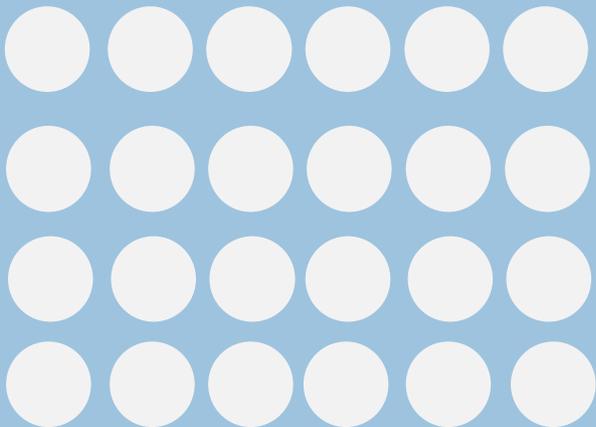


**COUNTRY PROGRAMME ACTION PLAN  
(2013-2017)  
BETWEEN  
THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA  
AND  
UNITED NATIONS POPULATION FUND**



March 2013

## TABLE OF CONTENTS

	Page
TABLE OF CONTENTS	1
ACRONYMS AND ABBREVIATIONS	2
THE FRAMEWORK	3
Part I – The Basis of the Relationship	3
Part II – Situation Analysis	3
Part III – Past Cooperation and Lessons Learned	5
Part IV – Proposed Programme	6
Part V – Partnership Strategy	14
Part VI – Programme Management	15
Part VII – Monitoring and Evaluation	18
Part VIII – Commitment of UNFPA	21
Part IX – Commitment of Government	21
Part X – Other Provisions	22
ANNEX 1 – RESULTS AND RESOURCES FRAMEWORK	23
ANNEX 2 – MONITORING AND EVALUATION FRAMEWORK	25
ANNEX 3 – INDICATIVE RESOURCES OVERVIEW BY PARTNERS	29

## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CPAP	Country Programme Action Plan
EmONC	Emergency Obstetric and Newborn Care
FACE	Fund Authorization and Certification of Expenditures
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MCDWA	Ministry of Child Development and Women's Affairs
MISP	Minimum Initial Service Package for Reproductive Health
NYSC	National Youth Services Council
SAARC	South Asian Association for Regional Cooperation
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
Y-PEER	Youth Peer Education Network

## THE FRAMEWORK

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Sri Lanka (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA);

**Furthering** their mutual agreement and cooperation for the fulfilment of the International Conference on Population and Development (ICPD) Programme of Action;

**Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;

**Entering** into a new period of cooperation;

**Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

**Have agreed as follows:**

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### Part I – The Basis of the Relationship

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1. The Standard Basic Assistance Agreement between the Government and the United Nations Development Programme, dated 20 March 1990 and the exchange of letters between the Government and UNFPA, dated 11 August 2005, constitute the legal basis for the relationship between the Government of Sri Lanka and UNFPA.

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### Part II – Situation Analysis

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1. Sri Lanka, with a per capita gross national income of US\$ 2,836 (2011)<sup>1</sup>, recently emerged as a middle-income country. It has a population of 20.3 million and a population density of 323 persons per square kilometre. The annual population growth rate in recent years has been approximately 0.7%. The total fertility rate is 2.4 children per woman. Life expectancy at birth is 70.3 years for males and 77.9 years for females. The population is expected to stabilize at 24 million in 2030. The population is ageing rapidly. The elderly population is expected to increase by 40% from 2010-2020, from 2.6 million to 3.6 million.

2. The national development policy framework, ‘Mahinda Chintana – Vision for the Future’, seeks to increase per capita income to more than US\$ 4,000 over the next six years. It focuses on developing infrastructure and education and health services.

3. The conclusion of the 27-year internal armed conflict in May 2009 has allowed the country to transition towards peace and stability. However, recent socio-economic analyses indicate that certain areas remain disadvantaged and require special attention.

4. The country’s achievements in respect to the ICPD Programme of Action and the Millennium Development Goals are considered high for a developing country at the lower middle-income level.

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<sup>1</sup> The following data sources were used in this document:

- a. Annual Report 2011, Ministry of Finance and Planning, 2011;
- b. Demographic and Health Survey 2006/07;
- c. Department of Census and Statistics;
- d. Family Health Bureau;
- e. Sri Lanka Socio-Economic Data 2011, Central Bank of Sri Lanka.

Sri Lanka is on track to achieve the Millennium Development Goals related to poverty, education and health, while in gender Sri Lanka is partially on track.

5. The poverty rate, which was above 25% in the 1990s, dropped to 15.2% in 2006-2007 and to 8.9% in 2009-2010. Sri Lanka has made significant progress in education and health and is likely to achieve the ICPD goals and the Millennium Development Goal targets related to these areas by 2015. This progress has benefited both genders.

6. A well-established health service, free of cost to clients, together with free education, has contributed to satisfactory health indicators. The infant mortality rate declined from 19.3 deaths per 1,000 live births in 1990 to 10.1 in 2006. However, progress in reducing maternal mortality has stalled; the maternal mortality ratio decreased from 40.5 maternal deaths per 100,000 live births in 1955 to 33.3 in 2010. 58% of the maternal deaths occur due to direct obstetric causes with a wide variation among districts from 13 per 100,000 live births in Matara district to 100 per 100,000 live births in Mannar district. Similarly, although infant mortality is low, perinatal and neonatal mortality rates have remained relatively the same for the last few years. Although reproductive health indicators are satisfactory at the national level, there are thus significant regional disparities. There is a need to sustain achievements in the area of reproductive health while addressing regional disparities and ensuring access to services for vulnerable segments of the population, including youth and survivors of gender-based violence.

7. The quality of reproductive health services does not always meet international standards and protocols. The contraceptive prevalence rate for modern methods is 52.5%, which is low for a country with a good health infrastructure, a high female literacy rate and low fertility.

8. The unmet need for contraception is 7.3%, with geographical variations ranging from 3.5% to 23%. The highest unmet need for contraception is 13.5% for the 15-19 age group indicating suboptimal service coverage for the young. This indicator applies only to married adolescents constituting, however, only 10% of all adolescents. The Demographic Health Survey 2006/07 revealed that almost one third of family planning users discontinued using the method within 12 months. In 75% of the cases this was due to health concerns and side-effects. The highest discontinuation rate was reported among oral pill users. These findings indicate the need for strengthening of counselling and follow-up of contraceptive users.

9. Septic abortion contributes to 10% of maternal deaths, according to the Ministry of Health. This points to a continued need to focus attention on the quality of family planning services and the unmet need for contraception. Reproductive health services, including services that seek to prevent and address gender-based violence, receive a low priority in health-sector emergency preparedness and response efforts. With regard to HIV/AIDS, Sri Lanka has a low prevalence (less than 0.1%). However, populations that are most at risk, including female sex workers, remain vulnerable. Correct and comprehensive knowledge on HIV and AIDS among married 15-24 years old women is a mere 17.3%.

10. The knowledge of adolescents and youth on sexuality and reproductive health, including reproductive health services, is low. Reproductive health services focus on married or eligible couples. With the average age of first marriage having risen to 25 years for females and 27 years for males, premarital sex is becoming more common. The policy framework for youth issues and concerns is inadequate but is being developed.

11. In terms of gender equality, the development framework of the Government recognizes women as 'pioneers' of development. This framework addresses women who are unemployed, pregnant, widowed and destitute, as well as those who head households. Sri Lanka has developed a National Action Plan on Women based on the Beijing Platform for Action, and a 2005 domestic violence act addresses violence against women at home and in personal relationships. However, the implementation of these and other legal and policy instruments require improvement. As highlighted in the country's report to the forty-eighth session of the Committee on the Elimination of Discrimination against Women in January 2011, there are several issues of continued concerns: low participation of women in politics, abuse of female migrant workers, women's high unemployment

rates, the need for economic empowerment of rural women, the prevalence of gender-discriminatory laws, and violence against women and girls.

12. The Ministry of Child Development and Women's Affairs (MCDWA) has appointed front-line workers to implement community programmes to enhance women's rights and prevent gender-based violence. However, the capacity of these workers, particularly those recently appointed for the northern and eastern parts of the country, is low, hampering the delivery of support for women, including survivors of violence.

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### **Part III – Past Cooperation and Lessons Learned**

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13. The seventh country programme, 2008-2012, sought to: (i) ensure equitable access to and utilization of high-quality reproductive health services; (ii) strengthen institutional mechanisms and empower communities to protect the rights of women and girls; and (iii) enhance the utilization of population data. The programme included national-level interventions in addition to focused interventions in five selected areas with poor social indicators: the districts of Anuradhapura, Batticaloa, Nuwara Eliya and Vavuniya, and the division of Kalmunai in Ampara district.

14. The country programme evaluation found that progress had been made in: (i) strengthening the capacity of the national health system to deliver reproductive health services by expanding family planning services and by establishing a quality assurance system, a national reproductive health commodity security strategy, and six hospital care centres for gender-based violence; and (ii) preventing sexually transmitted infections and HIV/AIDS by providing services to approximately 5,500 sex workers through community-based organizations and advocating an enabling environment among law enforcement personnel.

15. The evaluation also pointed to progress made in: (i) increasing the coverage of youth-friendly reproductive health services to approximately 66,500 young people; and (ii) strengthening the national capacity to prevent and respond to gender-based violence through advocacy, the strengthening of the Forum against Gender-based Violence, and support to three civil society partners, which operated 15 women's centres.

16. UNFPA also implemented a humanitarian response programme in the northern part of the country during the humanitarian crisis in 2009-2010. This programme ensured the uninterrupted provision of reproductive health services to internally displaced persons, returnees and host communities to prevent maternal and neonatal mortality and morbidity and to respond to gender-based violence.

17. One of the key lessons learned was the usefulness of the district approach, which allowed the targeted delivery of selected programme components to underserved geographical areas. This approach will continue, with further attention being paid to areas of need within districts.

18. Another useful approach was the integrated model that addressed gender-based violence through multi-purpose women's centres. This approach involved communities, civil society partners and government agencies in interventions and prevention efforts. UNFPA will build on this model while gradually phasing out support in existing locations, to ensure the sustainability and self-reliance of civil society partners. UNFPA will also pilot an adaptation of the model in the governmental sector at the district level.

19. The evaluation recommended maintaining a focus on vulnerable segments of the population, such as survivors of gender-based violence, female sex workers, young people outside school, resettled populations, and populations in the plantation sector. Other lessons learned included the need for increased engagement in advocacy and policy work, and for building the capacity of implementing partners, including civil society organizations. The evaluation emphasized the importance of partnerships between UNFPA and the Government and other implementing partners. The proposed programme incorporates these lessons.

## Part IV – Proposed Programme

20. The UNDAF is the basis for United Nations assistance programmes at the country level and is the main reference for UNFPA in formulating and developing its country programme, its primary vehicle for the delivery of UNFPA assistance. The UNFPA-supported programme is based on national ICPD-related goals and priorities, national Millennium Development Goals and poverty-reduction targets as expressed in national development plans. The UNFPA country programme contributes to selected results of the UNDAF and in turn to national priorities and plans as per its comparative advantage in the country, building on past support and achievements.

21. UNFPA and the Government developed the programme within the framework of the UNDAF, 2013-2017. It responds to national priorities as expressed in national development plans, including the health master plan and the national population and reproductive health policy. It is based on the country population situation analysis and the findings and recommendations of the evaluation of the country programme, 2008-2012, and is aligned with the UNFPA strategic plan.

22. The country programme outputs contributes to three outcomes of the UNFPA Strategic Plan:

Outcome 2: Maternal and newborn health

Output 1: Strengthened national capacity to deliver quality reproductive health services

Output 2: Strengthened capacity to deliver quality services for emergency obstetric and newborn care in underserved areas

Outcome 5: Gender equality and reproductive rights

Output 4: Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and to respond to gender-based violence

Outcome 6: Young people's sexual and reproductive health and sexuality education

Output 3: Increased accessibility for young people to quality services and information on sexual and reproductive health and rights

23. The UNFPA programme recognizes that Sri Lanka, as a recently designated middle-income country, continues to need support to consolidate and sustain earlier achievements, and will benefit from 'upstream' policy development and advocacy efforts. In addition, the programme recognizes the need to address inter- and intra-district disparities, including in the North. The programme also seeks to target vulnerable segments of the population.

### Maternal and newborn health

#### **Output 1: Strengthened national capacity to deliver quality reproductive health services**

Six strategies are identified to achieve this output.

##### *Strategy 1: improve the quality of the reproductive health service delivery system*

The focus of this strategy is to support the Ministry of Health in establishing a quality assurance system at national, provincial and district levels. Three major groups of activities are proposed and these are: (i) capacity building of key reproductive health service providers, (ii) establishing quality assurance systems and (iii) demand creation through improved knowledge of the clients:

a. The capacity building activities will build on the ongoing collaboration with the education, training and research unit in the development of competency based curriculum for reproductive health service providers. The focus is on strengthening the capacity and capability of regional training institutions in competency based training through training of trainers, provision of training materials and equipment as needed, and follow up activities. Support will also be given to the national level institutions to monitor the quality of training provided in the training centres using standardized tools. A midterm evaluation of the support will be built into the programme.

b. Support will be provided to the Family Health Bureau to develop quality assurance systems for reproductive health services and their monitoring. The activities will build on the outcomes of the activities planned in 2012 such as the designation of a focal point with well-defined terms of reference and the development of road map for establishing a quality assurance system. Key systems related activities will include consensus building on the road map for establishing quality assurance systems, technical assistance for adaptation of quality improvement process and tools-based, such as the Client Oriented Provider Efficient, and its implementation, establishing quality assurance circles at provincial and district level and costing of the strategy. Support will be provided to the Family Health Bureau, the Sri Lanka College of Obstetricians and Gynaecologists and other relevant professional colleges to review the existing standards and protocols for reproductive health services and development of new ones, its implementation through orientation or training as needed of reproductive health staff and monitoring of adherence to standards. In addition, support will be provided to the Family Health Bureau to enhance the quality and coverage of screening for cervical cancer and to address the reproductive needs of post-menopausal women.

c. Support will be provided to implement the evidence-based behaviour change and communication strategy, developed in 2012, targeting communities to improve their knowledge and practices related to reproductive health and service providers. Development of monitoring and evaluation indicators, strengthening the skills of district health managers including health educators to monitor the implementation and quality of communication related activities as well as skills of reproductive health service providers in inter-personal communication will be key sub-activities (the latter linked to capacity building listed under a. above).

*Strategy 2: strengthen the capacity of the health system to address the unmet need for family planning and prevent unwanted pregnancies*

Addressing unmet needs for family planning and prevent unwanted pregnancies need a multi-pronged strategy based on evidence reflecting the reasons for unmet needs. The following activities will be supported:

a. Strengthen knowledge and practice of family planning among populations with high unmet needs with special emphasis on vulnerable groups such as sexually active young people, sex workers and women of the older reproductive age group who had completed their families. Activities will include support to review the current recording and reporting system of family planning focusing on monitoring of discontinuation rates and skills development of key reproductive health staff in family planning, particularly (i) counseling, (ii) client-provider interaction, and (iii) follow-up with family planning acceptors.

b. Support will be provided to conduct operational research to assess the knowledge, attitudes and practices among population groups where the unmet needs of family planning and abortions are high and to develop and implement communication strategies to address the needs of the population groups identified using the evidence from the studies.

c. Quality of commodities and availability of commodities are critical for reducing unmet needs; proposed activities include improving the quality of warehousing and logistics management information systems. Support will be given to establish a quality assurance system in the national procurement of contraceptives. Support will be given to improve condom programming, thus contributing to ensuring complementarity of efforts by the Family Health Bureau and the National STD/AIDS Control Programme. This will also contribute to strengthening linkages between sexual and reproductive health (SRH) and HIV programmes. Additional support may be considered in meeting unexpected shortfalls of contraceptive commodities and in introducing new contraceptive methods into the national family planning programme.

*Strategy 3: prevent and respond to gender-based violence*

Under the leadership of Family Health Bureau, activities have been initiated in selected provinces to strengthen health sector response to gender-based violence. The proposed activities under this strategy will focus on prevention of gender-based violence and strengthening health sector to respond to

gender-based violence building on the ongoing initiatives. Under this strategy, the following activities will be supported:

- a. Establishment of hospital-based care centres at district level for survivors of gender-based violence in selected locations.
- b. Development of (i) operational guidelines that emphasize confidentiality and referral guidelines, development of protocols adapting international protocols; (ii) a system of reporting of cases of gender-based violence managed at health facilities that is unlinked and anonymous in line with WHO recommendations; and (iii) guidelines and procedures for multi-sectoral coordination that includes linkages with Women Development Officers and other stakeholders.
- c. Capacity building of health staff in prevention of gender-based violence and management of cases; and continued advocacy with policy makers to institutionalize care for gender-based violence into health systems.
- d. The region does not have effective models on health sector response to gender-based violence. The successful efforts of the Family Health Bureau towards integration of health sector response to gender-based violence opens up the potential to develop 1-2 centres of excellence as models for management of gender-based violence in health sector for south-south collaboration in capacity building.

*Strategy 4: enhance emergency preparedness and response in the area of reproductive health*

Capacity building of health workers in the Minimum Initial Service Package on Reproductive Health (MISP) and advocacy for inclusion of reproductive health and gender concerns in national preparedness plans have been key strategies under the seventh country programme. However, much more needs to be done to maintain the level of preparedness and response. The activities cover two major areas:

- a. Under preparedness, identification of a national emergency reproductive health coordinator within the Family Health Bureau, strengthening district emergency planning to incorporate SRH including gender-based violence, stockpiling of key reproductive health supplies and developing a system for monitoring quality of supplies and orientation of community focal points for emergencies, identified from each medical officer of health area will be the key areas of support.
- b. Under capacity building, continued support for MISP refresher training and training in preparedness for key reproductive health staff to ensure availability of optimal number of skilled providers in each medical officer of health area and continued advocacy to institutionalize MISP training will be key areas of support, including through inclusion in the current revision of curriculum for reproductive health service providers. Support will also be given to expand the national resource pool of trainers.
- c. In addition, training of national partners in UNFPA guidelines on collection of data in various phases of emergency will be supported.
- d. Under response, in emergency situations, UNFPA will support the implementation of MISP including support the Ministry of Health to operationalize the district emergency response plans.
- e. The country has the potential to develop capacity of other countries in MISP and preparedness and the possibility of developing a centre for training health service providers from the region under south-south collaboration will be explored.

*Strategy 5: strengthen the knowledge base and the provision of strategic information for programme and policy development and advocacy*

- a. Activities will include support to initiatives of the Family Health Bureau in monitoring universal access to reproductive health, support to operational research on reproductive health issues such as epidemiological studies on male reproductive cancers, continuation of family planning

methods use of alternative methods for screening for cervical cancers other than pap smears, such as care-HPV test.

b. Different sources of data can be mobilized to provide information on reproductive health and related issues. The wide dissemination of results from the 2012 population census will be supported so that different types of users of census data can easily access the data they need. Support will be provided to the Department of Census and Statistics on the REDATAM software to enable users to do their own tabulations online through encrypted files that protect the confidentiality of individual information. The CensusInfo platform will also be promoted for easy presentation and visualization of census results. Moreover, lessons learnt from the 2012 census will be documented to help plan the next census, in particular in areas supported by UNFPA under the seventh country programme, such as methods of enumeration, data processing and engendering of census process. Finally, support will be provided to the Department in further analysis of census data and the preparation of in-depth thematic monographs on major population issues, such as ageing, family composition, gender issues and youth. These last interventions contribute to output 3 (strategy 3) and output 4 (strategy 2).

c. In addition, the Demographic and Health Survey that will be undertaken in 2013 by the Department of Census and Statistics and the Ministry of Health will be a key tool to update knowledge on reproductive health in Sri Lanka. Relevant support will be provided to ensure that available data are widely used for studies on reproductive health issues. UNFPA will provide support to the Department of Census and Statistics for the inclusion and analysis of a module on gender-based violence and for the capture and analysis of comprehensive data on adolescent sexual and reproductive health in the 2013 Demographic and Health Survey. This intervention contributes to strategy 3 of this output and output 4 (strategy 2).

d. Building on previous research efforts, UNFPA will promote a partnership with the Department of National Planning for the development of a Population Situation Analysis, which will consist in a comprehensive study of population, gender and reproductive health issues through the mobilization of all available data sources and the coordination of various stakeholders. This will form a key resource tool for UNFPA's advocacy initiatives. Wide dissemination of the findings of the Population Situation Analysis through workshops, lectures and symposia with relevant stakeholders will be promoted. Policy briefs and short papers highlighting selected emerging and salient issues in population and development in Sri Lanka will be prepared. Overall, this will aim to build capacity and influence policy-making, policy updates and planning through evidence-based arguments and information products at central and provincial level. UNFPA will support the National Planning Department review and update the national reproductive health and population policy, with particular reference to sexual and reproductive health and rights and emerging population issues, in collaboration with the Ministry of Health and other relevant stakeholders.

e. Furthermore, technical assistance will be provided to the National Planning Department to build its capacity to engage in policy making and planning related to population and development.

*Strategy 6: support HIV prevention services among populations that are most at risk, particularly female sex workers*

In line with both the capacity assessment of what is required to effectively implement Round 9 of the Global Fund grant and the division of labour among UNAIDS co-sponsoring agencies, UNFPA Sri Lanka will support policy and programmes to strengthen HIV prevention and SRH among most at risk populations, particularly female sex workers by:

a. Support to development of national policy and operational guidance for comprehensive and evidence based sex work interventions including access to SRH for sex workers

b. Provide technical assistance for capacity building to (i) national counterparts on evidence for scaling-up effective HIV and SRH services for sex workers and inclusion in national policy and resources allocations, and (ii) civil society partners involved in programme implementation to support empowerment of sex worker networks and networking among them to participate in and meaningfully contribute to policy processes and/or programming.

c. Support to implement a package of services in selected districts, including education and awareness, condom programming, outreach and drop-in centres, through which sex worker friendly HIV and SRH services can be provided and/or effective referrals made. Partnerships with law enforcement and other district level stakeholders such as the medical officer for sexually transmitted diseases, relevant non-governmental organizations and networks of sex workers to ensure a supportive environment for implementation of these programmes will be supported. Technical assistance will be provided to build skills of service providers in the mainstream health service to provide HIV and SRH services that are acceptable and accessible by sex workers.

d. Conduct research on violence against sex workers and use findings to inform policy and programming, to prevent and address violence against sex workers. This contributes to output 4 (strategy 2).

## **Output 2: Strengthened capacity to deliver quality services for emergency obstetric and newborn care in underserved areas**

### *Strategy 1: support to improve health facilities for emergency obstetric and newborn care*

a. The key interventions include development of an improvement plan for selected geographical areas (the selection process is described in the paragraph below). Specifically, support will be provided for strengthening health systems for maternal and neonatal health through supply of reproductive health related medical equipment, capacity building including infection prevention and provision of vehicles for emergency referrals as well as for outreach services. Whenever feasible, interventions implemented under output 1 will give special consideration to the areas selected under this output. This will apply particularly to interventions related to quality assurance, family planning, well women clinics, and care for victims of gender-based violence.

b. The selection by the Ministry of Health and UNFPA of obstetric and newborn care facilities for support under this programme will be based on the following steps: As a first step, a nation-wide comparison and prioritization of districts (health divisions) will be done using relevant and available quality reproductive indicators. The analysis, drawing on the latest available data from the Family Health Bureau (2010) and carried out with assistance from the University of Colombo in 2012, provides a composite index for the selected set of indicators, which allows prioritization of all districts according to the performance of the indicators and identification of high priority districts for interventions. As a second step, the national assessment on emergency obstetric and newborn care, conducted in 2012, will provide a detailed assessment of individual health care facilities within the high-priority districts, on the basis of which individual health care facilities will be selected for UNFPA support with particular consideration for pockets of need within each district. As a last step, detailed planning and costing will be done of UNFPA support for each district and the health facilities identified for support. In the selection of districts and facilities for support, the following will be given consideration: (i) The need to ensure a minimum level of support to the selected district to ensure impact and measurable results; (ii) the need to ensure complementary of UNFPA support to that of other development partners and avoid overlap; (iii) the need to build on past UNFPA support where applicable; and (iv) the overall funding envelope expected to be available.

c. As recommended by the country programme evaluation, support may be continued to UNFPA focus districts supported under the seventh country programme to ensure that UNFPA support is fully completed in those districts. Efforts will be made to ensure that support from UNFPA is coordinated by the Ministry of Health with support from the World Bank in the area of improvement of infrastructure.

### Young people's sexual and reproductive health and sexuality education

## **Output 3: Increased accessibility for young people to quality services and information on sexual and reproductive health and rights**

*Strategy 1: support sexual and reproductive health and rights education for youth outside the school environment, particularly young women, using innovative approaches*

a. UNFPA will strengthen the quality of peer education programmes on HIV and SRH through support of master trainers using internationally accepted methodologies of Y-PEER International. The support will be linked with government structures such as training providers of the Ministry of Youth Affairs and Skills Development, and the Sri Lanka Federation of Youth Clubs, as well as reaching out of school young people through these structures. Additional interventions will target inclusion of marginalized youth in the programme with technical support of partners who have experience in reaching them.

b. Working with the Ministry of Youth Affairs and Skills Development, and in liaison with the Ministry of Health, UNFPA will provide technical assistance to the inclusion of comprehensive sexuality education in the Technical and Vocational Education Training system (teachers pre-training and curriculum of students).

c. To enable increased sustainability of youth activities related to sexual and reproductive health and rights (SRHR), through the National Youth Services Council (NYSC), UNFPA will build the capacity of youth clubs to mobilize resources nationally for their activities. Capacity building will include focus on strengthening a comprehensive integrated approach to youth health and development. Existing regional curriculum and short courses will be adapted for the Sri Lanka context and young people trained as trainers.

d. Capacity building of key staff working in youth programming (e.g. Youth Services Officers, Skills Development Officers, Youth Corps Instructors, and trainers of Technical and Vocational Education Training), will strengthen a comprehensive integrated approach to youth health and development, providing an enabling environment for SRHR of young people.

e. Innovative materials on SRHR for out of school youth and vocational training students will be designed to increase accessibility by young people. These will include strengthening or expanding hotline services, internet sites, interactive games and use of social media. A resource and exhibition centre will be developed at the NYSC, as a central distribution point for the materials. Partners will include the NYSC, the Family Planning Association of Sri Lanka and universities.

*Strategy 2: support the provision of sexual and reproductive health information and services in the health sector*

a. Activities under this strategy focus on adolescent sexual and reproductive health in the health sector. Under this output, dedicated interventions will be supported for the health system to improve accessibility for adolescents to information and services. The Ministry of Health will be supported to strengthen outreach activities (information and services) by public health providers to the young people in the community. This will link with the NYSC interventions and district youth officers' activities with youth clubs. Interventions will build on finding of relevant studies, such as the 2010 UNFPA-supported teenage pregnancy study and the National Survey on the Health of the Youth by the Family Health Bureau planned for 2012 with support from UNFPA and UNICEF. Support will include relevant technical assistance.

b. Interventions under this strategy are complemented by different activities under output 1 where UNFPA will support integration of adolescent SRH: (i) update of the pre-service curriculum for public health providers to strengthen their role; (ii) inclusion in quality assurance protocols; and (iii) ensuring that the behaviour change and communication strategy addresses priority issues for young people, including unmet need for contraception.

*Strategy 3: Support knowledge base, policy development and advocacy for youth and youth participation*

a. Sri Lanka has taken important steps in the development of the Youth Policy and Youth Health Policy, and UNFPA will continue to support the finalization and implementation of these important policies. To support both policy and programming, UNFPA, working with partners, will support research on issues relating to SRHR of young people, e.g. health and well-being study, health seeking

behaviour, utilisation of private sector for SRH services and commodities.

b. The preparation of an in-depth monograph on youth using data from the 2012 population census and inclusion of comprehensive data on SRH of young people in the 2013 Demographic and Health Survey, supported under output 1 (strategy 5), will contribute to this strategy.

c. UNFPA Sri Lanka will support partners to advocate for youth participation in key decision making bodies, and capacity building of young people for full participation. To increase the ability of young people to participate in both policy and programming, UNFPA will support NYSC to develop the capacity of young people in leadership and communication. These leadership courses will target existing youth leaders to enhance their skills as well as identify potential leaders from marginalized groups, including young people from key HIV affected populations.

d. As there are many stakeholders working on the health and development of young people including government, youth and other civil society organizations, UNFPA will support NYSC in coordinating among partners. The country programme will also support partners to advocate for SRHR of young people, including for comprehensive sexuality education and increased access of young people to SRH services.

e. Sri Lanka is playing an increasing role at global and regional level and UNFPA will support the government in selected areas in relation to these events.

#### Gender equality and reproductive rights

### **Output 4: Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and to respond to gender-based violence**

*Strategy 1: build the capacity of selected frontline workers of the Ministry of Child Development and Women's Affairs*

a. UNFPA will support the Ministry of Child Development and Women's Affairs (MCDWA) with development of a capacity building plan (including needs assessment, development of training, rollout and follow up) for field officers of MCDWA, particularly Women Development Officers attached to the divisional secretariats to be selected on the basis of needs. The proposed capacity building will emphasize the specific role of Women Development Officers in coordination and monitoring of interventions for support to vulnerable women and those in underserved areas. Support will include strengthening the ministry's capacity in the area of counselling.

*Strategy 2: support policy development, advocacy and an increase in the knowledge base in the areas of reproductive rights, gender-based violence and women's participation in peace and security*

The programme will support the MCDWA in strengthening its role in knowledge development, policy development and advocacy on reproductive rights, gender-based violence, and women's participation in peace and security through the following key interventions:

a. UNFPA will support MCDWA with technical assistance to develop strategies for improved implementation and monitoring of national plans and policies in relation to reproductive rights, gender-based violence and women's participation in peace and security. Activities include an analysis of existing relevant policies and action plans.

b. The government has invested in policy development to address gender-based violence based on several studies carried out. There is currently no national prevalence study on violence against women in Sri Lanka that would provide substantive reliable data on the scale and forms of violence to inform policy reform and programme development. UNFPA will provide technical support to MCDWA to define a suitable research agenda for the ministry. Support will also be provided to carry out identified research or surveys as required. Findings and analysis will in turn be disseminated and used for issue-based advocacy.

c. Previous interventions to build a systematic national mechanism for management of data on

gender-based violence require review and strengthening. To this end, a review of current data sources on gender-based violence, including the SAARC Gender Info Base operated by the MCDWA, and defining comprehensive management modalities will be supported.

d. Building on the last programme of cooperation and the identified need for policy advocacy, UNFPA will support the MCDWA and other partners to advocate for prevention of gender-based violence including male involvement and women's SRHR. This will be done through the development of evidence-based advocacy tools and products for policy dialogue and advocacy targeting key audiences such as parliamentarians and other elected officials.

e. The preparation of an in-depth monograph on gender using data from the 2012 population census and inclusion of a module on gender-based violence in the 2013 Demographic and Health Survey, supported under output 1 (strategy 5), will contribute to this strategy.

f. The past country programme supported conducting an assessment of capacities and training needs of Human Rights Commission and its regional offices in the area of gender, gender-based violence and women's rights. The assessment report was completed and resource content was developed on the basis of the assessment. It is now proposed to support the roll-out of this training module for all Commission officials to enhance their skills in this area. Officers from the Legal Aid Commission will be sought included in this training.

g. There is need to strengthen the capacity building of key stakeholders of the MCDWA for planned interventions. The proposed activities will support the Ministry and the National Committee on Women to have continued technical assistance, including through a technical expert, to develop human and other resources to advocate for national policy development.

h. Support will be provided to the MCDWA to orient media personnel, including provincial media personnel, on gender-based violence drawing on experiences and efforts of the previous country programme.

i. Support will be provided to the MCDWA for training of women's and other civil society organizations on women, peace and security issues. Capacity building of community-based organizations is proposed to sustain the previous effort.

*Strategy 3: support district-level women's resource centres to prevent and respond to gender-based violence through multi-sectoral approaches*

The key strategy is to support services to prevent and respond to gender-based violence through multi-sectoral approaches. Support will be provided to the MCDWA to enhance its capacity to respond to gender-based violence at sub-national level, for which the Ministry is in the process of developing and formalizing modalities. In addition, UNFPA has supported the establishment of 15 women's centres in the last country programme that are functioning in six districts: Anuradhapura, Batticaloa, Kalmunai, Matara, Nuwara Eliya and Vavuniya. The women's centres provided safe and accessible spaces, where the well-being of women and the communities in which they live were promoted through empowering lives of women and provided support to prevent and respond to gender-based violence through multi-sectoral approaches.

a. UNFPA will support the MCDWA to strengthen the coordination and monitoring of women affairs interventions at the sub-national level and to provide services to survivors of gender-based and domestic violence including provision of psychosocial counselling and legal aid as well as referral services with health, police, Human Rights Commission regional offices, government officers, and shelters. To this end, support will include capacity-building of the Ministry through support for development of operational protocols, guidelines and training manual on case coordination, referral, protection, prevention and other work on gender-based violence under the Ministry.

Support will be provided for training of Women Development Officers, Relief Sisters, Child Rights Promotion Officers and Early Childhood Development Officers, Counselling Assistants and Psychosocial and Child Protection Assistants on gender and gender-based violence and the

application of protocols and guidelines. In addition, support will be given to orientation and capacity building of Women Development Officers, particularly newly appointed, as key agents for referral and monitoring of cases of gender-based violence.

Support to the MCDWA to enhance its capacity to respond to gender-based violence at sub-national level will include support to selected Women and Child Development Units (to be determined jointly by UNFPA and the ministry) by equipping the centres. UNFPA will support the ministry in its efforts to coordinate and advocate with local authorities and other relevant stakeholders in the area of rights of women and girls with a particular focus on reproductive rights and gender-based violence. Support for capacity building will be provided to selected community-based organizations that are part of local referral networks.

In selecting districts for UNFPA support, priority will be given to underserved districts with particularly vulnerable groups of women and girls, such as resettled populations, female-headed households and young women and girls.

b. Support will be continued to existing women centres to strengthen their sustainability while gradually phasing out UNFPA support. UNFPA will support a capacity building programme for implementing partners based on standards, tools, protocols and guidelines developed in 2012. At the same time, technical assistance will be provided for developing viable exit strategies and well-planned phase-out of support for existing women centres within 2-3 years. In addition, UNFPA will support multi-sectoral coordination on gender-based violence among relevant stakeholders in selected districts building on existing mechanisms; support will include capacity building.

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## Part V – Partnership Strategy

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24. At the highest level, the ownership of the UNFPA-funded country programme falls to the national government. The External Resources Department, as a part of the apex Ministry of Finance and Planning, in its capacity as Government Coordinating Authority, is a key partner coordinating UNFPA assistance in the country. The Department of National Planning of the same ministry plays a key role in providing guidance for appropriate development policies, programmes and strategies to ensure their alignment with the national development policy framework.

25. UNFPA will collaborate with government bodies in implementing the programme. Other partners will include civil society organizations, universities, professional associations and research organizations. In addition to implementing partners, further described in the following section of this document, the country programme includes partnerships with a wide range of stakeholders:

26. Under output 1, reproductive health services, partners include the Ministry of Health, universities, professional associations, research organizations, civil society organizations, UNAIDS, UNICEF, WHO, and development partners.

27. Under output 2, emergency obstetric and newborn care, partners include the Ministry of Health, provincial and district health authorities, professional associations, research organizations, civil society organizations, UNICEF, WHO, development partners.

28. Under output 3, services and information for young people, partners include the Ministry of Health, Ministry of Youth Affairs and Skills Development, National Youth Services Council, universities, UNAIDS, UNICEF and development partners.

29. Under output 4, reproductive rights and gender-based violence, partners include the Ministry of Child Development and Women's Affairs, Ministry of Health, the Human Rights Commission of Sri Lanka, civil society organizations, research organizations, universities, UNDP, UNICEF, UN-Women and development partners.

30. Sri Lanka has seen many positive achievements when it comes to its national reproductive health programmes, and other countries in the regional and elsewhere could potentially benefit from learning from the country's experiences in areas such as gender-based violence in the health sector, MISP, midwifery and family planning. South-south partnerships will therefore be explored and facilitated under the programme where appropriate and in close partnership with the relevant government department as well as other UNFPA country offices.

31. In most parts of the programme existing partnerships are set to be continued. Partnerships with implementing partners will be strengthened including through capacity-building in relevant areas and as per need. UNFPA will seek to broker networking among partners including between the lead government ministry and other partners and stakeholders as appropriate. Partnerships with international technical organizations and experts will be facilitated in order to mobilize the technical assistance where required. In addition, UNFPA will work with relevant partners for the purpose of advocacy and issue-based dialogue, such as media, professional and research organizations, private sector organizations, and advocacy organizations or networks.

32. The UNDAF offers a platform for the coordination and collaboration with UN agencies as well as key national government partners, notably the Ministry of Finance and Planning. UNFPA will participate in and contribute to this coordination platform in areas where the UNFPA programme contributes to the UNDAF outcomes. Likewise, the UN Country Team offers a platform for UN agencies to coordinate and collaborate in programme as well as operational areas. UNFPA will participate in and contribute to these UN inter-agency forums, such as the Gender Theme Group, Joint Programme on HIV/AIDS, Security Management Team, Operations Management Team, and the Working Group on Harmonised Approach to Cash Transfers.

33. UNFPA participates in a UN Joint Programme on Gender-based Violence, which will continue into the first part of the country programme cycle 2013-2017. UNFPA may participate in other joint programmes as relevant.

34. At the sectoral level, various ministry-led coordination mechanisms exist, such as the National Health Development Committee and the Family Health Steering Committee. Other platforms include development partner coordination, civil society networking and forums including the Forum against Gender Based Violence.

35. Review processes for the UNFPA-supported programme additionally offer important platforms for coordination and partnership within programme components involving all partners, both governmental and non-governmental.

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## Part VI – Programme Management

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### *Government coordinating agency*

36. Under the harmonized United Nations programming process, the overall ownership of the UNFPA-funded country programme falls to the national government. The External Resources Department of the Ministry of Finance and Planning coordinates UNFPA assistance in the country in its capacity as Government Coordinating Authority in close collaboration with the National Planning Department.

### *Programme management and coordination*

37. The UNFPA programme consists of four outputs, each falling under the purview of a lead government ministry with overall programmatic, coordinative and legislative responsibilities in the sector. That ministry will have responsibility for coordinating the results of this part of the country programme with all partners working towards the realization of the planned results of the UNFPA programme. The lead sectoral ministry is at the same time an implementing partner for a component of the country programme through its departments and authorities as applicable.

38. Outputs 1 and 2 are related to reproductive health and fall under the purview of the Ministry of Health as the lead sectoral government ministry. Output 3 relating to youth falls mainly under the purview of the Ministry of Youth Affairs Skills and Development. One strategy relating to sexual and reproductive health information and services for youth will fall under the purview of the Ministry of Health. Output 4 relating to gender and falls under the purview of the Ministry of Child Development and Women's Affairs as the lead sectoral government ministry.

*Implementing partners*

39. Each output will be implemented through arrangements with implementing partners. The primary responsibility for managing and implementing a UNFPA-funded annual work plan rests with the implementing partner. This management role applies not only to the substantive and technical performance, but also to financial performance. The implementing partner is fully responsible and accountable for successfully managing the programmatic and financial aspects as set out in approved work plans and delivering the expected outputs.

40. The programme 2013-2017 builds on implementing partner arrangements continuing from the previous programme:

Output	Lead sectoral government ministry	Implementing partner
Output 1: Strengthened national capacity to deliver quality reproductive health services	Ministry of Health	Ministry of Health Department of Census and Statistics Community Strength Development Foundation
Output 2: Strengthened capacity to deliver quality services for emergency obstetric and newborn care in underserved areas	Ministry of Health	Ministry of Health Provincial and district health authorities
Output 3: Increased accessibility for young people to quality services and information on sexual and reproductive health and rights	Ministry of Youth Affairs Skills and Development Ministry of Health	Ministry of Youth Affairs Skills and Development National Youth Services Council Ministry of Health
Output 4: Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and respond to gender-based violence	Ministry of Child Development and Women's Affairs	Ministry of Child Development and Women's Affairs Muslim Women's Research and Action Forum Women's Development Centre Women In Need

41. Under output 1, UNFPA will work with the Ministry of Health and its relevant departments. The responsibility for overall coordination and management of the UNFPA-supported programme lies with the Secretary to the ministry, supported by the Deputy Director General for Planning. Other directorates and units involved in implementing the programme include the Family Health Bureau, Health Education Bureau, National STD/AIDS Control Programme, Education, Research and Training, and Youth, Elderly and Disabled. The Community Strength Development Foundation will continue to implement components of the programme under the oversight and coordination of the ministry.

42. Output 1 further includes support to the Department of Census and Statistics of the Ministry of Finance and Planning. Close collaboration with the Department of National Planning is also envisaged.

43. Under output 2, UNFPA will work with health departments at provincial and district level in the implementation of the programme, while the Ministry of Health at the central level will provide overall technical advice, programme management guidance and supervision of the support.

44. Under output 3, UNFPA will primarily work with the Ministry of Youth Affairs and the National Youth Services Council. The responsibility for overall coordination and management of the

UNFPA-supported programme lies with the Secretary to the ministry, supported by the Additional Secretary. Output 3 further includes support to the Ministry of Health in the area of adolescent SRH.

45. Under output 4, UNFPA will work with the Ministry of Child Development and Women's Affairs and its departments, particularly the Women's Bureau and the National Committee on Women. The responsibility for overall coordination and management of the UNFPA-supported programme lies with the Secretary to the ministry, supported by the Director of Planning. The Muslim Women's Research and Action Forum, Women's Development Centre and Women In Need will continue to implement components of the programme under the oversight and coordination of the ministry. Support to the ministry to pilot women resource centres in selected areas at the district level is expected to be implemented in coordination with the respective Government Agent. In addition, output 4 includes support to the Human Rights Commission of Sri Lanka.

46. Should additional implementing partners become necessary in the course of the programme, in line with its procedures, UNFPA will assess potential partners for capacity and suitability to ensure the highest quality of service. In addition to implementing partner arrangements, specific activities will be implemented by contractees, either individuals or organizations, in line with UNFPA procedures for procuring such services, e.g. universities, professional colleges, research organizations or civil society organizations. UNFPA will furthermore implement selected activities as required by UNFPA procedures and as per need and expediency.

47. UNFPA will strengthen the capacity of implementing partners in results-based management, financial accountability and monitoring and evaluation.

#### *Annual work plans*

48. Annual work plans for each implementing partner will capture the main inputs, associated resources, and their contribution to expected programme results as measured by relevant output indicators. It is the basis for requisitioning, committing and disbursing funds to carry out planned activities and for their monitoring and reporting.

49. The annual work plan is developed by the UNFPA country office and the implementing partner following a consultative process that ensures ownership of process and results.

50. Multi-year annual work plans may be agreed between UNFPA and the implementing partner. Although planning can take place for multiple years, UNFPA funds will be committed only for the current calendar year. Funds for subsequent years will be subject to the availability of resources.

51. UNFPA may prepare multi-year annual work plans in summary form and submit for review and clearance by the National Planning Department and the External Resources Department. If so agreed by the National Planning Department, this will replace the annual review and clearance of annual work plans by that ministry.

52. The implementing partner is responsible for contributing to the implementation of the annual work plan by undertaking the responsibilities allocated to it in the annual work plan and in the Letter of Understanding. Other key responsibilities of an implementing partner include to: Prepare the annual work plan in collaboration with UNFPA; ensure that all activities in the annual work plan are duly implemented in accordance with agreed regulations and rules; establish operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports; conduct monitoring and evaluation activities per UNFPA policies with participation of UNFPA staff where relevant, including provision of progress monitoring reports; lead the preparation of the annual review meeting of the work plan support and participation of UNFPA; ensure audits are conducted in accordance with UNFPA requirements; organize annual and end-of-work plan inventories; and ensure operational and financial closure of the annual work plans follow UNFPA procedures.

53. The implementing partner will designate an official to act as coordinator for UNFPA support. The coordinator will oversee the day-to-day management of the annual work plan in conjunction with the UNFPA country office.

*Programme resources*

54. The planned funding envelope for the UNFPA country programme is US\$ 12 million. This estimate of resources for the country programme will originate in part from UNFPA regular resources and in part from other potential funding sources, such as (i) global resources for country programming from UNFPA thematic funds; (ii) humanitarian funding, where relevant including from UNFPA Emergency Fund; (iii) country level resources mobilized by the UN Country Team through the UNDAF; and (iv) additional resources expected to be mobilized at country level including for joint programmes if applicable. Further details are provided in annex 3.

55. The overall funding envelope will be subject to the availability of UNFPA regular resources and the mobilization of additional resources in the course of the programme. The UNFPA country office will work closely with national partners to mobilize required additional resources from relevant sources including donors.

*Cash transfer*

56. National execution, with its different options for cash transfer, continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementation partners based on their ability to deliver quality programmes. UNFPA will continuously monitor their performance and adjust implementation arrangements, as necessary. It will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers.

57. All cash transfers to an implementing partner are based on the agreed annual work plans and the signed Letter of Understanding agreed between the implementing partner and UNFPA. Cash transfers for activities detailed in annual work plans can be made by UNFPA using the following modalities:

- Cash transferred to the Treasury for forwarding to the government implementing partner: Prior to the start of activities (direct cash transfer), or after activities have been completed (reimbursement).
- Cash transferred to the non-government implementing partner.
- Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner.
- Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with implementing partners.

58. Where cash transfers are made to the Treasury, the Treasury shall transfer such cash promptly to the implementing partner in accordance with Treasury circular TOD/FAG/Cir/2010, dated 27 August 2010, issued by Department of Treasury Operations, Ministry of Finance and Planning.

59. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the implementing partner over and above the authorized amounts or for activities not agreed and stated in the Annual Work Plans.

60. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the implementing partner and UNFPA, or refunded.

61. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a government implementing partner, and of an assessment of the financial management capacity of the non-UN implementing partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the implementing partner shall participate.

62. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

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## Part VII – Monitoring and Evaluation

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63. UNFPA, in collaboration with the Government and other implementing partners, will monitor and evaluate the proposed programme. Coordination of the overall programme and review of its progress will take place within the UNDAF framework for Sri Lanka, led by the national coordinating entity and sectoral ministries.

64. Monitoring and evaluation of the UNFPA programme is aligned with and contributes to the overall monitoring and evaluation of the UNDAF, as put in place by the UN Country Team and the Government.

65. A results based management approach will be applied to monitoring and evaluation of the UNFPA programme. The monitoring and evaluation mechanism put in place will be complementary to the government systems and will strengthen monitoring and evaluation systems within the government both at the central level as well as in the regional level UNFPA support will be operational. It will also fit within the UNDAF monitoring framework. The monitoring and evaluation framework is not an end in itself but is strategically linked to national goals through existing systems.

66. Where appropriate, participatory approaches that are qualitative in nature for monitoring and evaluation will be developed and applied in partnership with project implementers and primary stakeholders.

67. The Government and UNFPA will ensure continuous monitoring and evaluation of the CPAP, for tracking results of the interventions, efficient utilization of programme resources as well as accountability, transparency and integrity. The respective lead sectoral ministries for each output will assume the overall responsibility for monitoring and evaluation pertaining to their area of the programme.

### *Monitoring and evaluation plan*

68. The country programme includes a monitoring and evaluation plan that demonstrates how the country programme result will be monitored and evaluated during the course of the country programme cycle, using targets and indicators. It identifies the necessary programme monitoring and evaluation activities and allocates funds for the purpose. The monitoring and evaluation framework will be reviewed and updated annually by UNFPA.

69. An indicator database, maintained by UNFPA using DevInfo, will provide information for the monitoring, review and reporting of progress at different levels of the programme. UNFPA aims to introduce a systematic approach for progress reporting for implementing partners based on UNFPA reporting requirements.

70. Relevant evaluations will be commissioned as per the monitoring and evaluation plan of the country programme. An end of programme cycle evaluation will be conducted in the penultimate year of the country programme to ensure that the results are available in time to inform development of the next programme. This evaluation will assess performance and achievements, lessons learned and best practices.

71. UNFPA in agreement with the Government Coordinating Agency may decide to review the CPAP, e.g. at mid-term. A mid-term CPAP review would address need for changes to the CPAP document for the remaining part of the programme cycle. The CPAP review process will be led by the Government Coordinating Agency with support from UNFPA.

### *Annual work plan review*

72. An annual review meeting with the implementing partner will take place in the 4th quarter of each calendar year to review progress against the annual work plan and towards achieving the targeted programme output. The annual work plan review meeting will focus on achievement of results using the established indicators. The status of implementation of the work plan activities must also be reviewed, along with identifying lessons learned and best practices, main constraining and facilitating factors affecting implementation, from the previous year(s). The annual review will inform the planning of the next annual work plan. In the case of multi-year annual work plans, the review meeting will also be used to review, update and revise activities and budgets for the coming year or years.

73. The implementing partner is responsible for participating in the annual work plan review meeting with the UNFPA country office, including preparing required information. The UNFPA country office is responsible for planning and conducting the annual work plan review meeting with each implementing partner.

74. In addition, annual progress reviews at the output level may be organized by the relevant lead sectoral government ministry. All implementing partners will participate in this review.

### *UNDAF review*

75. The Government of Sri Lanka, through the National Planning Department, together with the Office of the UN Resident Coordinator, will establish a coordination platform for implementation of the UNDAF. This will include thematic UNDAF coordination groups as well as a working group to oversee the monitoring of the UNDAF strategy. UNFPA will participate in and contribute to this monitoring and coordination platform in the areas where the UNFPA programme contributes to the UNDAF outcomes.

76. The UNFPA country programme is reviewed through the annual reviews of the UNDAF. The UNFPA country office participates in the UNDAF review process and contributes to it by providing substantial input in accordance with UNDAF review requirements and responsibilities. UNFPA is responsible for ensuring that the relevant parties involved in the UNFPA country programme take action on recommendations relevant to UNFPA. UNFPA implementing partners will provide input and additional information as needed in support of UNFPA's reporting to the UNDAF review process.

### *Financial monitoring*

77. Financial reporting will be on a calendar quarter basis. Quarterly work plans will be approved on the performance of the past quarter and resource requirements. UNFPA requests its partners to report on programme and financial progress, and conducts periodic progress reviews and monitoring with national entities.

78. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, implementing partners agree to the following:

- Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
- Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
- Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of implementing partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

79. To facilitate assurance activities, implementing partners and UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

80. The audits will be commissioned by UNFPA and undertaken by private audit services.
81. Assessments and audits of non-government implementing partners will be conducted in accordance with the policies and procedures of UNFPA.
82. Adequate financial provisions will be made available to cover costs associated with the mitigation measures required for the implementation of the programme/projects, with reference to the threats and risks identified in the UN security risk assessment and implementation of country specific minimum operating security standards.

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## **VIII – Commitment of UNFPA**

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83. The planned funding envelope for the UNFPA country programme is US\$ 12 million. This estimate of resources for the country programme will originate in part from UNFPA regular resources (US\$ 11 million) and in part from other potential funding sources (US\$ 1 million). Actual funding levels will be subject to the availability of UNFPA regular resources and the mobilization of additional resources in the course of the programme. The UNFPA country office will develop a Resource Mobilization Plan for the mobilization of other resources and will work closely with national partners to mobilize required additional resources from relevant sources including donors.
84. Regular and other resources from UNFPA for the purpose of the UNFPA country programme are exclusive of funding received in response to emergency appeals that may arise.
85. UNFPA support to partners in the implementation of planned interventions may include financial support, technical assistance, capacity-building and advocacy support.
86. In case of direct cash transfer or reimbursement, UNFPA shall notify the implementing partner of the amount approved by UNFPA and shall disburse funds to the implementing partner in 15 days.
87. In case of direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with implementing partners, UNFPA shall proceed with the payment within 10 working days.
88. UNFPA shall not have any direct liability under the contractual arrangements concluded between the implementing partner and a third party vendor.
89. Where more than one UN agency provides cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

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## **Part IX – Commitment of the Government**

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90. The Government of Sri Lanka will contribute to the implementation of the UNFPA-funded programme by ensuring the necessary in-kind support including staff time and other organizational resources required for the successful and timely management and implementation of the programme.
91. The Government of Sri Lanka will collaborate with UNFPA in efforts to mobilize additional resources for the programme as required; it will organize periodic programme reviews and planning meetings as appropriate with participation of programme partners.
92. A standard Fund Authorization and Certificate of Expenditures (FACE) form, reflecting the activity lines of the annual work plan and the UNFPA enterprise resource planning system, will be used by implementing partners to request the release of funds, or to secure the agreement that UNFPA

will reimburse or directly pay for planned expenditure. The implementing partners will use the FACE form to report on the utilization of cash received. The implementing partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash per the signed Letter of Understanding. The FACE form will be certified by the designated official(s) of the implementing partner.

93. Cash transferred to implementing partners should be spent for the purpose of activities as agreed in the annual work plan only.

94. Cash received by the Government and other national implementing partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the annual work plans, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures is not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

95. In the case of international implementing partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the annual work plan, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

96. To facilitate scheduled and special audits, each implementing partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;
- All relevant documentation and personnel associated with the functioning of the implementing partner's internal control structure through which the cash transfers have passed.

97. The findings of each audit will be reported to the implementing partner and UNFPA. Each implementing partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.

98. Report on the actions taken to implement accepted recommendations to the UN agencies, on a quarterly basis.

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## X – Other Provisions

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**Whereas** this CPAP supersedes any previously signed CPAP;

**Whereas** the CPAP may be modified by mutual consent of both parties;

**Whereas** nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government is a signatory;

In witness thereof the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day, 28<sup>th</sup> March 2013 in Colombo, Sri Lanka.

For the Democratic Socialist Republic of Sri Lanka

Date: 10<sup>th</sup> April 2013.

Signature:

Name: P. B. Jayasundara

Title: Secretary to the Treasury

**P. B. JAYASUNDERA**

Secretary

Ministry of Finance and Planning

Colombo 01

Sri Lanka

For the United Nations Population Fund,  
Sri Lanka

Date: 28 March 2013

Signature:

Name: Lene K. Christiansen

Title: UNFPA Representative

## ANNEX 1 – RESULTS AND RESOURCES FRAMEWORK

National development priority or goal: ‘Mahinda Chintana – Vision for the Future’ goals and the Millennium Development Goals UNDAF outcome: enhanced capacity of national institutions for evidence-based policy development and the strengthened provision of, access to and demand for equitable and quality social services delivery				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Maternal and newborn health</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate Baseline: 68.4% for all methods and 52.5% for modern methods Target: 75% for all methods and 64% for modern methods</li> <li>Percentage of female sex workers reporting the use of a condom with their most recent client Baseline: 89.3%; Target: 95%</li> </ul>	<p><u>Output 1:</u> Strengthened national capacity to deliver quality reproductive health services</p>	<p><u>Output 1 indicators:</u></p> <ul style="list-style-type: none"> <li>Number and percentage of basic training centres applying competency-based training methodology for reproductive health staff, using performance assessment instruments Baseline: 0%; Target: 80%</li> <li>Number of gender-based violence care centres established and operational in hospitals, per national guidelines Baseline: 6; Target: 50</li> <li>Number of health and health-related personnel trained on the Minimum Initial Services Package Baseline: 240; Target: 700</li> <li>Number of female sex workers who obtain the services by the drop-in centres run by the Daffodil network of community-based organizations Baseline: 700; Target: 1,500</li> <li>National reproductive health and population policy reviewed and updated, with particular reference to sexual and reproductive health and rights and emerging population issues Baseline: no; Target: yes</li> </ul>	<p>Ministry of Health, Department of Census and Statistics, universities, professional associations, research organizations, civil society organizations; UNAIDS; UNICEF; WHO</p>	<p>US\$ 7.8 million (US \$7.2 million from regular resources and US\$ 0.6 million from other resources)</p>
<p><b>Young people’s sexual and reproductive health and sexuality education</b></p>	<p><u>Output 2:</u> Strengthened capacity to deliver quality services for emergency obstetric and newborn care in underserved areas</p> <p><u>Output:</u> Increased accessibility for young people to quality services and</p>	<p><u>Output 2 indicators:</u></p> <ul style="list-style-type: none"> <li>Number of UNFPA-supported emergency obstetric and newborn care facilities that meet minimum standards and requirements (package to be defined) Baseline: 0; Target: to be determined by end 2012</li> </ul>	<p>Ministry of Health, provincial and district health authorities</p>	<p>US\$ 1 million (US\$ 0.8 million from regular resources)</p>
		<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of UNFPA-supported national policy and programming dialogues (to be identified), with the participation of young people Baseline: 1; Target: 5</li> </ul>	<p>Ministry of Health; Ministry of Youth Affairs and Skills Development;</p>	<p>US\$ 1 million (US\$ 0.8 million from regular resources)</p>

<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of population aged 15-24 with comprehensive, correct knowledge of HIV/AIDS. Baseline: 35.3%; Target: 45%</li> </ul>	<p>information on sexual and reproductive health and rights</p>	<ul style="list-style-type: none"> <li>• Number of peer educators trained and certified as trainers using the global Y-PEER methodology Baseline: 50; Target: 500</li> </ul>	<p>National Youth Services Council; universities; UNAIDS; UNICEF</p>	<p>resources and US\$ 0.2 million from other resources)</p>
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<p><b>National development priority or goal:</b> Mahinda Chintana – Vision for the Future’ goals and the Millennium Development Goals  <b>UNDAF outcome:</b> communities are empowered and institutions are strengthened to support local governance, access to justice, social integration, gender equality and the monitoring, promotion and protection of human rights, in alignment with international treaties and obligations</p>				
<p><b>UNFPA strategic plan outcome</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partners</b></p>	<p><b>Indicative resources</b></p>
<p><b>Gender equality and reproductive rights</b></p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Number of national and subnational multisectoral mechanisms operational to respond to gender-based violence Baseline: 8; Target: 26</li> </ul>	<p><u>Output:</u> Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and respond to gender-based violence</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number and percentage of women development officers in UNFPA-supported areas competent to address reproductive rights and gender-based violence, as per standard guidelines Baseline: 30; Target: 150</li> <li>• Number and percentage of human rights officers competent to address reproductive rights and gender-based violence, as per standard guidelines Baseline: 0; Target: 100</li> <li>• Number of women centres that continue to provide quality core services to women and girls (psychosocial counselling and legal aid) after the provision of UNFPA support Baseline: 0; Target: 15</li> <li>• The district women resource centre model is piloted, evaluated, modified and presented to key decision makers for consideration Baseline: no; Target: yes</li> </ul>	<p>Human Rights Commission of Sri Lanka; Ministry of Child Development and Women’s Affairs</p> <p>Civil society organizations; research organizations; universities</p> <p>UNDP; UNICEF; UN-Women</p>	<p>US\$ 1.7 million (US\$ 1.5 million from regular resources and US\$ 0.2 million from other resources)</p> <p>_____ Total for programme coordination and assistance: US\$ 1.5 million from regular resources</p>

## ANNEX 2 – MONITORING AND EVALUATION FRAMEWORK

Results	CP output indicators and baselines	Targets and achievements								Means of verification	M&E activities	Timing / frequency of M&E activities	Persons / units responsible for M&E activities	Resources available for M&E activities	Monitoring risks		
		Year 1		Year 2		Year 3		Year 4								Year 5	
		Target	Value	Target	Value	Target	Value	Target	Value							Target	Value
SP outcome 2: Maternal and new born health																	
UNDAF outcome 2.1: Enhanced capacity of national institutions for evidence-based policy development and the strengthened provision of, access to and demand for equitable and quality social services delivery																	
CP output 1: Strengthened national capacity to deliver quality reproductive health services	Number and percentage of basic training centres applying competency-based training methodology for reproductive health staff, using performance assessment instruments (0%)	5% (5%)	20% (25%)	20% (45%)	20% (65%)	15% (80%)	FHB annual progress reports	Mid-term review	2015	UNFPA, FHB	USD 15,000	There may be trade union problems					
	Number of gender-based violence care centres established and operational in hospitals, per national guidelines (6)	5 (5)	10 (15)	10 (25)	10 (35)	15 (50)	FHB annual progress reports	Review and adopt GBV centre operational guidelines	2015-2016	UNFPA, FHB	USD 30,000						
	Number of health and health-related personnel trained on the Minimum Initial Services Package (240)	60 (60)	150 (210)	150 (360)	150 (510)	190 (700)	FHB annual progress reports	Adopt IASC MISP education guidelines	2013-2014	UNFPA, FHB	USD 40,000						
	Number of female sex workers who obtain the services by the drop-in centres run by the Daifodil network of community-based organizations (700)	250 (250)	250 (500)	350 (850)	350 (1200)	300 (1500)	CSDf quarterly progress reports	1. Develop drop-in center minimum standards 2. Obtain quarterly updates and enter in UNFPA SLInfo	1. 2013 2. 2013-2017	UNFPA, CSDf	No budget required	Daifodil network member may not have required capacity to					



	trainers using the global Y-PEER methodology (50)										analysis 2. Develop and translate Y-PEER training manual 3. Conduct annual reviews 4. Develop Y-PEER M&E system 5. Obtain annual updates and enter in UNFPA SLInfo system	3. 2013-2017 4. 2013 5. 2013-2015		3. No budget required 4. No budget required 5. No budget required	
SP outcome 5: Gender equality and reproductive rights															
UNDAF outcome 3.1: Communities are empowered and institutions are strengthened to support local governance, access to justice, social integration, gender equality and the monitoring, promotion and protection of human rights, in alignment with international treaties and obligations															
CP output 4: Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and respond to gender-based violence	Number and percentage of women development officers in UNFPA-supported areas competent to address reproductive rights and gender-based violence, as per standard guidelines (30)	30 (30)	30 (60)	30 (90)	30 (120)	30 (150)	Ministry annual progress reports	1. KAP survey to assess competency 2. Obtain annual updates and enter in UNFPA SLInfo system	1. 2013 2. 2013-2017	MCDWA, UNFPA	1. USD 2,000 2. No budget required	Skilled WDOs may leave from their jobs			
	Number and percentage of human rights officers competent to address reproductive rights and gender-based violence, as per standard guidelines (0)	15 (15)	15 (30)	15 (45)	25 (70)	30 (100)	Human Rights Commission annual progress report	1. KAP survey to assess competency 2. Obtain annual updates and enter in UNFPA SLInfo system	1. 20132. 2013-2017	Human Rights Commission, UNFPA	1. USD 2,0002. No budget required	Skilled human rights officers may leave from HRC			

	Number of women centres that continue to provide quality core services to women and girls (psychosocial counselling and legal aid) after the provision of UNFPA support (0)	15	15	15	15	15	UNFPA records	<ol style="list-style-type: none"> <li>1. Develop exit strategy</li> <li>2. Review of women centres</li> <li>3. Develop criteria to assess quality of core services</li> </ol>	<ol style="list-style-type: none"> <li>1. 2013</li> <li>2. 2015</li> <li>3. 2013</li> </ol>	UNFPA	<ol style="list-style-type: none"> <li>1. USD 2,000</li> <li>2. USD 3,000</li> <li>3. USD 1,000</li> </ol>	NGO IPs may not accept the proposed exit strategies
	The district women resource centre model is piloted, evaluated, modified and presented to key decision makers for consideration (No)	Piloted	Evaluated	Modified	Yes	Yes	UNFPA records	<ol style="list-style-type: none"> <li>1. Evaluate district women centre model</li> <li>2. dissemination of finding to key stakeholders</li> </ol>	<ol style="list-style-type: none"> <li>1. 2014</li> <li>2. 2014</li> </ol>	MCDWA, UNFPA	<ol style="list-style-type: none"> <li>1. USD 3,000</li> <li>2. USD 1,000</li> </ol>	Government may not endorse the district women centre concept

### ANNEX 3 – INDICATIVE RESOURCES OVERVIEW BY PARTNERS

	UNFPA Country Programme	Implementing partner	2013	2014	2015	2016	2017	Total
1	Strengthened national capacity to deliver quality reproductive health services	Ministry of Health Department of Census and Statistics Department of National Planning Civil society organizations	660,400 22,500 25,000 40,000 <b>747,900</b>	762,900 25,000 25,000 45,000 <b>857,900</b>	852,900 12,500 20,000 55,000 <b>940,400</b>	753,400 12,500 20,000 55,000 <b>840,900</b>	530,400 12,500 20,000 50,000 <b>612,900</b>	3,560,000 85,000 110,000 245,000 <b>4,000,000</b>
2	Strengthened capacity to deliver quality services for emergency obstetric and newborn care in underserved areas	Provincial health authorities (to be selected)	238,100 <b>238,100</b>	865,100 <b>865,100</b>	910,100 <b>910,100</b>	927,600 <b>927,600</b>	859,100 <b>859,100</b>	3,800,000 <b>3,800,000</b>
3	Increased accessibility for young people to quality services and information on sexual and reproductive health and rights	Ministry of Youth Affairs Ministry of Health	132,800 20,000 <b>142,800</b>	234,800 20,000 <b>254,800</b>	184,800 30,000 <b>214,800</b>	177,300 30,000 <b>207,300</b>	150,300 20,000 <b>180,300</b>	880,000 120,000 <b>1,000,000</b>
4	Strengthened capacity of national institutions and civil society organizations to promote reproductive rights and to respond to gender-based violence	Ministry of Women's Affairs Civil society organizations (To be selected)	198,600 150,000 2,000 <b>350,600</b>	273,100 165,000 7,000 <b>445,100</b>	210,100 170,000 7,000 <b>387,100</b>	213,600 75,000 7,000 <b>295,600</b>	174,600 40,000 7,000 <b>221,600</b>	1,070,000 600,000 30,000 <b>1,700,000</b>
	Programme coordination and assistance	UNFPA	300,000 <b>300,000</b>	300,000 <b>300,000</b>	300,000 <b>300,000</b>	300,000 <b>300,000</b>	300,000 <b>300,000</b>	1,500,000 <b>1,500,000</b>
	<b>Total</b>		<b>1,789,400</b>	<b>2,722,900</b>	<b>2,752,400</b>	<b>2,571,400</b>	<b>2,163,900</b>	<b>12,000,000</b>

**NOTE**

The above amounts are indicative planning figures only, subject to availability of funds from UNFPA and to the raising of additional funds from donors. Implementation of each programme component is led by the relevant government ministry or department. Implementation arrangements will be determined during the planning of the annual work plans and, in line with Treasury circular TOD/FAG/Cir/2010 and UN guidelines, will be a combination of government and UNFPA implementation. In addition, direct payments by UNFPA under government implementation may also apply. Output budgets include UNFPA direct programme support costs.



