical and financial support. The draft policy focuses on the women’s enjoyment of rights on the basis of equality as stipulated in the Sri Lanka Constitution. It has incorporated socio-cultural changes, issues related to the conflict situation which plagued the country for nearly three decades, environmental issues and natural disasters which challenge women in enjoying equal rights. The draft was presented to the present government and the recommendation was to focus more on gender equality and steps are being taken to revise it (document review¹³⁰, KIIs-National Committee for Women and CO).

The Women Headed Household Action Plan was drafted during the period, but has not progressed as planned (KIIs with the CO).

Building capacity for improved response to GBV

¹²⁴ Family Health Bureau, UNFPA. National Strategic Plan 2019 – 2023 – Well Woman Programme

¹²⁵ National Strategic Plan for the National Well Woman Programme (2019-2023) of the Family Health Bureau

¹²⁶ National STD/AIDS Control Programme, UNFPA (2015). National Condom Strategy Sri Lanka 2016 - 2020

¹²⁷ National STD/AIDS Control Programme, UNFPA (2016). Comforting Condomization - Guide to Overcome Common Obstacles of Condom Use.

¹²⁸ How to overcome their own myths, taboos, attitudes, negotiation skills, introducing them to condoms available in the market, correct use of lubricants,

¹²⁹ Ministry of Women and Child Affairs. The National Women’s Policy (draft) 2019

¹³⁰ Ministry of Women and Child Affairs. Draft National Women’s Policy

In addition to enhancing the capacity to respond to GBV through the development and implementation of guidelines and SOPs and piloting the establishment of a coordination mechanism at the subnational level, UNFPA also supported the operation of a 24/7 helpline survivors and improved capacity for safe shelters for GBV shelters.

GBV Helpline 1938

As a response to the increased incidences of GBV during the COVID-19 pandemic, UNFPA provided resources for the operation of the MWCA operated Helpline 1938 as a 24-hour service. It is the first contact for GBV survivors and survivors, and includes an IT system that allows the operators to map out the service providers closest to the caller. Guidelines and protocols were also developed for the operation of the hot line with technical support from UNFPA and are published online in all three languages. In addition, 24 officers were given three days of online training on the operation of the helpline during the lockdown related to the COVID-19 pandemic. Publicity for the 1938 help line was given during 16 days of activism through bus stickers, healthcare workers and by word of mouth. This helpline is fully functional, even before the pandemic. UNFPA support increased capacity for service provision through this helpline (document review¹³¹, KIIs with CO and MWCA).

However, the ET could not get the data on the type of services provided through the helpline or the difference it is making.

Improving capacity in safer shelter homes for GBV survivors

UNFPA supported the refurbishment of 3 safe shelter homes and capacity building for improved services for the recovery, rehabilitation and economic empowerment of the survivors. Survivors now enjoy a hygienic environment in the refurbished centers with better wash room facilities, safer water supply. Installation of security cameras and boundary walls have made the premises secure. These services became very useful during the pandemic as the number of survivors increased. During the pandemic, 21 counsellors were given a refresher training in psycho-social counselling. The training helped them to strengthen their skills towards client centred counselling. The “Mini Mental Health Assessment” tool introduced by CO helped the counsellors to be more focused dealing with mental health issues (KIIs with the CO, FGD with counsellors).

Survivors were provided IT facilities and they were able to follow already registered training courses and the survivor’s children school online education. Survivors are provided training in various vocations such as jewellery making, coir making, dress making and social enterprises such as recycling paper. A needs assessment is planned to scale up shelter support work (document review, KIIs with IPs, FGDs with counsellors and teachers).

The CO also supported the implementation of an ICT based project activity monitoring system with data collected using the Kobo tool. The M&E system is able to track activities and generate quarterly reports and case studies and they are used for discussions at meetings with MWCA and shelter administrators to improve services. (Document review¹³², KIIs with IPs, FGDs with counsellors).

Re-positioning the National Family Planning Programme

In order to reduce the unmet need for family planning, CO supported the Family Health Bureau in re-positioning the National Family Planning Programme (NFPP) by re-branding and re-packaging FP services as a cross cutting intervention for national development. This was a recommendation of the NFPP review done in 2016¹³³ that will also help Sri Lanka towards its commitment of FP 2020.¹³⁴ To

¹³¹ UNFPA. Annual Report 2020

¹³² UNFPA – Progress report (No 3) Q4- Oct-Dec 2020, UNFPA – Progress Report (No 6) Q3- July-Sept 2021

¹³³ Ministry of Health, Family Health Bureau. National Family Planning Programme Review (2016).

¹³⁴ Ministry of Health and Indigenous Medicine. FP 2020. Commitment From Sri Lanka (2018)

support this effort, UNFPA supported a research study on the needs, awareness, attitudes, perceptions, and barriers for family planning use in Sri Lanka¹³⁵ which provided evidence for the development of a social behaviour change communication strategy (SBCC) and a mass media campaign. Unfortunately, the socio-political environment was not conducive to launch a campaign of this nature. Activity is on hold for the moment but is expected to be launched once the situation allows (document review, KIIs with CO, government agencies).

CO also supported the improvement of the capacity to provide services for Women and Youth Friendly Health Centres (FP clinics, Yowun Piyasa, Mithuru Piyasa n=70) across the country through provision of medical equipment, IT facilities, and capacity building of healthcare worker.¹³⁶ In addition, the CO supported FHB to develop a National Subfertility Management Package and a database in collaboration with the Sri Lanka College of Obstetricians & Gynaecologists to benefit the sub-fertile couples¹³⁷ (document review, KIIs with FHB and CO). However, evidence of the impact of this was not available to the ET.

Development and implementation of a tracking and reporting mechanism

This target was substantially achieved with the establishment of a web-based data collection system at the MWCA to monitor the implementation of the National Action Plan on GBV (GBV-NAP). The System will capture data on the indicators in the GBV-NAP. UNFPA supported the MWCA by hiring a contractor to develop and implement the web-based data collection system for tracking of GBV national action plan and reporting. An operational manual was also developed and standardized data collection formats were introduced to improve quality of data. Capacity building of national, district and divisional level MWCA officials in data management and skills building in report writing were completed.

However, out of the 9 ministries involved in reporting on the national action plan (NAP), capacity building has been completed for only three ministries (Labour, Skills Development and Vocational Training and Foreign Employment). Capacity building for the others had to be postponed due to the COVID-19 pandemic. MWCA has since taken over the full ownership of the system and allocated funds for the 2022 (document review and KIIs with the MWCA). There the System is not yet fully operational and in use.

Other interventions

Other interventions carried out by UNFPA during the period included the following.

Change Project for marginalized and vulnerable groups

The United Nations World Food Programme (WFP), the UNFPA and the Government of Sri Lanka joined forces to implement the CHANGE Project in 6 districts prone to poverty, climate shocks, post-conflict, and estate sector to strengthen 1250 mother support groups (MSG) involved in GBV response and self-employment. Through the MSG, the project reached 450,000 beneficiaries to promote house hold nutrition, and social behaviour change to improve SRHR. (Each MSG invited 30 people every month. 30x12x1250) (document review¹³⁸, KIIs with MSG).

Increased capacity for education and communication on SRH and FP

¹³⁵ Family Health Bureau, UNFPA (November 2020). Family Planning Needs, Awareness, Attitudes, Practices and Barriers in Sri Lanka

¹³⁶ UNFPA Progress Report (No 3) Q4- Oct-Dec 2020

¹³⁷ UNFPA - Progress Report (No 6) Q3- July-Sept 2021

¹³⁸ UNFPA. Final Progress Report – Community Health Advanced through Nutrition & Gender Equality – CHANGE 2020

UNFPA supported the Health Promotion Bureau (HPB) to increase the capacity of healthcare providers for education and communication through the development of a large volume of information, education and communication (IEC) material under the banner “*Happy Family Life*”. A video package with around 60 short videos was developed on “Happy Family life” to build the capacity of healthcare workers on communicating sensitive issues such as family planning methods, sexuality, reproductive tract malignancy, sub fertility, teenage pregnancy and sexual and gender-based violence. Other IEC material developed with CO support are on: HPV DNA testing as a primary screening test to eliminate cancer cervix, flip charts on menopause, flash cards for counselling in family planning. The charts on menopause were translated and distributed to WWC where Rohingya refugees from Myanmar are residing. Health Promotion Bureau have started training the public health midwives and public health inspectors on how to use these videos. KIIs with CO and HPB).

Masters in Sexual Health

UNFPA supported the development of a Masters in Sexual Health in the University of Colombo thereby establishing the capacity of the country to train non-health professionals in SRH at the master level (document review¹³⁹ and KIIs with CO and the University of Colombo).

Integration of HR, GE and disability

The GEWE interventions for HR, GE and disability. The training of officers of CSO and FP centers in 3 selected districts involved both sexes from rural and urban cities. Safer shelter training for counselors were only for women. Sensitization and awareness programmes for government officials and media, and HRCSL training had no gender bias. Condom skills building programme had a cross section of KPs from different age groups, religion and ethnicities and social backgrounds. The policies, guidelines and standard operating procedures developed and implemented with UNFPA’s support discussed in this CPE have focused on gender, the youth and adolescents, the elderly, and included other marginalized groups. (KIIs, document review).

Challenges

The Constitutional crisis in 2018, Easter Sunday Bomb attack (2019), Presidential elections (2019) and Parliamentary elections (2020) changed the socio-political environmental for policy and programme implementation and was further aggravated by the COVID 19 pandemic.

Unforeseen consequences

No unforeseen consequences in this outcome area

4.3.3 Population Dynamics (PD)

The following table presents a summary of achievements against CP output indicators during the period 2018 – 2021.

UNFPA Outcome 4: Population dynamics - Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

Outcome indicator: Number of surveys conducted, analysed and disseminated that allow for the estimation of key population and reproductive health indicators. *Baseline: 2; Target: 3*

This outcome was fully achieved with the conduct of the Women Wellbeing Survey” published online in 2020.

¹³⁹ UNFPA Annual Report 2020

<p>Output 1: Strengthened capacity for use of evidence-based analysis of population data for decision making at the national and subnational level to address inequalities and advance International Conference on Population and Development and the Sustainable Development Goals.</p>		
CP output indicators	Key interventions	CP achievements
<p>Data on the prevalence of gender-based violence available for policy-making and development planning</p> <p><i>Baseline: No; Target: Yes</i></p>	<p>Support to the DCS for the conduct of the Women Wellbeing Survey which included Cabinet approval, training, field data collection, data tabulation, analysis and drafting of the report.</p>	<p>100% achievement. Target was fully achieved.</p> <p>Women Wellbeing Survey done and report launched online</p>
<p>National policy on elderly updated to incorporate sexual rights and feminization of ageing</p> <p><i>Baseline: No, Target: Yes</i></p>	<p>Advocacy activities including launching a flagship “aging without limits” and high-level policy dialogue on feminization of aging.</p>	<p>Target not achieved.</p> <p>Launched a flagship “aging without limits”</p> <p>Conducted high level policy dialogue on the feminization of aging.</p>
<p>National database of population data that facilitates mapping of socioeconomic and demographic inequalities for the Sustainable Development Goals monitoring available and accessible.</p> <p><i>Baseline: No, Target: Yes</i></p>	<p>Support for building the capacity of DCS for the census in 2022, including supporting a study tour of Vietnam to learn about use of CAPI.</p> <p>Support for the development of a communications strategy, rebranding of DCS, use of social media, redesign of the website, and the development of data visualization tools including dashboards.</p> <p>Support for the construction of the National Transfer Accounts (NTA) and production of policy brief.</p> <p>SDG data conference and contribution to the development of the SDG tracker.</p>	<p>Target partially achieved.</p> <p>However, significant progress was made in building the capacity of DCS to communicate statistics better, and produced evidence on the age dimensions of the economy. SDG tracker was also launched.</p>

Achievement of planned results

UNFPA only fully achieved the target on one (“Data on the prevalence of gender-based violence available for policy-making and development planning” after supporting a successful Women Wellbeing Survey) of the three indicators in the CP results framework in the population dynamics outcome area. While progress is likely to be made in the 3rd indicator, it is unlikely that all the targets will be achieved in this CP cycle. However, the CO supported the achievement of significant results that have not only influenced, but have potential to further influence future national outcomes. In particular, data analysis and evidence generated have the potential to support future policy and programmatic interventions by the government and other duty bearers. This includes the successful conduct of the Women Wellbeing Survey, enhanced capacity for DCS in preparation of the national census in 2022 and in communication; and the generation of various knowledge products to support

policy advocacy including the construction of the National Transfer Account, and the KAP studies on CSE and family planning. UNFPA also contributed to raising awareness on the feminization of aging, the inclusion of the elderly in disaster preparedness, and the successful participation of Sri Lanka in the Nairobi Summit (ICPD+25). These, and other initiatives are explained in the following paragraphs.

Increasing capacity for data generation and access

During the period, UNFPA supported interventions to increase capacity for data generation, improved availability of data and communication of data and statistics. These includes supporting and building the capacity of the DCS to conduct of the Women Wellbeing Survey, improving capacity and preparedness of the government for the conduct of the forthcoming census in 2022, improved monitoring of the SDGs through the implementation of the SDGs online portal and the improvement in data visualization and communication. UNFPA also supported the strengthening of the National Maternal Death Surveillance. These results are explained below.

Women Wellbeing Survey¹⁴⁰

The UNFPA CO supported the DCS, with funding from the Canadian Government, to conduct the Women Wellbeing Survey between 2018 and 2020. The Women Wellbeing Survey provides evidence to support policy and programmatic interventions for the GBV. The aim of the survey is to support advocacy and the implementation of interventions to prevent and respond to sexual and gender-based violence (GBV) with a focus on intimate partner violence (IPV). IPV is defined as physical, sexual, economic, emotional or other forms of harm perpetrated by current or former partner or spouse. The survey provides insight to the violence perpetrated by intimate partners and others on women and girls and the impact it has on their lives (document review, KI interviews with the CO, government agencies and donors).

The initiative started with the Cabinet approval in 2018. Enumerators were trained, field work completed, data tabulated and analysed in 2019 with UNFPA support. The CO planned a big event to launch the report but eventually published it online in 2020 because of the restrictions resulting from COVID-19 pandemic. Frequently Asked Questions (FAQs) and Key facts on this survey were developed and are available online¹⁴¹. The survey findings were disseminated during the 16 days of activism in Sri Lanka, and a national media campaign ran for 3 months, though we could not confirm the outcome of these activities (document review, KIIs with the CO)

Through this exercise, the DCS gained expertise and good experience in conducting such a survey that is considered sensitive. The enumerators attitudes and perceptions were changed as a result while the department was trained on how to manage field work. The survey is the first one of its kind and has raised awareness on the issue of GBV, especially on IPV. It also provided a baseline of 2 SDG indicators (document review, KI interviews).

The survey has significant potential for supporting evidence-based policy advocacy and programmatic interventions in the area of GBV and IPV by all actors including the government, CSOs and donors. This includes providing critical evidence for the next GBV National Action Plan, the national gender policy and programmatic and budgetary response to GBV. It provides solid evidence to change perceptions on the issue and raise the level of conversation at all levels towards minimizing the harm to women and girls. The remaining period of the current CP and the 10th CP should focus on fully exploiting this potential in evidence-based advocacy and awareness raising at all levels including senior government officials, the public and other duty bearers.

¹⁴⁰ DCS, Sri Lanka (October 2020). Women Wellbeing Survey, Sri Lanka

¹⁴¹ <https://srilanka.unfpa.org/en/dont-play-hand-youre-dealt-0?fbclid=IwAR2dhkpwz0gTPc6jOq80YjCUzMVkwamHHGRTwDzhVqIPNM7FahpQkQAp7A>

Support for the Census 2022

Although the census is almost fully funded by the government of Sri Lanka, UNFPA CO has worked very closely with DCS and leveraged its support to achieve strategic results. This includes supporting a four-day mission to Vietnam in 2018 to learn from the country's experience in the use of CAPI in its last census. This included learning on ICT infrastructure, challenges encountered and resource requirements. The DCS also required and received support from UNFPA on communication on the census. The UNFPA communication consultant supported the DCS with publicity guidelines, and developed proposals for messaging and costs which was used by DCS to negotiate the government advertising agency. In addition, UNFPA contributed funds for the census communication campaign but this was postponed due to the COVID-19 pandemic (document review, KIIs).

UNFPA also supported the improvement of DCS ' mapping capacity with the renewal and installation of the latest Esri ArcGIS software. The software is used to create, analyze, manage, and share geographic information so decision-makers can make intelligent, informed decisions. It allows DCS to create maps, perform spatial analysis, and manage data. Through the Data Visualization initiative, UNFPA consultant is providing support to develop a dashboard for presenting the census data online on their website (document review, KIIs).

UNFPA support therefore enhanced the capacity of the DCS in ICT and communication for 2022 census, including in the use of CAPI, the license for the mapping software, the tools for the online publication and communication of census data, and the census media campaign.

Improving the monitoring of SDGs

The greatest challenge in monitoring progress on SDGs is lack of access to data on SDG indicators (document review¹⁴², KIIs with UN agencies). The number of indicators with data is still very low, increasing from 46 in 2017¹⁴³ to 51 in 2021.¹⁴⁴

High Level Symposium '#SDGDataLK'. To support improvement in the availability of data, a two-day high-level national symposium titled '#SDGDataLK' was held in March 2018. This was Sri Lanka's First National Symposium on Data for the SDGs graced by 24 local and international speakers and attended by over 300 participants from the Govt, private-sector, UN agencies, academia, civil society, and research/data organizations. Notable attendees included the Speaker and Deputy Speaker of Parliament and the UN Resident Coordinator. This was part of the joint project, led by UNFPA and supported by UNDP, ILO, UN Habitat and WHO. UNFPA played a lead role in organizing the event and supported the DCS to prepare templates to collect baseline data from the ministries (document review¹⁴⁵, KIIs).

SDG Tracker. UNFPA also financially supported the development of the SDG Tracker in 2018, an effort led by UNDP. The IT platform was launched in December 2021 (document review¹⁴⁶, KIIs with CO and UNDP). The ET observed this tracker during the exercise and while impressive, makes clear the large number of indicators where there is no data.

One of the factors for the slow progress in this area may be the changes in government and institutional structures for the monitoring and governance of SDGs implementation. The other key challenge cited was the lack of a national development framework for Sri Lanka, with every ministry generating its own priorities ((KIIs with UN agencies). However, the policy, legal and institutional framework is adequate with the Sustainable Development Council of Sri Lanka under the Prime

¹⁴² Sustainable Development Council of Sri Lanka (November 2021). PowerPoint Presentation

¹⁴³ DCS (2017). Status of SDGs indicators in Sri Lanka

¹⁴⁴ Sustainable Development Council of Sri Lanka (November 2021). PowerPoint Presentation

¹⁴⁵ Presidential Secretariat. March 2018. Invitation letter to all ministries for the #SDGDataLK High Level Symposium; Daily News. March 21, 2018. Towards Evidence Based Policy Making.

¹⁴⁶ [SDG Data Portal Sri Lanka](#)

Minister's Office established under an Act of Parliament¹⁴⁷. According to the Council, it has taken the initiative to strengthen the SDGs data governance and management systems and has launched an SDGs Data Portal which is an integrated platform promoting a whole of government approach to data compilation¹⁴⁸. The Council maintains a website with information on SDGs for the country¹⁴⁹. The Act also obligates the Council to develop a National Policy and Strategy on Sustainable Development, with the current draft developed in 2020¹⁵⁰. The policy, among other things, addresses the issue of increasing access to data on SDGs. The fact that the Council is led by a former senior UN staffer is an opportunity that can be leveraged to further make progress in this area.

Strengthening of the National Maternal Death Surveillance

Sri Lanka has reached a level below the MMR of other South Asian countries. The target set for 2030 in line with the SDGs is to reduce the MMR from 32.5 per 100,000 live births reported in 2013 to less than 10 per 100,000 live births.¹⁵¹ In 2019, 56 percent (n=52) of maternal deaths were due to indirect causes. Heart diseases accounted for 16 percent (n=15) and respiratory diseases 13 percent (n=12) of maternal deaths.¹⁵² The UNFPA, supported the FHB to strengthen the National Maternal Mortality Surveillance System by providing facilities to digitize the maternal case records to facilitate systematic analysis of causes of deaths and use such data to plan interventions to reduce indirect causes of death. (Document review¹⁵³, KII with FHB)

Communication and Data Visualization

UNFPA worked very closely with DCS to improve communication of national statistics. The DCS requested support from UNFPA to be more inclusive in its communication and reach a wider audience including those previously left out. This is through publishing statistics online for improved availability and to reach the younger population; publish in two additional languages (Tamil and Sinhalese) to reach more people in the grassroots; publish in braille to reach the visually handicapped; to increase DCS presence and communicate effectively through the social media; and to rebrand to make the department more relatable to the public. The CO provided two consultants from 2019 to support the DCS, one on communication and the other on data visualization (KIIs with DCS and CO).

The consultants worked with DCS in conducting an assessment to identify needs, in the development of a communication strategy (3-5 years) and an implementation plan. These were presented in the first half of 2020. A team was formed in DCS, and training was done online because of COVID19 pandemic restrictions (KIIs with DCS and CO).

On rebranding, the communication consultant worked with the DCS team to come up with a new logo through a participatory process involving all staff, and new brand guidelines and templates for publications, which did not exist before, and a circular issued on their use in 2020. A Publication Review Committee was formed, made up of directors who review publications before they are approved. The ICT people are currently working on designs to improve the website including having it in all the three languages (English, Tamil and Sinhalese) and also taking into account, the needs of the visually impaired. A social media strategy was developed aimed at increasing the use of social media. DCS started its social media campaign in March 2021 which has seen significant increase in social media communication. Competitions are being held to develop videos, with prizes being given for encouragement. On reaching the visually impaired with publications, UNFPA supported the DCS to work with PWDs and develop launch statistical publications in braille, large print publications and pod casts in December 2021, a first in the country's history. (KIIs with DCS and CO).

¹⁴⁷ Sri Lanka Sustainable Development Act, No 19 of 2017.

¹⁴⁸ Sustainable Development Council of Sri Lanka (November 2021). PowerPoint Presentation

¹⁴⁹ [Home | Sustainable Development Council of Sri Lanka \(sdc.gov.lk\)](https://sdc.gov.lk)

¹⁵⁰ Sustainable Development Council of Sri Lanka (2020). Draft National Policy and Strategy on Sustainable Development.

¹⁵¹ Ministry of Health. Family Health Bureau. National Strategic Plan. Maternal and Newborn Health 2017-2025

¹⁵² Ministry of Health. Family Health Bureau. Annual Report 2019

¹⁵³ Ministry of Health. Family Health Bureau. National Strategic Plan. Maternal and Newborn Health 2017-2025, Ministry of Health. Family Health Bureau. Annual Report 2019.

There is a data visualization team working with the consultant. Data visualization tools and templates have been developed with 2 separate databases – one for census and one for economic statistics. The dashboard on census will present disaggregated data. (document review, KIIs with the DCS and CO).

Although at the early stages, there are significant gains in communication through UNFPA support that has initiated a paradigm shift in the way DCS communicates statistics, the audience reached, the extent of inclusion, and ultimately, the usefulness of official statistics in the country. The next CP should be leveraged upon to consolidate the gains achieved so far. In particular, UNFPA should support the development of a comprehensive policy framework / strategy defining the objectives to be achieved including significantly expanding and advancing efficient access to official statistics and related information.

Knowledge management and knowledge products

UNFPA has distinguished itself for using evidence to pursue its agenda which is recognised as one of its key strengths and a source of competitive advantage (KIIs with government and UN agencies). During the period, UNFPA continued the trend, generating critical knowledge products including the construction of the National Transfer Accounts; study on the needs, awareness, attitudes, perceptions, and barriers for family planning use; national survey on Knowledge, Attitude and Perceptions (KAP) on CSE in schools; and the forensic study of unnatural deaths of women and girls in Sri Lanka.

These are significant achievements, but which need to be followed closely by generating further knowledge products and effective policy advocacy to fully exploit the potential of already generated evidence, but also that of the coming census data.

The National Transfer Accounts

The construction of the National Transfer Accounts (NTA) was commissioned in 2019. The NTA were constructed and the report done in late 2020. A policy brief has been done based on the NTA report. The initiative was supported by the East-West Center in Honolulu and carried out by a team of 3 academics from the university of Colombo with Prof Lakshman Dissanayake as the team leader. The aim of the NTA is to address the issue of the aging population in Sri Lanka and strengthen the evidence base for developing effective government policies and programmes and permit the integration of population dynamics into sustainable development. The NTA helps to improve the understanding of the age dimensions of the economy and measures how economic resources are consumed, produced and reallocated among people of different ages in the population. It gives valuable information for policy interventions in pensions, retirement age, health care, education, reproductive health, the economic contribution of women; and specially, the social, political, and economic implications of population aging.

The initial hiccup was lack of ownership of the initiative by the government which delayed access to relevant data and with no government counterparts involved from the beginning to learn from the process. However, this has been fully resolved with the National Planning Department (NPD) taking full ownership of the NTA, including developing the policy papers, and in making serious steps to build its own capacity to produce future NTAs (KIIs with the NPD and the CO).

The NTA is supporting discussion on 2 important policy issues – retirement and social protection. It has already had significant policy impact on the retirement age. The government increasing the age of retirement from 60 to 65 years as a response to the evidence-based policy recommendation in the NTA. According to the National Budget 2022, “Life expectancy at birth has increased. At the same time, the elderly population is on the increase. Sri Lanka is almost on par with developed countries as per the quality-of-life indices. As a result, elders have the capacity to remain in active service for much longer than before. It is very important to productively utilise their experience and skill set. Therefore, I propose to extend the retirement age of public service to 65 years in order to strengthen

the labour force”¹⁵⁴ (document review, KIIs).

Increased knowledge of the needs, level of awareness, attitudes, perceptions, and barriers for family planning use

UNFPA supported a research study to gain a better understanding on the needs, awareness, attitudes, perceptions, and barriers for family planning use in Sri Lanka¹⁵⁵ which provided evidence for the development of a social behaviour change communication strategy (SBCC) and a mass media campaign to support family planning programs. In particular, the evidence obtained is to support the repositioning of the family planning in Sri Lanka aimed at achieving zero unmet need for family planning.

Improved knowledge of the level of knowledge, attitudes and perceptions on CSE

UNFPA supported the Ministry of Education to conduct a national survey on Knowledge, Attitude and Perceptions (KAP) of school children, parents and teachers on sexual and reproductive health education in 2018.¹⁵⁶ According to the survey, 82 percent of the youth considered sexual and reproductive health as important for a successful life and more girls than boys considered it essential. Nearly 78 percent identified sexual and reproductive health as a teaching priority in the school curriculum, 72 percent identified teachers as the preferred source to obtain sexual and reproductive health information. However, more than 50 percent of teachers had not participated in any sexual and reproductive health training programmes and teachers admitted to lacking sufficient knowledge to discuss sexual and reproductive health issues with students. A policy brief was developed that provided the basis for evidence-based policy advocacy and capacity building for the integration of CSE into school curriculum. The policy advocacy was carried with government officials, media personnel, and also generation to generation dialogues to talk about CSE in schools.

Improved knowledge on the unnatural deaths of women and girls in Sri Lanka

UNFPA published a comprehensive document: “Fatalities, Accidents, suicides and femicide of women and girls in Sri Lanka”.¹⁵⁷ The objectives of the study, commissioned in 2015, were to: describe the medical causes and circumstances of unnatural deaths among women and girl children; determine the association between the unnatural deaths of women/girls and their age, socio-economic and cultural background, exposure to sexual abuse/ rape/other types of violence as well as intimate partner violence; describe the outcome of the judicial processes of selected cases of homicides of women and girls; and discuss the media coverage of selected cases. Based on the study, the CO published two policy briefs in 2018: “Unnatural deaths of women and girls in Sri Lanka (prevention & Justice)” and “Reportage of unnatural deaths of women and girls in Sri Lanka”.¹⁵⁸

Results and interventions related to the elderly

Results in this area include raising awareness on the feminization of aging, and the inclusion of the elderly in emergency preparedness.

Raising awareness on the “feminization of ageing”

¹⁵⁴ Minister for Finance, Sri Lanka, Budget Speech 2022

¹⁵⁵ Family Health Bureau, UNFPA (November 2020). Family Planning Needs, Awareness, Attitudes, Practices and Barriers in Sri Lanka

¹⁵⁶ UNFPA and Ministry of Education. An analysis of knowledge and attitudes of school children’s sexual and reproductive education and its causes. 2018

¹⁵⁷ UNFPA, University of Kelaniya (2020). Fatalities – Accidents, Suicides and Femicides of Women and Girls in Sri Lanka

¹⁵⁸ UNFPA (Feb 2018). Policy issue 06 – Reportage of Unnatural Deaths of Women and Girls in Sri Lankan Newspapers

Sri Lanka facing a demographic transition with a rapidly aging population, with the speed of aging the highest in South Asia region. At the same time, women continue to outnumber men in old age with a high life expectancy for females. To prepare the country to manage this transition including maximizing the opportunity of population aging, UNFPA launched a flagship initiative dubbed “Aging Without Limits – Enhancing Policies, Maximizing Potential” to raise awareness among decision makers on the gender dimensions of aging and its impact. In October 2018, UNFPA in partnership with the Government of Sri Lanka supported high level policy dialogue event in Colombo with the aim of providing policy level inputs to maximize the opportunity of population aging. The dialogue was led by a panel of local and international experts and policy leaders and shared experiences of countries including Singapore, Japan and Malaysia (document review¹⁵⁹, KII). However, anticipated changes in policy have not been achieved due to changes of leadership of the National Elders Secretariat (NSE). While this was a good entry point, more needs to be done in the next program cycle to move this issue forward.

Disaster preparedness for the elderly.

Sri Lanka, as an island nation, is vulnerable to the rapid effects of climate change and extreme weather conditions, coupled with the effects of the COVID19 pandemic. With a rapidly ageing population, older persons, with a majority being women, form a significant part of society who are disproportionately affected during emergency situations. In early 2021, UNFPA partnered with Helpage and implemented a pilot project in Galle and Matara districts to strengthen the meaningful inclusion of older persons especially during emergency preparedness efforts, ensure the needs and voices of older persons are included, and work towards integrating age responsive actions in preparedness planning and emergency response¹⁶⁰. The pilot intervention-built capacities of Senior Citizen Committees (SCC) in 4 divisional secretariats in two 2 districts, implemented a mobile phone based early warning, provided equipment including tents, and trained volunteers to respond to the needs of older persons in emergencies. The capacities of relevant government organizations and other stakeholders was enhanced on age-responsive action in planning and in developing disaster preparedness plans to include the needs of older persons and people with disabilities and in responding to emergencies. The plan is to replicate interventions in other areas with support from the government and other partners (KIIs with IP and CO, FGD with SCC members, document review).

Nairobi Summit (ICPD+25)

The Summit held in 2019 was coordinated by UNFPA HQs. UNFPA engaged in policy dialogue related to the country’s commitments in the Summit. A delegation from Sri Lanka including government officials, young people, CSOs and key population members participated in the Summit and a representative of the Ministry of Health read the country’s commitments. However, some targeted officials were not available due to the presidential elections in November 2019. UNFPA global website was updated with Sri Lanka Commitments (document review, KI interview with CO).

Integration of gender, disability inclusion and human rights-based approach

The initiatives undertaken in the population dynamics outcome area including the generation of data and evidence, and capacities developed have integrated gender, disability inclusion and human rights-based approaches. The development of capacity and tools in the DCS have considered the needs of the visually impaired, and expanded the reach of statistics by including two additional languages, effectively reaching populations which were not hitherto being reached. The Women Wellbeing Survey provides evidence to support policy and programmatic interventions for the GBV / IPV survivors who are women and girls, while the NTA addressed the issue of the elderly population of Sri Lanka.

¹⁵⁹ UNFPA (2018). Aging Without Limits – making active aging a reality #AgeingLK

¹⁶⁰ [United Nations Population Fund Sri Lanka – Helpage Sri Lanka \(helpagesl.org\)](https://www.helpagesri.lk/)

At the same time, UNFPA supported interventions to enhance the capacity of the Senior Citizens Committees to prepare for emergencies, and for the inclusion of the elderly in disaster preparedness.

Challenges

The main challenge were the restrictions due to the COVID-19 pandemic that caused delays in the implementation of some of the interventions and activities. It also caused a change in the mode of engagement including adopting online means of training. Other challenges included delays in the construction of NTA due to the time taken to access data and delayed ownership of the exercise by government.

Unforeseen consequences

There were no unforeseen consequences from UNFPA interventions in this outcome area.

4.4 Answer to evaluation questions related to efficiency

EQ6: To what extent has UNFPA made good use of its human, financial, technical and administrative resources (including frameworks and procedures), and appropriate combination of tools, innovative approaches and partnerships to pursue the achievement of the outputs and outcomes defined in the country programme?

EQ7: To what extent are the results effectively and efficiently measured and reported?

Summary of Findings

- UNFPA CO focused on building the team including increasing capacities in areas of identified gaps and those that needed to be enhanced to cope with the implementation requirements of the CP. Collaboration between the teams was enhanced into a more cohesive and integrated team.
- The financial, administrative and procurement procedures are sound and facilitated the implementation of the CP and especially after successful capacity building efforts. However, there are frustrations over the delays experienced in the procurement especially of consultants, and processing of funds to government implementing agencies.
- Partnerships were strengthened and resource mobilization efforts succeeded to obtain substantial additional resources for the CO
- CO used many innovative approaches to advance its agenda. However, there is no system to proactively pursue, recognize and promote innovation.
- M&E systems were adequate for monitoring of activities and milestones. However, it is weak in monitoring and reporting outcomes, as well as inadequacies in the indicators that may under the system.

Challenges:

- UNFPA procedures and processes are seen as not flexible enough to accommodate the requirements of the program especially when rapid action is required.
- The funds from UNFPA have to go through a lengthy process through the Treasury for national implementation modality.
- The UN reforms aimed at creating efficiency in the UN Systems is progressing slowly in Sri Lanka thereby delaying the realization of potential benefits.

4.4.1 Human, financial resource and procurement management

Overall, the CO implemented interventions with an overall implementation rate for the three complete years (2018, 2019, 2020) of 88 percent, 98 percent for regular resources and 77 percent for other resources¹⁶¹ (document review). This implies that planned activities funded through regular resources were efficiently carried out throughout the period, while those funded through other resources were less efficient. However, the overall implementation rate of 88 percent is considered efficient.

UNFPA CO also demonstrated it had the requisite number of staff, with relevant mix of skills to get the job done. According to the partners interviewed, UNFPA support was efficient and supportive, and the staff displayed professionalism and commitment in their work (KIIs with IPs and UN agencies). Internally, the CO undertook significant changes in the staff portfolio and capacity building to come up with the current team. The changes included hiring additional staff and capacity building in key areas including high level advocacy, partnerships and resource mobilization; SRH and population and aging portfolios; operations; and communications. The UNFPA CO also made effort to make the team more cohesive and integrated, including between programs and with operations. To ensure efficient operational support, program associate positions were established within program teams. This ensures that operational support is integrated in the program cycle from the planning stages and able to understand the operational requirements of programs throughout its life cycle.

In addition, physical working spaces were restructured and renovated, including reducing the number of cubicles, to reflect a closer working relationship between and within teams, although no evidence of its impact was adduced during this CPE. However, the development of the CO team is still work in progress and more effort needs to be made to consolidate the gains made.

Financial resources, to facilitate the implementation of UNFPA interventions were available in a timely manner, except for the inefficiencies experienced with the national implementation modality (KIIs with CO staff and IPs). Additional resources were successfully mobilised as discussed in the relevant section¹⁶² (document review, KIIs with CO staff).

While financial, administrative and procurement process appear reasonable in facilitating program execution, a few challenges still exist. The first is, the significant time taken in the process of recruiting consultants specially to support government programs and sometimes in other procurement activities. One reason given is the difficulties experienced in attracting candidates for UNFPA positions, which have very specific requirements making it hard to find the right people with the right experience quickly. Opinions differ on how to deal with these challenges, and include being more flexible and planning early for such recruitments (document review, KIIs with CO staff). Going forward, there is a need to have a conversation on the best way of dealing with this issue.

The second challenge is that while direct execution modality works efficiently with UNFPA partners, national execution modality is inefficient. There are delays in the entire system with the funds first going through the Treasury before being remitted to the government implementing agency. This has sometimes occasioned a big rush to complete activities at the end of the year, and UNFPA sometimes having to push for refunds of monies not utilised. Again, opinions differ on how to solve this problem including working with the Treasury to speed up the process to adopt a two-year cycle (KIIs with IPs, CO staff). There is a need to discuss the costs and benefits of using this modality, and where benefits outweigh the costs, determine the most efficient way to execute the interventions with government partners.

While COVID-19 pandemic presented challenges in many aspects of program implementation, it seems to have inadvertently created greater efficiency in procurement. E-procurement worked well

¹⁶¹ UNFPA. List of Atlas Projects 2018-2021

¹⁶² Annual progress reports, Atlas list of projects

during the period. The CO was able to procure more efficiently, in 2020 and in 2021, giving credence to the need to more fully adopt ICT in the process (KIIs with CO staff).

Coordination between the IPs

There is no evidence that the CP contributed to effective coordination between the IPs or programmes.

UN Reforms in Sri Lanka

The December 2017 UN System reforms were especially aimed at maximizing programmatic gains through efficient and high-quality back-office operations. This includes implementing strategies to encourage UN entities to collaborate at the country level to reduce duplication, leverage collective purchasing power, and maximize economies of scale; consolidation of location-dependent back-office services at the country level; use of common premises; and mutual recognition of each other policies and procedures¹⁶³. On this, the UN System is moving slowly, with the reforms really kicking off in 2020, with few areas implemented including some elements of common premises, common events which failed to take off, and common ICT help desk (from July 2021) and messenger services. However, some of the arrangements have always been there and worked well (KIIs with the CO, UN agencies and the RCO). For example, UNDP processes payroll and this has worked well. This means while UNFPA enjoys some benefits including realizing savings, a lot is yet to materialize to fully exploit and enjoy the full benefits of these reforms.

4.4.2 Partnerships and resource mobilization

As discussed, human resources, partnerships and resource mobilization is one of the key areas that the UNFPA CO aimed to and made effort to strengthen. As a result of its very visible efforts in building partnerships and mobilizing resources, the CO got strong support from donors and managed to mobilise an additional US\$3.63 (or 88.5 percent of the indicative budget in the CPD) especially from the governments of Canada and Japan to support peacebuilding, GBV and SRHR efforts and COVID response. UNFPA also pursued partnerships with the private sector and other donors (document review¹⁶⁴, KIIs with the CO and donors). These opportunities need to be further developed and exploited in the next programme cycle.

Interviews with donors indicated a good (and smooth) relationship with UNFPA. No concerns were expressed over performance, accountability or reporting. They valued the very good relationships and networks with government agencies that made it easier and more effective to achieve results. They also appreciated their focus and clear goals, expertise and competence in their specific areas of interest. Their impactful and constructive communication on issues was also considered a strength. They also recognized the sensitive and challenging nature of UNFPA work in Sri Lanka. (KIIs with donors).

UNFPA has established and nurtured a very close and constructed relationship with government agencies, which as indicated above, is cited as one of the key strengths by donors. According to UNFPA, the agencies are involved from very early and the needs identified usually come from them. However, changes in government is a challenge, with the team having to keep on preparing for new people coming into positions from time to time. For government agencies – they work very closely with UNFPA and value their efficiency, responsiveness and professionalism. They also consider UNFPA as friendly, very supportive and always ready to listen (KIIs).

In terms of support, UNFPA is very efficient, responsive and timely, including in the availability of technical support and other resources. This is especially the case for the direct execution modality.

¹⁶³ Business Innovations Group (BIG). November 2019. Advancing Common Business Operations. Update.

¹⁶⁴ Annual work plans, annual reports

However, as indicated elsewhere, where funds have to be transferred to a government entity, it becomes a very inefficient affair (KIIs).

However, challenges are experienced in terms of efficiency in implementation (KIIs). There are also adhoc requests that are not supported or justified through documents e.g. concept paper, letter or even minutes of meetings between CO and government agencies. These are some of the areas that need improvements in the next programme cycle.

For the other partners (CSOs), they indicated a very supportive and synergetic relationship. They consider UNFPA support as efficient.

In conclusion, UNFPA has made good effort to establish a good profile and valuable relationships with donors and other partners. It is therefore encouraged to continue consolidating these partnerships

4.4.3 Innovation

UNFPA Strategic Plan says that “UNFPA will promote innovation to improve programming by creating innovative solutions with partners to address development bottlenecks”¹⁶⁵ which aligns with the UN’s expressed position that it will be difficult to achieve the SDG targets without innovation. UNFPA CO has implemented a number of innovative approaches during the period. These include using theatre, fashion designers, and celebrities to communicate SRH and GBV messages. UNFPA used Theatre for Change as a powerful tool to communicate SRH messages to university studies; used a renowned fashion designer to communicate GBV messages in a popular Colombo Fashion Week; and communicated messages on Menstrual Hygiene using the National Women Hockey team (KIIs from the CO, UN agencies, University of Colombo, donors).

UNFPA also used innovative methods for its intervention related to SRH/GBV / sexual harassment in the public transport system; worked with the industry to produce reusable menstrual towels; supported “Happy Family Life” communication package which contains short videos to train grass root level healthcare workers in communication focusing SRHR especially gender and IPV/GBV. The research using forensic evidence to understand the patterns, structural causes of unnatural deaths among women and girls is also an innovation (document review, KIIs).

UNFPA therefore approached its mandate in an innovative way, by thinking outside the box, which is particularly pertinent in a country where pursuing a mandate such as UNFPA’s is a sensitive religious and cultural issue. UNFPA demonstrated its ability to use innovative means to produce hard hitting media messages that reach its audiences, and this is recognized as one of its key strengths even by donors (KIIs).

However, there is no systematic approach, no proactive attention to innovation, no specific resources allocated to innovation. The issue is not well articulated in the working and programmes of the CO (KIIs from the CO). This needs to change to allow for a proactive and systematic approach, and associated allocation of resources to pursue innovative solutions with partners for the achievement of UNFPA outcomes.

4.4.4 Monitoring and evaluation

Monitoring and reporting of activities and milestone is done quarterly and annually through the SIS system. Reports are also received from the implementing partners on progress in the implementation of supported activities, which is also supported by observation from site visits. The systems appear fairly adequate for the monitoring of progress of implementation of activities and milestones during

¹⁶⁵ UNFPA Strategic Plan 2018 - 2021

the period (document review¹⁶⁶, KII with the CO and IPs). The ET relied substantially on this system to establish what was done, what and when it was achieved.

However, the monitoring of results, especially outputs and outcomes is weak and need to be improved. For example, it was challenging to obtain documentation to triangulate some of the results indicated in UNFPA reports. The other challenge is the inadequate availability of disaggregated data for programme monitoring. This made it difficult to establish which population groups were involved or impacted through programme interventions. For example, it was difficult to tell how many PWDs were involved or impacted.

It is also important to note that the inadequate design of indicators in the results framework may have undermined the quality of the monitoring system.

4.5 Answer to evaluation questions related to sustainability

EQ8: (a) To what extent have UNFPA-supported interventions contributed to the capacity development of its implementing partners and beneficiaries (in terms of policies, increased capacity and budgetary allocations) thereby promoting national ownership and durability of effects? (b) To what extent has UNFPA CO humanitarian response and recovery efforts contributed to strengthening national capacities and systems in the fields of SRHR, GBV prevention and protection?

Summary of Findings

UNFPA has worked well with partners, promoted ownership and supported the development of requisite capacities as a key part of its strategy. It has also supported the development of policies, guidelines and standard operating procedures. These have had the potential of contributing to the durability of CP effects.

Challenges: However, limited institutional capacities, delayed or absence of ownership, inadequacy of requisite structures and capacities to anchor capacity building efforts, and frequent changes in government have the potential of adversely impacting sustainability of CP results.

UNFPA working modalities have all the elements of ensuring sustainability of its interventions. It has good relationship with its partners, who have early ownership of the interventions. In some cases, the implementing partners provide the leadership, plan and implement the interventions with UNFPA support. For example, the DCS drives the vision, and provides leadership for the improvement of communication of national statistics supported by UNFPA. It owns the interventions, and has led and implemented efforts to establish structures and implement capacity building initiatives necessary to ensure sustainability. In the conduct of the Women Wellbeing Survey, UNFPA supported capacity building for enumerators and technical staff, and supported the DCS to carry out the work, thereby establishing the requisite capacity to conduct such a survey in the future. DCS has taken full ownership of the UNFPA supported interventions thereby ensuring not only their sustainability, but their further development (KIIs with DCS and the CO).

Another model of sustainability of UNFPA interventions is establishment of a functioning web-based data collection system at the MWCA to monitor the implementation of the GBV-NAP. UNFPA supported the development and implementation of the system, the development of guidelines and built the capacity of the officers in the Ministry to operate and maintain the system. The MWCA has taken over the full ownership of the system and allocated funds for 2022 (document review, KIIs).

¹⁶⁶ UNFPA quarterly and annual reports, IPs progress reports,

In addition to capacity building in the implementation of UNFPA supported interventions, the development of policies, standards and guidelines, if ownership is established and if successfully implemented, contribute to the adoption of improved standards of doing things but also to sustainability. However, in a number of those discussed in this evaluation, the level of ownership and implementation is doubtful, putting to question sustainability.

Sri Lanka, an island nation, is prone to natural disasters caused by floods, cyclones, landslides, tsunami, drought and coastal erosion with increasing instances of environmental pollution related hazards. The global pandemic COVID-19 has significantly affected Sri Lanka since early 2020 affecting different aspects of human lives. On building institutional capacity for humanitarian response, UNFPA supported the publication of a booklet “Management of Safety Centres Amidst COVID-19” in 2021, an initiative of the Disaster Management Centre (DMC). Other partners who supported the effort include the Disaster Preparedness and Response Division (DPRD), Ministry of Health, UNICEF and IOM. The booklet’s prime objective is to ensure that the key components of camp management of providing assistance and protection to persons seeking temporary shelter are followed as per accepted international standards and best practices, and is an outcome of an online or virtual training conducted on the theme of “Management of Safety Centres Amidst COVID -19” by the said organisations (document review¹⁶⁷).

However, there are weaknesses and challenges. To start with, the interventions that faced challenges of implementation and those that were not fully completed may not be sustainable. This includes the implementation of CSE, which achieved very limited results, and where there is no indication of commitment to replicate or sustain whatever results were achieved. The provincial youth policies are still in draft with no political or institutional establishment to adopt and absorb them. More would have to be done when the provincial councils are established to complete this effort and hope to sustain any benefits from it. The youth platforms, including the Youth Peace Panel, also need not only additional effort to fully establish them, but also policy, legal and institutional framework and infrastructure to embed them into the national establishment with national resources to run them while additional resources from other partners including UNFPA enable them to carry out strategic initiatives. The mutisectoral coordination mechanisms for the prevention and response to GBV piloted in 2 districts, if replicated in other districts as planned with government resources, may point to the possibility of their sustainability (KIIs with the MWCA).

The issue of ownership also came into play. For example, the construction of the NTA without establishing ownership by the government, although established later, delayed the process. It also interfered with the capacity building that would have been carried out from the beginning through on the job training. This is a good lesson for future interventions, where ownership should be established early, capacity building started early, and leadership and management of the interventions properly embedded in the respective agencies. For the CSE, the limited results, weak implementation and sustainability seems to point to the lack of ownership of the initiative by political actors and other key gatekeepers. This is demonstrated by the divergent opinions on the issue in 2020. (KIIs with CO, document review¹⁶⁸).

Another key challenge relates to weak capacities and structures of the relevant agencies. For example, DCS did not have staff with requisite skills that the communication intervention could build on, and were restricted in terms of recruiting new people. Also, ICT related aspects of the intervention including data visualization and the upgrade of the DCS website is lagging behind for lack of the capacity to build on (KIIs with DCS, CO).

¹⁶⁷ [UNFPA Sri Lanka | Management of Safety Centres Amidst COVID-19](#)

¹⁶⁸ UNFPA annual reports, [Sri Lanka : Education Ministry report called on Grade 7 textbook “Hathe Ape Potha” on Sexual Education \(colombopage.com\)](#), [LankaWeb – Controversy about ‘Hathe Ape Potha’, a supplementary reader in Sinhala for Sexuality and Reproductive Health Education for Grade 7, School sex book whisked out of sight but monk explodes in fury | Times Online - Daily Online Edition of The Sunday Times Sri Lanka](#)

The frequent changes in the government also adversely impact on capacity building and sustainability of interventions.

4.5 Answer to evaluation questions related to coherence

EQ9: (a) How effectively does the UNFPA CO coordinate and work in conjunction with the UNCT with other UN agencies to deliver as one, particularly in areas of potential overlap? (b) How well does the UNFPA CO collaborate with development partners, NGOs and partners and what are opportunities to increase this collaboration? (c) To what extent does UNFPA bring comparative advantage and has added value to results in its focus areas?

Summary of Findings

- There is general recognition of the benefits of the UN delivering as one, and the synergies created when UN agencies work together. However, coordination and collaboration mechanisms within the UNCT and between agencies are weak.
- However, bilateral working relationships between agencies have worked well but this appears dependent on the personalities involved. In particular, bilateral working relationships between UNFPA and other UN agencies are good.
- UNFPA collaborated strategically with artists and the private sector to advance gender equality and the prevention and response to GBV.
- UNFPA is considered as focused, professional and committed to its work and when collaborating with other agencies. There is therefore potential for synergetic bilateral relationships. UNFPA should continue to contribute to improved collaboration within the UNCT

Challenges: key challenges include overlaps in mandates, competition over limited resources and leadership.

Coherence within the UN System

UNFPA participates and contributes in a number of UN coordination mechanisms including UNSDF Driver 1 – towards improved data, knowledge management, and evidence-based policy; Results Group 2 – Nutrition and Food Security; Health Results Group; Results Group 5 – Social Cohesion; UN Network on Migration; Gender Theme Group; and Results Group 4 – Employment, Skills and Economic Recovery¹⁶⁹. UNFPA has also a joint project on Peace Building with UN Women and UNV (document review, KIIs with CO and UN agencies).

All agencies interviewed agreed that UN agencies can do a lot better together, with each UN agency contributing its specific skills and capacities, and adding to the combined voice on major issues. However, collaboration between UN agencies is weak. There are no synergies within the UNCT, and not much interest or motivation in working together. Some issues come out clearly. First, there is a lot of competition with all agencies fighting for the limited resources available. Second, there is a lot of overlap in mandates and sometimes they are similar. There is lack of respect for each other's boundaries and lack of understanding of who has expertise in what area and who is more visible. For example, when there is money on gender, it's open for everybody. Third, there is poor relationship between the agencies (KIIs with UN agencies, RCO).

¹⁶⁹ Project document, minutes of meetings, joint work plans

This partly contributes to the fact that there are a limited number of joint programmes / programming. The UN coordination mechanisms including outcome groups are weak. Key to improving collaboration and coordination depends on leadership at all levels (KIIs with UN agencies and RCO).

UN colleagues had a lot of good things to say about UNFPA, and its contribution and collaboration with other agencies. It is considered to be a focused organisation, colleagues are professional, proactive, collaborative, passionate and take their work very seriously. They also have areas where they are very good, and in a very good position to make a significant difference. These include SRH, GBV and gender. UNFPA is also seen as taking initiative to provide leadership. UNFPA is seen as good at championing their area of work, and having a big voice in communicating issues including within the UN system. UNFPA combines their programs with advocacy well, and produce hard hitting communication campaigns, getting people to look at issues head on (KIIs with UN agencies, RCO).

UNFPA participates and provides leadership to other coordination mechanisms that promote coherence. UNFPA is the co-chair of the Development Partners Gender Working Group (with Canadian High Commission). Other members include key multi-lateral and bilateral donors and a number of UN agencies¹⁷⁰. UNFPA also co-chairs the Forum Against GBV, Sri Lanka (also known as the GBV Forum) which involves agencies working on GBV in order to facilitate coordination, sharing of information and resources and to strengthen multi-sectoral responses to GBV. Other members include government ministries, development actors and a number of UN agencies¹⁷¹. The forum coordinated GBV response during the COVID-19 pandemic¹⁷².

On the value that UNFPA brings to the table, it is considered to have credibility, legitimacy and profile with donors and the government. It has comparative advantage on SRH and maternal health which are very sensitive issues in Sri Lanka. According to some, without UNFPA there would not be much emphasis or visibility on SRH and maternal health issues, especially within the UN system. UNFPA has the technical experience and understands what is involved and can do more by speaking up, being louder, to the UN System and to the country. UNFPA has also distinguished itself with evidence-based advocacy which is considered one of its key strengths that it brings to the government and other agencies (KIIs with UN agencies and RCO).

For some of the implementing partners interviewed, they said they could not have achieved what they did without UNFPA support, who are experts in what they do, and gave them confidence and credibility (KIIs with IPs).

Going forward, it appears clear that the value of the UN system in Sri Lanka (as may be the case in many countries) may be contingent upon working collaboratively together, exploiting synergies, and producing and displaying profound results, and having among other things, a louder voice of issues of concern. This will need better leadership, better definition and respect for each other's mandates, and finding ways they can leverage on each other's strengths while minimising competition.

Collaboration with the Private Sector

UNFPA strategically leveraged on partnerships with artists, fashion designers and the private sector to advance gender equality and GBV. UNFPA partnered with Ashanthi de Alwis in 2021 to produce 'Nidahase', a single that puts a spotlight on intimate partner violence in Sri Lanka and supports women's shelters so that more women are able to access shelters to end cycles of violence. The song, which talks about the freedom and courage women and girls should have to leave a cycle of violence in their homes, was virtually launched on YouTube, Spotify and Apple music in July 2021. All proceeds of the song will go towards women's shelters that house survivors of violence. UNFPA will

¹⁷⁰ Minutes of meetings

¹⁷¹ Minutes of meetings; [FAGBV | Forum Against Gender Based Violence \(gbvforum.lk\)](https://gbvforum.lk)

¹⁷² Forum Against GBV, Sri Lanka (2020). COVID-19 in Sri Lanka. Emergency Response Activities on VAW and girls.

continue partnering with Ashanthi De Alwis to take the message of ‘Nidahase’ to different audiences in Sri Lanka for a world free of GBV and harmful practices towards women and girls by 2030.¹⁷³

UNFPA also partnered with Amilani Perera, a fashion designer, for the third consecutive year in 2022 in advocating for a violence free Sri Lanka through fashion while also supporting survivors as they recover and rebuild their lives. UNFPA partnership with HSBC Colombo Fashion Week (CFW) for the second consecutive year in 2022 aims to reach out to more people on the issue of GBV, with a special focus on IPV.¹⁷⁴ Apart from the opportunity for advocacy, the fashion industry consists of a workforce that is overwhelmingly represented by women. The partnership for 2022 goes further to include sensitization on the Prevention of Sexual Exploitation and Abuse (PSEA) for the organizers, designers, models and crew of Colombo Fashion Week to ensure that all are respected and treated with dignity.¹⁷⁵

UNFPA partnered with two major companies to advance their gender equality policies. In 2021, with UNFPA technical support, Brandix, a leading Sri Lankan apparel manufacturer embarked on a journey to strengthen the company’s gender equality policies and procedures. This includes building awareness on the Abuse and Harassment-Free Policy for the Company.¹⁷⁶ The largest private sector employer of women, MAS Capital, also joined hands with UNFPA to ensure gender-mainstreamed corporate policies. MAS, with UNFPA technical support, is committed to ensure its female employees work in an environment that is conducive for women, and ensured strengthened corporate policies and programmes that focus on identifying gaps and gender inequalities in the working environment.¹⁷⁷ The one-year project that started with the signing of an MOU between the Company and UNFPA, was successfully completed in 2018, reaching out to over 20,000 employees in five of MAS’ apparel manufacturing plants. UNFPA trained 22 MAS officers who are now in-house resource personnel that have the knowledge, skills and tools to conduct sessions for more employees, thereby increasing awareness on GBV and gender-equality.¹⁷⁸

UNFPA should build and further leverage on this strategic collaboration with the private sector and other actors to advance its goals in Sri Lanka.

¹⁷³ [UNFPA Sri Lanka | Ashanthi’s latest release with UNFPA ‘Nidahase’ to raise funds for women’s shelters, \(2311\) Nidahase \(නිදහස\) | Ashanthi Ft. Madhuvy & Shemil | Official Music Video - YouTube](#),

¹⁷⁴ [UNFPA Sri Lanka on Instagram: “@unfpa #SriLanka is happy to be partnering with @amilani_perera for the third consecutive year in advocating for a #violence free #lka...”](#), [Amilani Perera on Instagram: “Tonight @colombofashionweek ! Collection HEAL @amilani_perera X @unfpa Video by @charith_kay @hi_online_lk #amilaniperera #unfpa...”](#), [UNFPA Sri Lanka | UNFPA partners with Colombo Fashion Week 2021](#)

¹⁷⁵ [UNFPA Sri Lanka | UNFPA gears for second consecutive collaboration with Colombo Fashion Week](#)

¹⁷⁶ [Brandix strengthens gender equality focus with support from UNFPA – The Island](#)

¹⁷⁷ [UNFPA Sri Lanka | MAS joins hands with UNFPA to ensure gender-mainstreamed corporate policies, \(20+\) Facebook, \(2311\) UNFPA private-sector partnership strengthens gender-focused corporate culture at MAS Holdings - YouTube](#)

¹⁷⁸ [UNFPA Sri Lanka | UNFPA private-sector partnership strengthens gender-focused corporate culture at MAS Holdings](#)

Chapter 5: Conclusions

The following conclusions are derived from the findings, and are categorised into strategic level (those related to overall relevance, responsiveness, partnerships and collaborations, institutional capacity and sustainability) and programme level conclusions.

5.1 Strategic Level

Conclusion 1: The 9th CP is well aligned strategically to international frameworks and national priorities, addresses the needs of diverse populations, and responded appropriately to the changing context and demands.

The 9th CP was found to be highly relevant and aligned to international frameworks including the ICPD, SDGs, and to the UNFPA Strategic Plan 2018 – 2021, and UNSDF Sri Lanka 2018 – 22. It is also aligned to national priorities and addresses the needs of diverse population groups including the marginalised and vulnerable groups (women and girls, youth, the aged, and PWDs).

UNFPA responded appropriately to changing circumstances including the humanitarian crisis brought about by the COVID-19 pandemic. It also responded to the recommendations of the 2016 Mid Term Review.

Origin: Evaluation question(s) 1, 2

Evaluation criteria: Relevance

Associated recommendation(s): *Strategic level R1*

Conclusion 2: Although a number of CP targets were not fully met, UNFPA achieved significant results in all outcome areas with the potential to impact future performance. The CP also integrated cross cutting issues of gender equality, disability inclusion and human rights-based approaches. However, the cultural, religious and political environment presents significant risks to the achievement of UNFPA results.

For outcome 2, these results include enhanced capacity for the youth to participate in policy dialogue, development of CSE curriculum for in and out of school youth and capacity building for its implementation; the development of draft provincial youth policies and the lessons learnt from the convening of youth forums and establishment of youth platforms and peace panels for advocacy. For outcome 3, UNFPA contributed to the development of policies, guidelines and SOPs, subnational coordination mechanisms, improved monitoring of GBV-NAP and enhanced capacities for the prevention and response to GBV / IPV. For outcome 4, these included the generation of data and knowledge, support for the improvement of DCS capacities for the 2022 census and communication, and the commencement of the conversation on the feminization of aging.

The programme also integrated cross cutting issues of gender equality, disability inclusion and human rights issues in all the outcome areas.

However, challenges including those related to cultural and religious sensitivities, and frequent changes in government slowed progress.

Origin: Evaluation question(s) 3, 4, 8

Evaluation criteria: relevance, effectiveness

Associated recommendation: *Strategic level R1, R2*

Conclusion 3: UNFPA developed capacity and built a team able to effectively achieve the CP targets, and respond appropriately to national demands and changing circumstances.

UNFPA developed its human resources capacity and structure to address gaps, strengthen functions, and established a more efficient and cohesive team able to effectively implement and achieve the targets of the CP and respond to the country's changing circumstances. For example, functions such as advocacy, partnerships and resource mobilization, operations, and population dynamics program team were strengthened and streamlined. Operations and programs work more collaboratively and are more integrated. The office space was also redesigned to allow for close working relations between teams.

Partners including government and CSO implementing partners, UN agencies, and donors consider UNFPA as being a highly efficient and capable team in the execution of its work. What stands out is its evidence-based advocacy, and its ability to communicate impactfully with target audiences. However, areas of improvement include the use of national execution modality which is inefficient, hiring of consultants and in some cases procurement.

Origin: Evaluation question(s) 3, 6

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Strategic level R2*

Conclusion 4: UNFPA has established highly valued partnerships with implementing partners including government agencies and CSOs, and donors

During the period, UNFPA established a very strong profile and strengthened partnerships with government partners, CSOs, the private sector and donors. UNFPA is highly regarded by its partners. The implementing partners consider UNFPA as a valued partner that is focused, professional, supportive, efficient and always willing to listen. UN agencies have very high regard for UNFPA for its professionalism and expertise in its area of work, especially in its core mandate of SRH and GBV.

Donors view UNFPA as a trusted partner in its area of work, and with good relationships and networks with government agencies which is also accountable and able to deliver. This has resulted in the mobilization of resources to nearly double the indicative budget in the CP.

Origin: Evaluation question(s) 3,6

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Strategic level R3*

Conclusion 5: UNFPA has used innovative approaches effectively in many instances, demonstrating its business unusual attitude towards the achievement of results. However, there is no systematic and proactive approach to promoting innovation in UNFPA and with partners.

UNFPA CO has implemented a number of innovative approaches during the period. These include using theatre, fashion designers, and celebrities to communicate SRH and GBV messages, while borrowing highly impactful ideas from other countries through South-to-South Cooperation. This is highly commendable and appropriate, especially for a country which presents challenges to UNFPA work due to its cultural and religious sensitivities.

However, there is no system in place to recognise, proactively pursue, and encourage and fund innovation within UNFPA and with partners. This may be denying UNFPA and its partners opportunities for innovation including funding.

Origin: Evaluation question(s) 2,3

Evaluation criteria: relevance, effectiveness and efficiency

Associated recommendation: *Strategic level R4*

Conclusion 6: UNFPA made effort to ensure the successful implementation and sustainability of its interventions. However, challenges in inadequate institutional capacities and ownership may undermine such efforts.

UNFPA worked closely with implementing partners, establishing ownership and supporting the building of capacities of duty bearers and rights holders. However, success of these efforts is dependent on the institutional capacities and structures to implement, absorb new and enhanced skills, and ownership from the beginning. For example, inadequate ICT capacity is slowing down implementation of, and the building of requisite capacities in data visualization and the sustainability of this intervention in the DCS. The construction of the NTA on the other hand, government ownership was delayed, which delayed the process, including capacity building efforts.

Origin: Evaluation question(s) 3,6, and 8

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Strategic level R1, R5*

Conclusion 7: Although the benefits of working together as one is well appreciated and encouraged, the collaboration between UN agencies in the UNCT is inadequate. However, UNFPA collaborated strategically with artists and the private sector to advance gender equality and the prevention and response to GBV.

While all the agencies interviewed agreed that working together to exploit synergies is beneficial, logical and the best way to work, the collaboration between the UN agencies is low. There doesn't seem to be much motivation or leadership on the issue. But the nature of bilateral relations between the agencies depends on the relationships between the personalities involved.

However, the UN agencies involved have very high regard for the UNFPA team which is seen as professional, committed and collaborative.

During the period, UNFPA collaborated strategically with artists including fashion designers and a musician to advance its messages on GBV and IPV. It also worked closely with two major companies to improve their policies on gender equality and in creating a conducive environment for women in the work place.

Origin: Evaluation question(s) 6

Evaluation criteria: efficiency

Associated recommendation: *Strategic level R6*

Conclusion 8: Although the monitoring and evaluation system appeared adequate for monitoring activities and milestones, the monitoring of results including outputs and outcomes is weak, while the inadequate availability of disaggregated data limits insights on the level of participation and the impact of UNFPA interventions on those most left behind. The results chain logic underlying the theory of change was also not entirely adequate mainly in the design of indicators.

The monitoring and evaluation systems appear fairly adequate for the monitoring of progress of implementation of activities and milestones during the period. However, data on the monitoring of results, especially outputs and outcomes was found to be limited. The other challenge is the inadequate availability of disaggregated data for programme monitoring. This made it difficult to

establish which population groups were involved or impacted through programme interventions. For example, it was difficult to tell how many PWDs were involved or impacted.

The results chain logic underlying the theory of change has inadequacies mainly in the inadequate design of indicators in the results framework and may have undermined the quality of the monitoring system.

Origin: Evaluation question(s) 7

Evaluation criteria: Efficiency, effectiveness.

Associated recommendation: *Strategic level R7*

5.2 Programme Level

Adolescents and Youth

Conclusion 9: UNFPA has put significant effort in the implementation of CSE for the youth in school. However, social and political challenges have slowed the progress of this initiative in the school system and prevented it from gaining much traction.

UNFPA supported a KAP survey and policy dialogue on CSE, the development of curriculum for teachers, teacher trainers and advisors for grade 12; and capacity building for its implementation. However, there is no commitment so far from the government to advance this effort. The challenges that slow implementation relate to political, cultural and religious sensitivities.

Furthermore, there is no authoritative assessment of the gaps between the curriculum currently taught in schools against global standards; no conversation appears to have been held on the impact of not adopting and implementing CSE curriculum in schools that is in line with global standards; and no national shared ownership of the issue and its solution.

Origin: Evaluation question(s)

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Programme level R1, R8*

Conclusion 10: Although UNFPA supported interventions to promote youth participation in peace building and advocacy, modest achievements were realised that are unlikely to be sustained.

Undertaking the peacebuilding efforts despite the socio-economic turbulence from 2019 onwards is commendable. The regional and national platforms gave diverse groups of youth and women the forums to meet and ventilate on many issues of national and regional concern and their role in peace building and policy development. The actors involved including UNFPA and partner UN agencies, government officials and CSO partners also gained experience in convening these forums and facilitating engagement.

However, the platforms are not supported by policy, legal or institutional framework and infrastructure for ongoing youth engagement, and this makes it unlikely for them to be sustained.

Origin: Evaluation question(s) 3,6,8

Evaluation criteria: effectiveness, efficiency and sustainability

Associated recommendation: *Programme level R9*

Gender and Women's Empowerment

Conclusion 11: UNFPA made serious strides in raising awareness on and promoting appropriate response to GBV / IPV and reproductive health and reproductive rights. However, much more effort is required to fully address these issues during the next CP.

UNFPA supported the development of policies, guidelines and SOPs, raising awareness, and increased capacity for the establishment of coordinated multi-sectoral response to prevent and address GBV and to advance gender equality and sexual reproductive health and rights. UNFPA also supported to increase capacity of GBV shelters to deliver services for the rehabilitation and economic empowerment of GBV survivors. UNFPA also supported efforts to reposition family planning although progress on this is on hold due to the prevailing political and religious environment.

However, much more work remains to be done to fully address this issue and prevent and respond to GBV / IPV.

Origin: Evaluation question(s) 3, 8

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Strategic level R1*

Conclusion 12: Although Sri Lanka has achieved exceptionally good health indicators, gaps still exist in maternal health and SRH services that need to be addressed.

Sri Lanka has achieved good health indicator including maternal mortality rate which at 32 per 100,000 live births is one of the lowest in the South Asia region and at par with developed countries. This may be attributed to the effective and universal healthcare services in Sri Lanka. However, gaps exist in maternal health and SRH services that need to be addressed. This includes the quality of and access to SRH services and information.

For example, there is limited understanding of the factors related to the stagnating CPR, the regional disparities in teenage pregnancy and the high proportion of indirect causes of maternal mortality to support targeted policy and programmatic interventions.

Origin: Evaluation question(s) 1, 3

Evaluation criteria: relevance, relevance and effectiveness

Associated recommendation: *Programme level R11*

Population Dynamics

Conclusion 13: UNFPA supported the generation of data and knowledge with significant potential to influence policy. While the value of this should be fully exploited through knowledge sharing and policy advocacy, this should be a continuing effort to advance knowledge in other identified areas.

UNFPA supported the Women Wellbeing Survey which provides evidence and great insights into the issue of GBV and IPV. It also supported the development of knowledge products including the construction of the NTA which has also influenced the retirement age, the KAP survey on CSE, the KAP survey on family planning, the unnatural deaths of women and girls. The next census in 2022 that UNFPA is supporting will present additional opportunities for the generation of knowledge products. The knowledge generated on the “feminization of aging” also falls into this category. These have great potential to influence policy and programmatic interventions providing solid evidentially basis to justify such interventions for the government, CSOs and donors.

This potential needs to be fully exploited through the development of knowledge products and effective policy advocacy. Further work is required to improve understanding and support policy and

programmatic interventions in areas such as child marriage, maternal mortality from indirect causes, and the stagnating CPR, among other areas.

Origin: Evaluation question(s) 3,6

Evaluation criteria: relevance, effectiveness and efficiency

Associated recommendation: *Programme level R1, R12*

Conclusion 14: UNFPA positioned itself strategically to support improved communication of official statistics so that they are more accessible, informative, more inclusive and reach wider audiences. However, challenges remain that need to be addressed.

UNFPA provided support for the development of the Communication Strategy and rebranding of DCS, including a new logo, and the necessary guidelines, tools, templates and designs for improvement of its website. The support includes communication in two local languages and in braille to reach the visually impaired. UNFPA also supported DCS in data visualization, enabling the department to communicate statistics more effectively and in line with current trends. This has great potential to change the way the government communicates official statistics and encourages their use. However, this is still work in progress.

However, the policy framework is inadequate to ensure enhanced and efficient online access to comprehensive official data. This includes limiting issue of charges levied on those who wish to access official statistics.

Origin: Evaluation question(s) 3,8

Evaluation criteria: effectiveness and sustainability

Associated recommendation: *Programme level R1, R13*

Chapter 6: Recommendations

The following recommendations are focused on what needs to be done during and after the formulation of the next CP and address the conclusions in Chapter 5. They are categorised into strategic levels, (those related to overall relevance, responsiveness, partnerships and collaborations, institutional capacity and sustainability), followed by programme level recommendations.

6.1 Strategic Level

Recommendation 1: UNFPA should use the results achieved during the period in all the outcome areas as a basis for, and to inform the interventions of the next CP. UNFPA should also pursue greater national ownership of the issues, solutions and interventions and use innovative methods to mitigate the challenges from cultural and religious sensitivities.

The results achieved in all areas have potential to contribute to the performance in the next CP. These achievements include the data and knowledge products generated, the experience in engaging the youth; and the development of policies, guidelines and SOPs and systems for the prevention and response to GBV, among others. UNFPA should therefore build on these achievements in the design of the next CP.

The issues UNFPA is addressing including SRH and CSE are challenging due to cultural and religious sensitivities and political considerations. The issues can be more effectively addressed if there is enhanced national ownership and commitment to move them forward. The next CP should focus on enhancing this ownership through high level multi-stakeholder policy dialogue involving all the key actors including political and religious leaders. It should also strengthen its engagement with high level political actors including Parliament, and use innovative approaches for enhanced effectiveness of policy advocacy. One suggestion is to expose high level political actors and technical teams to international fora to share their best practices including the very good performance in the health sector, and learn from other countries struggling with the same issues, and which may be ahead in finding solutions.

Priority: High

Target level: CO

Based on conclusions: 1, 2, 9, 11

Recommendation 2: UNFPA should continue with efforts to build a high performing and cohesive team, while addressing gaps in capacity and efficiency.

UNFPA should continue and consolidate its achievements in developing the capacity and cohesiveness of the team, addressing gaps in capacity and dealing with identified issues. With the need to focus on knowledge management and policy advocacy, these areas should be strengthened. Identified issues include, but may not be limited to, the lengthy process and delays in procurement of consultants, and the inefficiencies in the use of the national execution agency.

Priority: High

Target level: CO

Based on conclusions: 3

Recommendation 3: UNFPA should protect and build on its profile and the gains made to further

enhance and exploit partnerships with government agencies, the private sector, CSOs, and donors

UNFPA is in a good place with partners and it should consolidate and leverage on this. It should continue to enhance the good relationships and partnerships with donors, the private sector and other partners and pursue opportunities for further resource mobilization in the next CP. In particular, UNFPA should leverage on its good experience, and successes in developing partnerships with donors existing trust and goodwill, to mobilise resources for the achievement of the objectives of the next CP. It should also seek to enhance the partnerships with the private sector, building on the efforts of the 9th CP.

UNFPA should also spare no effort to maintain and even expand the well-developed relationships and networks with the government and other partners. This is by ensuring that it recognises and continues to build on this strategic strength. This includes being focused on its mandate areas, and being supportive, efficient, professional and always willing to listen.

Priority: High

Target level: CO, APRO

Based on conclusions: 4

Recommendation 4: UNFPA should pursue innovation in a systematic and proactive manner to ensure it fully exploits the opportunities available to advance its objectives.

UNFPA should articulate innovation as part of its strategy and programme, and implement systems, structures and capacities necessary to advance innovation within and with partners to advance its agenda. It should also assign specific resources to be used to encourage staff innovation but also innovation with partners. UNFPA should also pursue resources available for innovation from the UN System and UNFPA HQs and opportunities to showcase and share with others through South to South and Triangular Cooperation.

Priority: High

Target level: CO, APRO

Based on conclusions: 5

Recommendation 5: To enhance sustainability, UNFPA should emphasize on early ownership of interventions and the requisite structures and capacities to ensure sustainability

UNFPA should ensure early ownership of its interventions and emphasize on partners attaining the necessary structures and capacities to facilitate effective implementation, capacity building and sustainability of the interventions. For example, UNFPA should support the building of the structures and capacities necessary for the fully implementation and sustainability of the interventions in the DCS and the Planning Department. It should also support the development of appropriate institutional framework and capacities for continued youth engagement in national policy dialogue on issues such as promoting CSE, peacebuilding, and improved SRH services and information.

Priority: High

Target level: CO

Based on conclusions: 6

Recommendation 6: UNFPA should pursue beneficial relationship with other UN agencies

UNFPA may not have much leverage to improve the coordination and collaboration in the UNCT. However, it is highly regarded by the other agencies. This presents opportunities to leverage on bilateral collaborations. UNFPA should fully exploit this.

But at the same time, UNFPA should do its part in promoting the collaboration and cooperation within the UNCT including providing leadership where opportunity arises.

Priority: High

Target level: CO

Based on conclusions: 8

Recommendation 7: UNFPA should improve its monitoring and evaluation system to effectively monitor results including outputs and outcomes, and increase the availability of disaggregated data to monitor the level of participation and the impact of UNFPA interventions on those most left behind. UNFPA should also improve the results chain logic especially the definition of indicators in the next CP.

The monitoring and evaluation systems appear fairly adequate for the monitoring of progress of implementation of activities and milestones during the period. However, data on the monitoring of results, especially outputs and outcomes was found to be limited. The other challenge is the inadequate availability of disaggregated data for programme monitoring. This made it difficult to establish which population groups were involved or impacted through programme interventions. For example, it was difficult to tell how many PWDs were involved or impacted.

It is also important to note that the inadequate design of indicators in the results framework may have undermined the quality of the monitoring system. In designing the next CP, the CO should put emphasis on improving the soundness of the results chain logic, including the statements of outputs, the choice of indicators, and the values for baselines and targets.

Priority: High

Target level: CO

Based on conclusions: 8

6.2 Programme Level

Adolescents and Youth

Recommendation 8: UNFPA needs to implement strategies, in partnership with national stakeholders, to overcome the cultural, religious and political challenges to the implementation of CSE in and out of school. This should be done through high level multistakeholder conversations to make progress towards common national articulation of the issue and a culturally appropriate and acceptable solution.

The extent of the success of the implementation of CSE will be determined by the extent to which the country takes national ownership of the issue and the solution. It is the extent to which the gatekeepers (the politicians, religious leaders, senior government officials) are in agreement on what the issue is and what needs to be done about it.

UNFPA needs to support efforts to fully identify the gaps between the current curriculum taught in schools and what is recommended as in line with global standards, and the benefits of addressing these gaps. UNFPA and national partners should then focus on high level multi-stakeholder dialogues to enhance collective national conversation, enhanced ownership of the issue, and the agreement on a national solution, courteously guided by the normative global standards on CSE, but fully respecting the cultural and religious norms.

Priority: High
Target level: CO
Based on conclusions: 9

Recommendation 9: UNFPA should re-strategize the youth interventions and focus on ensuring the existence of appropriate national policy and institutional capacities for ongoing youth engagement.

UNFPA needs to rethink and re-design this intervention to ensure it achieves the desired outcomes which is to have sustained engagement of the youth on issues that affect them. This must include the policy, legal and institutional framework to sustain youth engagement in national affairs.

Priority: High
Target level: CO
Based on conclusions: 10

Gender and Women's Empowerment

Recommendation 10: UNFPA should support efforts to fully exploit the data and knowledge generated, and the capacities built to further the GBV / IPV agenda

UNFPA should support interventions including further generation of knowledge products, policy dialogue, and capacity building to further the national and subnational prevention and response to GBV / IPV. It should also promote the replication of good practices and piloted interventions undertaken during the period to other areas during the next CP.

Priority: High
Target level: 3
Based on conclusions: 11

Recommendation 11: UNFPA should ensure that the next CP is designed with focused interventions to address gaps in maternal health and SRH services

UNFPA should undertake interventions that contribute to increased understanding of, and undertake and promote targeted interventions that address the issues and gaps in this area. These include quality of SRH services, the high proportion of maternal deaths due to indirect causes, the stagnating CPR, and regional disparities in teenage pregnancy.

Priority: High
Target level: CO, APRO
Based on conclusions: 12

Population Dynamics

Recommendation 12: UNFPA should design interventions to further generate and communicate evidence and knowledge while optimizing their value through effective policy advocacy.

UNFPA is in a good position to exploit the data and knowledge generated to further its goals. The next CP should have greater emphasis on developing knowledge products based on data and evidence generated during the period, and facilitate effective evidence-based policy dialogue. For example, UNFPA should exploit the value of the evidence generated on GBV / IPV from the Women

Wellbeing Survey, the construction of the National Transfer Accounts, the data on SDG indicators, and so on. At the same time, UNFPA should support interventions to generate further evidence and knowledge in areas of need, including maternal health and SRH services, child marriage, teenage pregnancy; and the gaps between current CSE curriculum taught in schools and those aligned with global standards.

UNFPA should promote availability of disaggregated data to gain better knowledge of factors affecting those most left behind.

Priority: High

Target level: CO, APRO

Based on conclusions: 13

<p>Recommendation 13: UNFPA should continue support in the next CP for the completion and sustainability of the interventions to improve communication of official statistics to make them more accessible, informative, more inclusive and to reach wider audiences.</p>
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UNFPA should continue to provide support for the full implementation of the Communication Strategy including the improvement of the website, use of the additional languages, and the publishing of statistics in braille and other technologies to reach the visually impaired. UNFPA should also support DCS to fully implement the data visualization functionality, enabling the department to communicate statistics more effectively and in line with current trends.

In addition, and in order for the country to fully benefit from the proposed improvements, UNFPA should support the government in the development of a comprehensive policy framework to significantly improve access to official statistics and related information especially through online access.

Priority: High

Target level: CO

Based on conclusions: 14

ANNEXES

Annex 1 Terms of Reference

TERMS OF REFERENCE FOR THE EVALUATION OF THE UNITED NATIONS POPULATION FUND (UNFPA) 9TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF SRI LANKA (2018-2022)



**1.1 CPE Terms of
Reference - Sri Lanka**

Annex 2 List of persons / institutions met



stakeholder list
updated 30-12-2021.>

Annex 3 List of documents consulted

Document
UNFPA Sri Lanka, CPE Terms of Reference, May 2021
UNFPA Strategic Plan (2018-2021)
UNSDF Sri Lanka (2018 – 2022)
Common Country Analysis (CCA) Report 2016
UNFPA Sri Lanka 9 th Country Programme Document (2018-2022)
UNCT: Joint Work Plans, Joint Program documents, Joint Annual Progress Reports
UNCT: Documentation regarding joint work groups, meeting agendas and minutes
Thematic research reports, surveys, studies and policy briefs on SRHR, Adolescents and Youth, Gender, Population Dynamics
Donor reports
Donor working group meetings, agendas and minutes
Relevant national policy and strategy documents on: <ul style="list-style-type: none"> • SRHR • Adolescents and Youth • Gender • Population and development
UNFPA Sri Lanka - Atlas list of projects, budgets and expenditure
Work plan progress reports
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Annual progress reports for each AWP
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Annex 4: Evaluation Matrix



Annex 4 - Evaluation
Matrix.docx

Annex 5: Data Collection Tools



Annex 5 - Data
Collection Tools.docx