



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
5 July 2022

Original: English

**Second regular session 2022**

29 August to 1 September 2022, New York

Item 5 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Sri Lanka**

Proposed indicative UNFPA assistance:	\$9.6 million: \$3.6 million from regular resources and \$6 million through co-financing modalities or other resources
Programme period:	Five years (2023–2027)
Cycle of assistance:	Tenth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027



## I. Programme rationale

1. Sri Lanka, with a population of 21 million, is a multi-ethnic, multi-religious country, with strong social welfare policies and a market-driven economy. The country is committed to the Sustainable Development Goals (SDGs) and has renewed its commitment to the International Conference on Population and Development (ICPD) through its 10 voluntary national commitments at the Nairobi Summit (ICPD+25). However, it faces several challenges in achieving its national development goals and commitments. Following the end of the 30-year conflict in 2009, Sri Lanka witnessed strong economic growth and progressed to an upper-middle-income status for a brief period in 2019. Even though the risk of a recurrence of armed conflict is minimal, decades of conflict have led to mistrust and deep divisions along ethno-religious lines. The current economic crisis is a potential driver of conflict that could exacerbate existing tensions. Hence addressing social cohesion remains an important priority.

2. Sri Lanka is experiencing an acute economic crisis, with an unsustainable level of public debts and depletion of foreign reserves, due to recent fiscal policy changes and pandemic-induced setbacks. Moreover, the country is experiencing hyperinflation. The Rupee depreciated by 52.2 per cent between February and March 2022, creating disruptions in the supply of essential goods and increasing the cost of living significantly. This has reduced disposable income, limited the buying power of citizens and deepened the vulnerabilities of the population. The inability to meet basic needs has increased the individual care burden, which, in turn, has raised the levels of anxiety for individuals and at the community level. The economic situation is forecast to prevail for two to three years. With the national focus on managing the economic crisis, investments in the health, well-being and empowerment of women, young people and other marginalized groups could be compromised.

3. The demographic transition to an ageing society, due to declining fertility and increasing life expectancy, further challenges development. Youth make up a quarter of the population while older persons account for 12.4 per cent (and are projected to increase by 103 per cent by 2037), with women continuing to make up the majority. This transition will lead to changes in labour force participation and productivity, savings and consumption behaviour over the life cycle and necessitate changes to fiscal requirements due to increased pension and health costs. As per the National Transfer Account analysis, with the future growth of the older population, the country would need an additional Rupees 76 billion for public consumption by 2037. Addressing the challenges of the population aging and maximizing the productivity potential specifically of youth and women requires ensuring that effective policies adopting a range of rights-based, gender-transformative life-cycle approaches are in place.

4. Despite the progress made towards gender equality, specifically in education and health care, gender-based discrimination and violence is still prevalent. Anecdotal evidence reflects an increased incidence during the COVID-19 pandemic. The national Women's Well-being survey 2019 indicates that 20.4 per cent of ever-partnered women have experienced physical or sexual violence by an intimate partner in their lifetime and 24.9 per cent have experienced such violence since age 15 by a partner or non-partner. Overcoming existing structural barriers and societal norms that perpetuate gender stereotypes and biases and addressing gaps and weaknesses in the implementation of gender-based violence response and prevention mechanisms remains critical in addressing gender equality and women's empowerment.

5. Progress in advancing sexual and reproductive health and reproductive rights has remained stagnant, with regional disparities. The modern contraceptive prevalence rate is 64.6 per cent among married women aged 15-49 years, with Mannar (18 per cent), Vavuniya (33 per cent) and Batticaloa (32 per cent) districts reporting the lowest levels of contraceptive use. Reduction in the adolescent birth rate has stagnated for the past two decades, standing at 20.5 births per 1,000 women aged 15-19 years in 2019. Key contributory factors are low levels of knowledge among young people and challenges in access to sexual and reproductive health services. Ensuring sexual reproductive health and reproductive rights is further

challenged by rising ethno-religious tensions and conservatism, coupled with widespread misinformation, weakening ethnic harmony. Youth need to be engaged as change agents, strengthening social cohesion and for enhanced access to accurate information.

6. Despite a marginal reduction in maternal deaths over the years, the maternal mortality ratio has been stagnant for a decade (36 deaths per 100,000 live births in 2017). According to the 2019 maternal death analysis, 53.5 per cent of maternal deaths were preventable and 4.3 per cent of maternal deaths occurred at home, with neonatal deaths going unreported. The COVID-19 pandemic caused a significant increase in maternal death, with 57 deaths reported from May to October 2021. Maternal mortality reflects intersectional inequalities, showing a disproportionate and differentiated impact in specific geographical areas and demographic groups. Targeted evidence-based intervention is requisite to achieving zero maternal deaths.

7. The Common Country Analysis (CCA) identified data for effective decision-making as a key priority for sustainable development. It notes that Sri Lanka's existing statistical capacity only offers a limited coverage of the SDG indicators. Existing challenges in accessing microdata limits the potential for in-depth analysis on existing and emerging issues for sustainable development. Policy changes and investments are needed to strengthen data collection, analysis, dissemination and utilization.

8. Persons with disabilities, female-headed households, women working in the estate sector, older women, persons of diverse sexual orientations and gender identities, migrant workers, female sex workers, persons living with HIV/AIDS, drug users and incarcerated women were some of the groups identified in the CCA as those furthest left behind. These groups face intersecting forms of discrimination and other barriers to access sexual and reproductive health information and services and are at greater risk of experiencing violence. Broadening the use of data and exploring new data sources is essential for effective rights-based policy-making and service delivery to reach those furthest left behind.

9. Sri Lanka is vulnerable to natural disasters, with an expected 1.2 per cent annual gross domestic product loss by 2050 due to climate change. Women are disproportionately affected by natural disasters, affecting their livelihoods, leading to declining living standards, worsening their health and increasing their vulnerability to gender-based violence. Increased investments are required in strengthening disaster preparedness and response for women, girls and other marginalized groups; and there is a need for rapid response through prepositioning and capacity development of partners.

10. The programme is derived from the theory of change and strategic priorities of the United Nations Sustainable Development Framework (UNSDCF), 2023-2027, designed to respond to the peacebuilding and sustainable development agenda of the Government of Sri Lanka. UNFPA will contribute through its comparative advantages: (a) providing leadership in the areas of sexual and reproductive health and reproductive rights, including maternal health, and addressing gender-based violence; (b) strengthening population data; and (c) promoting evidence-based policy and decision-making in population and development. UNFPA displays a strong commitment to the UNSDCF, through active participation in the United Nations inter-agency working groups on SDGs, in particular goals 3 and 5, as the co-chair of the United Nations country team working group on gender equality and women's empowerment.

11. The programme is informed by the recommendations from the evaluation of the previous country programme to (a) pursue greater national ownership of issues and solutions, use innovative methods to mitigate the challenges of cultural sensitivities to the implementation of sexual and reproductive health services and comprehensive sexuality education; (b) further enhance partnerships with the Government, the private sector, other United Nations organizations, civil society organizations and donors, including through South-South and triangular cooperation; (c) pursue innovation in a systematic and proactive manner to ensure it fully exploits available opportunities; (d) re-strategize youth interventions, focusing on the existence of appropriate national policy and institutional capacities for ongoing youth engagement; and (e) strengthen the ongoing work on data and

evidence generation to influence policy on gender-based violence, sexual reproductive health and reproductive rights, and population ageing.

## II. Programme priorities and partnerships

12. The programme, designed in consultation with the Government, and other national and international stakeholders, will support the development agenda and priorities of the Government of Sri Lanka as outlined in the National Policy Framework, “Vistas of Prosperity and Splendour”, which prioritizes strengthening health, supporting the economic and social contribution of women, and harnessing the power of youth, focusing on those furthest left behind.

13. The programme will directly contribute to the UNSDCF outcome 1 (strengthened, resilient and equitable social service systems and enhanced well-being); outcome 2 (sustainable and inclusive, green-led growth, people-centred economic recovery, livelihoods and productivity); outcome 4 (accountable and inclusive governance, justice and the rule of law); and outcome 6 (gender equality and women’s empowerment); and the three UNFPA strategic plan outcomes. It will address gender and social norm change as a pathway to accelerating progress on the three transformative goals. The programme proposes ensuring that women, young people and other marginalized groups in Sri Lanka are empowered to exercise their full rights, representation and agency and live free from discrimination and violence. The programme will draw from the UNFPA Strategic Plan 2022-2025, with focus on three outputs: (a) policy and accountability; (b) gender and social norms; and (c) population change and data; while also contributing to quality of care and adolescents and youth outputs.

14. Working within the framework of the UNSCDF with other United Nations organizations, the programme will directly contribute to addressing sexual and reproductive health and reproductive rights, gender-based violence, youth empowerment and the provision of SDG data. The sexual and reproductive health interventions will target adolescents, youth and vulnerable women with rights-based information and services, including strengthening of out-of-school comprehensive sexuality education through the opportunity created with the high digital penetration throughout Sri Lanka. UNFPA will provide technical support to the development and execution of national gender equality and women’s empowerment as well as youth policies and support the provision of quality gender-based violence services through referral pathways that also include shelters. The programme will engage young people on issues that affect them, including health, life skills, social cohesion, and emergency and disaster response. The Government will be supported with timely SDG data collection, analysis and dissemination to aid planning and response, including the planning and execution of the 2023 census. The programme will strengthen evidence generation through analysis and use of data to inform policies and plans that accelerate the three transformative results and address broader socio-economic issues. Given Sri Lanka’s demographic transition, the programme will focus on population aging and its implication on socio-economic development and care for older persons.

15. The programme will prioritize the provision of thought leadership in critical areas of national development and support the country’s efforts to deliver on its normative and national commitments. These include the 2030 Agenda for Sustainable Development, the ICPD Programme of Action, the Universal Periodic Review (UPR) and the Convention on the Elimination of All Forms of Discrimination against Women. To deliver Sri Lanka’s commitment made at ICPD+25, UNFPA will support policy advocacy for increased financial commitments to sexual and reproductive health and reproductive rights and for gender-based violence interventions. The programme will seek partnerships to develop targeted intervention to improve access to family planning information and services and addressing cause-specific mortality issues and regional disparities related to maternal mortality. Risk-informed approaches and strengthening emergency preparedness and response will be integrated while a resilience building approach will be applied across the humanitarian-development continuum.

16. The programme delivery will be through (a) advocacy and policy dialogue, with inclusive participation; (b) capacity development of implementing partners and beneficiaries; and (c) knowledge management through the generation of data and evidence. All accelerators will be integrated across the programme: (a) data and evidence; (b) innovation and digitalization; (c) partnerships, South-South and triangular cooperation, and financing; (d) human rights-based and gender-transformative approaches; (e) resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts; and (f) ‘leaving no one behind’, to ensure that all interventions targeting policy change and system strengthening will promote inclusivity and uphold the rights of all.

17. Expanded multi-stakeholder partnerships and innovative collaborations for impact will form the core of the programme design, ensuring a strong focus on comparative advantage and the unique value proposition of UNFPA. Strategic engagement with a broader network of public and private stakeholders including non-traditional partners, multinationals, international financial institutions, religious leaders, influencers and foundations will be prioritized. Youth networks and innovative partnerships will be strengthened to engage youth from those furthest left-behind groups. UNFPA will work with the Government to identify gaps in policies and policy implementation and to create an enabling environment. UNFPA will coordinate with United Nations organizations to ensure synergies and complementarity throughout the UNSDCF implementation. UNFPA will continue to work closely with UN-Women and others to accelerate interventions to achieve gender equality and address social and gender norms and collaborate with the World Health Organization (WHO), UNICEF, UNDP and the World Food Programme (WFP) on health systems strengthening to deliver quality comprehensive sexual and reproductive health services and to strengthen the resilience of institutions, systems, communities and individuals. UNFPA will work closely with several United Nations partners, including UNDP and the International Labour Organization (ILO), to strengthen data and evidence.

18. The programme will expand partnerships with academics, think tanks, corporations and business owners to explore the South-South and triangular cooperation model. These partnerships will result in the generation of new knowledge and the integration of data and evidence throughout the programme, leading to strengthening the role of UNFPA as a thought leader. Prioritizing the shift from funding to financing and with a view to safeguarding existing investments, UNFPA will seek to present investment cases demonstrating the economic gains of investing in the three transformative results. UNFPA will continue to explore innovative ways to effectively disseminate evidence-based messages through strategic communications and advocacy initiatives aimed at mobilizing support for social change interventions.

**A. Output 1: Increased availability of sexual reproductive health services, including family planning services, information and education to women and young people, people living with disabilities, ethnic minorities and other vulnerable groups, in target districts across the humanitarian-development-peace-building continuum**

19. This output contributes to UNSDCF outcomes 1, 2 and 6, Strategic Plan outcome 1, and SDG 3 and 5. In the context of the stagnating contraceptive prevalence and adolescent pregnancy rates, the programme will focus on promoting a human rights-based approach through partnerships with the public and private sectors to ensure access to sexual and reproductive health information and services for vulnerable and marginalized groups, including people with disabilities. UNFPA will work with the Government, specifically the ministries of health and education, civil society and youth networks to generate data and evidence to support strengthening health systems for the provision of high-quality, right-based sexual and reproductive health information and services for all.

20. This output will be achieved by (a) strengthening the capacity of teachers and teacher educators to deliver comprehensive sexuality education in school; (b) strengthening web and mobile platforms and the capacities of youth organizations to deliver out-of-school comprehensive sexuality education; (c) supporting the Ministry of Education to develop a

national guideline on comprehensive sexuality education; (d) building the capacities of public health workers in regional and subregional healthcare settings in identified low-performing districts to deliver quality family planning services; (e) addressing supply chain interruptions in family planning services through the formulation of guidelines and provision of commodities in development and humanitarian contexts; and (f) promoting youth participation in advocacy and decision-making on issues affecting their health, well-being, development and social cohesion.

**B. Output 2: Increased national and subnational capacity to provide high-quality maternal health services for women, adolescents and young women, particularly those from vulnerable groups, including persons with disabilities, in areas with the highest maternal mortality, in development and humanitarian contexts**

21. This output contributes to UNSDCF outcomes 1, 2 and 6, Strategic Plan outcome 2, and SDG 3. The output will support the design and implementation of policies and plans, strengthen systems and build the capacities of health workers to address gaps in the quality of care of maternal health within the context of a comprehensive package of sexual and reproductive health services, in development and humanitarian contexts. The programme will advocate ending preventable maternal mortality through increased investments to improve health care facilities and gender responsive rights-based services to reduce pregnancy complications and high-risk pregnancies. UNFPA will further strengthen evidence-based interventions for maternal health in the universal health coverage package and improve the quality of maternal health financing. UNFPA will also continue to advocate for targeted interventions to further reduce preventable maternal deaths, reaching those furthest left behind with accurate information and services.

22. This will be achieved by (a) strengthening health management information systems through data generation, including on maternal and perinatal death reviews, to enable confidential inquiries on addressing disparities and gaps in access to care and to influence rights-based policy decisions; (b) assessing the quality of maternal health care with a specific focus on emergency obstetric and neonatal care to strengthen the capacity of facilities; and (c) advocating strengthening the midwifery institutional capacity by enhancing the national midwifery education, in accordance with international standards.

**C. Output 3: Strengthened mechanisms and capacities of national and community actors to change discriminatory gender and social norms and to promote gender equality and women's empowerment**

23. This output contributes to UNSDCF outcomes 1, 2 and 6, Strategic Plan outcome 3, and SDG 5. UNFPA will invest in context-specific high-level advocacy to address policy and systemic gender equality gaps towards gender and social norm change. The programme will take a 'whole of community' approach to gender-based violence prevention and response by empowering women, girls and young people left behind and by mobilizing communities to challenge harmful gender norms and promote survivor-centred, gender equitable attitudes, behaviours and practices. Further, institutions will be strengthened to create an enabling environment to address discriminatory, negative social and gender norms. UNFPA will advocate for the inclusion of family planning and other reproductive health services in universal health coverage schemes as well as in key legal, policy and financing frameworks.

24. The programme will focus on (a) strengthening collective evidence-informed advocacy to ensure that laws, policies and practices promote and protect the rights of women, girls and other marginalized groups, in line with normative frameworks; (b) providing technical assistance to generate and use evidence on gaps in policies and laws, with a focus on those furthest left behind, providing a basis for domestic resource allocation and informed policy-making on gender equality and women's empowerment, including family planning, maternal health and adolescent pregnancy, focusing on regional disparities and minority groups; (c) implementing evidence-informed interventions that promote positive masculinity models and transform discriminatory norms, beliefs and attitudes, taking a 'whole of community'

approach; (d) strengthening partnerships with women-led organizations, marginalized groups, community and religious leaders and the media to promote survivor-centred, gender-equitable attitudes, behaviours and practices; (e) building capacities of religious and community leaders to promote access to sexual and reproductive health and address discriminatory social and gender norms; and (f) strengthening communication capacities of service providers to mitigate misconceptions and myths on sexual and reproductive health, including on adolescent pregnancy and mental health.

**D. Output 4: Strengthened mechanisms and capacities for the prevention of and response to gender-based violence and harmful practices through multisectoral coordination, in development and humanitarian contexts**

25. The output contributes to UNSDCF outcomes 1, 2 and 6, Strategic Plan outcome 3, and SDG 5. It will scale up proven effective interventions for gender-based violence prevention and response through strengthened multisectoral coordination mechanisms at divisional and district levels and via evidence-based interventions to strengthen prevention and response to gender-based violence. This output also envisages strengthening or expanding existing multisectoral platforms that engage target populations and address gender-based violence

26. This will be achieved by (a) reviewing and addressing gaps in multisectoral coordination mechanisms and essential service delivery systems addressing gender-based violence; (b) supporting the implementation and monitoring of the National Action Plan on sexual and gender-based violence, and the Women Peace and Security Action Plan; (c) strengthening multistakeholder civil society and community based platforms for prevention of and response to gender-based violence; (d) strengthening district-level and division-level coordination mechanisms established to deliver comprehensive multisectoral gender-based violence response services; (e) strengthening national and community preparedness to integrate gender-responsive and rights-based approaches in climate actions, disaster risk management and reduction framework; and (f) providing technical support to the public and private sectors to address sexual harassment at the workplace.

**E. Output 5: Strengthened national capacity to generate, analyse, disseminate and utilize disaggregated population data for formulating inclusive, rights-based and gender-transformative development policies**

27. This output contributes to UNSDCF outcome 4, SDGs 3, 5, and 17 and responding to all three Strategic Plan outcomes by supporting the achievement of the other four outputs of the country programme. It will focus on strengthening the capacity of the Department of Census and Statistics for the generation, analysis and use of the census, surveys, administrative records and big data to inform and monitor progress on national development and the transformative results and to support inclusion by strengthening the accessibility of data for all. The programme will promote the use of rights-based and gender-transformative life-cycle approaches to population ageing and advocate for improving data dissemination and encourage analysis and research.

28. The programme will (a) strengthen the capacities of the Department of Census and Statistics and other relevant ministries to generate disaggregated population data, including the census and the demographic health survey, to track progress of the achievement of the SDGs, the ICPD agenda and commitments to the UPR and other treaty bodies; (b) strengthen the capacities of government partners to utilize disaggregated population data, including innovative approaches such as big data for targeting those furthest left behind and for disaster preparedness and response; (c) strengthen the capacities of the Government, academics and research partners to conduct in-depth analysis and research on emerging issues, including population ageing and low fertility, by applying methodologies such as national transfer accounts; (d) increase engagement of legislators, key decision-makers, women and youth in evidence-informed policy discussions on emerging issues, including population aging and low fertility, to promote policy reform; and (e) digitize the current health information management systems for evidence-based family-planning programming.

### **III. Programme and risk management**

29. The country programme will be implemented within the UNSDCF under the coordination of the Ministry of Economic Policies, together with implementing partners and other stakeholders. UNFPA will actively participate in the UNSDCF coordination mechanism through working groups and identify synergies with other United Nations organizations for policy advocacy to accelerate progress toward the SDGs and UNFPA transformative goals.

30. The country office will align staffing to programme needs and mobilize strategic partnerships with the United Nations organizations and academic institutions to respond effectively to the growing demands for technical assistance. Support will be sought from the regional office and headquarters, as needed.

31. The trajectory of the COVID-19 recovery is currently overshadowed by political instability and worsening economic crisis. The resulting changes in government priorities are risks that can impact the programme. Building upon lessons learned and evidence gathered during the COVID-19 pandemic, risks will also be mitigated through regular environmental scanning and continuous engagement with key stakeholders. UNFPA will emphasize adaptive strategies for planning and implementation to adapt to the changing external environment and mitigate its effects. This will include using scenario planning and data-driven decision-making for course correction using the results-based management framework. UNFPA will apply a human-centred approach to problem solving, specifically to tackle ‘last-mile’ challenges and accelerate progress towards achievement of the transformative results.

32. Another risk is the failure to mobilize the resources required for the implementation of the programme. To mitigate this risk UNFPA has developed an integrated partnerships and resource mobilization plan based on an analysis of the existing landscape and a mapping of resource requirements. UNFPA will emphasize partner diversification and resource mobilization from a range of funding sources to achieve programmatic sustainability and scalability.

33. Natural disasters may disrupt services, deepen inequality and shift priorities of the Government. UNFPA will provide technical support to the Government to integrate sexual and reproductive health and gender-based violence prevention and response in national contingency and response plans, including by strengthening the prevention of and response to sexual exploitation and abuse. The country office will mobilize financial resources through development partners to respond to humanitarian needs in coordination with the humanitarian country team, the Disaster Management Centre and the Ministry of Health.

34. This country programme outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

### **IV. Monitoring and evaluation**

35. UNFPA is committed to working with the United Nations country team and national stakeholders in establishing a framework to monitor and evaluate the UNSDCF. UN INFO will be used as the main monitoring platform for tracking results. UNFPA will actively participate in inter-agency working groups, including on data, monitoring and evaluation and on gender, and support implementing partners to participate in joint monitoring platforms and joint activities of the UNSDCF, including its evaluation.

36. The country office will support national partners to identify statistical data gaps, strengthen national capacity for evidence-based monitoring and evaluation, and, as the lead agency on data (as outlined in the UNSDCF), support the monitoring of progress towards the SDGs, including through the voluntary national reviews and the UPR.

37. UNFPA will employ the principles of results-based management (RBM) in all its programme management, implementation and results monitoring activities. Having received

the UNFPA ‘RBM seal’, the country office will continue to focus on applying adaptive RBM principles and on strengthening its implementing partners’ capacities to adopt results-based management. Monitoring of results will be carried out at all levels, with government counterparts and partners, and include data collection, real-time monitoring, analysis, visualization, course correction, documenting of good practices, case studies and success stories and quality assurance mechanisms, including field monitoring visits, periodic reviews and other innovative approaches. A costed evaluation plan, which includes a thematic evaluation of gender equality, will be implemented and reviewed periodically, ensuring that adequate resources are allocated for the monitoring and evaluation of the programme.

## RESULTS AND RESOURCES FRAMEWORK FOR SRI LANKA (2023-2027)

<b>NATIONAL PRIORITY:</b> A productive citizen and a happy family (Vistas of Prosperity and Splendour – Policy priority 4).				
<b>UNSDCF OUTCOME:</b> 1: By 2027, more people in Sri Lanka, particularly the most vulnerable, access and benefit from equitable, resilient and gender-responsive quality social services and are better able to live fulfilled lives with well-being and dignity. 2: By 2027, more people in Sri Lanka, particularly youth and the most vulnerable, have improved skills and equal opportunities, benefit from decent, just work and income opportunities and contribute to inclusive, gender-transformative, resilient and green-led economic recovery, growth and diversification. 6: By 2027, women and girls, and other marginalized groups in Sri Lanka are empowered to exercise and enjoy their full rights, representation and agency over all aspects of their lives, and live free from discrimination and violence.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2025, the reduction in the unmet need for family planning has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population <i>Baseline: 65% (2020); Target: 77% (2027).</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 74.2% (2016); Target: 79% (2025)</i></li> </ul>	<p><u>Output 1.</u> Increased availability of sexual reproductive health services, including family planning services, information and education to women and young people, people living with disabilities, ethnic minorities and other vulnerable groups, in target districts across the humanitarian-development-peace-building continuum</p>	<ul style="list-style-type: none"> <li>Existence of national guidelines on comprehensive sexuality education that improve access to sexual reproductive health information and services for in-school and out-of-school vulnerable youth <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Number of platforms (including digital platforms) developed or strengthened to deliver in-school and out-of-school comprehensive sexuality education for young people aged 15-24 years, in line with international standards, and promote social cohesion through improved access to sexual reproductive health information and services <i>Baseline: 6 (2022); Target: 12 (2027)</i></li> <li>Number of healthcare workers capacitated to deliver quality family planning services in identified low-performing areas to address regional disparities in family planning <i>Baseline: 180 (2022); Target: 1,400 (2027)</i></li> <li>Number of women reached with sexual and reproductive health services at the community level in humanitarian contexts <i>Baseline: 30,000 (2022); Target: 600,000 (2027)</i></li> </ul>	<p>Ministries of Health; Education; Sports and Youth Affairs; National Institute of Education; Sri Lanka College of Obstetrics and Gynaecologist; Sri Lanka College of Community Physicians; civil society organizations; youth organisations and networks; UNICEF, UNDP, WHO, WFP; development partners</p>	<p>\$2.0 million (\$0.9 million from regular resources and \$1.1 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> A productive citizen and a happy family (Vistas of Prosperity and Splendour – Policy priority 4).				
<b>UNSDCF OUTCOME:</b> 1: By 2027, more people in Sri Lanka, particularly the most vulnerable, access and benefit from equitable, resilient and gender-responsive quality social services and are better able to live fulfilled lives with wellbeing and dignity. 2: By 2027, more people in Sri Lanka, particularly youth and the most vulnerable, have improved skills and equal opportunities, benefit from decent, just work and income opportunities and contribute to inclusive, gender-transformative, resilient and green-led economic recovery, growth and diversification. 6: By 2027, women and girls, and other marginalised groups in Sri Lanka are empowered to exercise and enjoy their full rights, representation and agency over all aspects of their lives, and live free from discrimination and violence.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 2: By 2025, the reduction of preventable maternal deaths has accelerated.				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population <i>Baseline: 65% (2020); Target: 77% (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Annual rate of reduction of maternal mortality <i>Baseline: 36 per 100,000 (2017); Target: 8% annually (2027)</i></li> </ul>	<p><u>Output 2.</u> Increased national and subnational capacity to provide high-quality maternal health services for women, adolescents and young women, particularly those from vulnerable groups, including persons with disabilities, in areas with the highest maternal mortality, in development and humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>Number of health management information systems strengthened for the routine collection, analysis and dissemination of disaggregated data and evidence on maternal health, as part of the national health information system <i>Baseline: 1 (2022); Target: 3 (2027)</i></li> <li>Number of health facilities providing comprehensive maternal health services by improving the gaps identified through national maternal and neonatal quality assessments, in line with WHO, UNFPA, UNICEF guidelines, in low-performing areas targeting the most vulnerable <i>Baseline: 0 (2022); Target: 5 (2027)</i></li> </ul>	<p>Ministry of Health; Family Health Bureau; Sri Lanka College of Obstetrics and Gynaecologist; Sri Lanka Medical Association; Sri Lanka College of Community physicians; WHO, UNICEF; civil society organizations</p>	<p>\$0.9 million (\$0.2 million from regular resources and \$0.7 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> A productive citizen and a happy family (Vistas of Prosperity and Splendour – Policy priority 4).</p>				
<p><b>UNSDCF OUTCOME:</b> 1: By 2027, more people in Sri Lanka, particularly the most vulnerable, access and benefit from equitable, resilient and gender-responsive quality social services and are better able to live fulfilled lives with wellbeing and dignity. 2: By 2027, more people in Sri Lanka, particularly youth and the most vulnerable, have improved skills and equal opportunities, benefit from decent, just work and income opportunities and contribute to inclusive, gender-transformative, resilient and green-led economic recovery, growth and diversification. 6: By 2027, women and girls, and other marginalised groups in Sri Lanka are empowered to exercise and enjoy their full rights, representation and agency over all aspects of their lives, and live free from discrimination and violence.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months. <i>Baseline: 14.5% (2019); Target: &lt;12.5 % (2027)</i></li> </ul>	<p><u>Output 3.</u> Strengthened mechanisms and capacities of national and community actors to change discriminatory gender and social norms and promote gender equality and women's empowerment.</p>	<ul style="list-style-type: none"> <li>Number of legal frameworks and policies developed or revised, in line with international human rights norms and standards, to address gender equality and women's empowerment <i>Baseline: 6 (2021); Target: 10 (2027)</i></li> <li>Number of community-led initiatives that address social norm change in development and humanitarian contexts <i>Baseline: 2 (2021) Target: 4</i></li> </ul>	<p>State Ministry of Women and Child Development; Preschools and Primary Education; School Infrastructure; Education Services; Ministries of Health, Public Administration and Management, National</p>	<p>\$2.6 million (\$0.3 million from regular resources and \$2.3 million from other resources)</p>

	<u>Output 4.</u> Strengthened mechanisms and capacities for the prevention of and response to gender-based-violence and harmful practices through multisectoral coordination, in development and humanitarian contexts.	<ul style="list-style-type: none"> <li>Number of multisectoral initiatives and platforms strengthened or developed to address gender inequality, including gender-based violence, in development and humanitarian contexts <i>Baseline: 4 (2022); Target: 8 (2027)</i></li> <li>Number of district-level and division-level coordination mechanisms established and strengthened to deliver comprehensive multisectoral gender-based violence response services in development and humanitarian contexts <i>Baseline: 2 (2020); Target:23 (2027)</i></li> <li>Existence of a centralized system to monitor implementation of the National Action Plan on sexual and gender-based violence <i>Baseline: No (2021); Target: Yes (2027)</i></li> </ul>	Forum against Gender-based Violence; civil society organizations; UNDP, UN-Women, the private sector	\$1.6 million (\$0.9 million from regular resources and \$0.7 million from other resources)
<b>NATIONAL PRIORITY:</b> A productive citizen and a happy family (Vistas of Prosperity and Splendour – Policy priority 4).				
<b>UNSDCF OUTCOME:</b> 4: By 2027, people in Sri Lanka, particularly the most vulnerable, have increased trust and confidence to claim and benefit from enhanced, non-discriminatory, gender-responsive, participatory and efficient governance and justice systems and rights-based development.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2025, the reduction in the unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> <li>Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics (SDG 17.18.1) <i>Baseline: 35% (86) (2021); Target: 75% (2027)</i></li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>At least one population and housing census conducted during the last 10 years <i>Baseline:0 (2015); Target: 1 (2024)</i></li> </ul>	<u>Output 5.</u> Strengthened national capacity to generate, analyse, disseminate and utilize disaggregated population data for formulating inclusive, rights-based and gender-transformative development policies.	<ul style="list-style-type: none"> <li>Number of UNFPA priority SDG indicators produced using disaggregated data from administrative records, the census and the Demographic and Health Survey. <i>Baseline: 10 (2021); Target:13 (2027)</i></li> <li>Number of analytical reports produced to inform policy reform to address emerging issues, including population ageing and low fertility. <i>Baseline: 0 (2022); Target:5 (2027)</i></li> <li>Number of evidence-informed parliamentary debates and discussions on addressing the challenges of emerging issues and achieving the transformative results through policy reform. <i>Baseline: 0 (2022); Target: 4 (2027)</i></li> </ul>	Department of Census and Statistics; Department of National Planning; relevant ministries; University of Colombo; parliamentarians; UNDP, WFP, ILO, UNICEF, WHO	\$1.9 million (\$0.7 million from regular resources and \$1.2 million from other resources)  Programme coordination and assistance: \$0.6 million from regular resources