



PROPOSAL FOR MPTF PROGRAMME

Programme Title	Ensuring the reproductive health, dignity and protection of women and girls, during the socio-economic crisis
Country/Region	Sri Lanka – Asia Pacific
Priority area/ strategic results	Sexual and Reproductive Health and Rights Prevention and response to Gender-based Violence
UN Agency	United Nations Population Fund (UNFPA)
Implementing Partners	OXFAM International Family Planning Association/ Family Health Bureau Jaffna Social Action Centre (JSAC), Women in Need (WIN) and Women Development Centre (WDC)
Programme Duration	June to December 2022
Amount	Australian Dollar Four Hundred Thousand (AUD 400,000) United States Dollar Two Hundred and Eighty Six Thousand, Five Hundred & Thirty Two, Cents Ninety Five (USD 286,532.95)
Proposed project submitted/ report(s) to be submitted by	Madusha Dissanayake, Assistant Representative (UNFPA-Sri Lanka)

1. BACKGROUND/ RATIONALE

Sri Lanka is currently experiencing an unprecedented economic crisis, with implications on cost of living, scarcity of food, fuel shortages and power cuts. This has led to political upheaval triggered by public protests demanding systemic change, constitutional amendments, and an overall loss of public confidence in governance systems.

Health and socio-economic impacts will have differential outcomes for women, girls and other marginalized groups exacerbating existing inequalities. The implications include the potential to limit access to and even cause interruptions of essential SRH services for women and young people impacting on access to care and increasing potential risks of SRH related morbidity and mortality. With poverty-induced inadequate disposable income and family tensions, health priorities of these vulnerable women will shift to accessing basic commodities, earning alternative income and feeding their families. Women and young people may not be able to access or afford and choose to deprioritize their sexual and reproductive health.

As in all crisis situations, social issues that have progressed thus far will see a regression. As indicated through global evidence women and girls are disproportionately affected in crisis and emergency situations. In particular, those who face multiple forms of inequalities such as daily wage earners, pregnant and lactating women, women with disabilities, sexual minorities among others will be more vulnerable to the economic shocks. The soaring prices and unavailability of hygiene items specifically in relation to menstrual health can impact the wellbeing of women and girls, as most women and girls may be forced to use less costly and unhygienic practices which may result in long-term health complications

Anecdotal evidence reflects a rise in domestic violence during the pandemic and the escalation of the same during the socio-economic crisis, while also acknowledging that these cases are largely underreported. A study done by UNFPA in 2019 indicates one in five (20.4%) ever-partnered women in Sri Lanka have experienced physical and/or sexual violence by an intimate partner in their lifetime and two in every five women (39.8%) have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviors by a partner in their lifetime. With limited shelter options and a compromise in formal protection mechanisms, women and girls are increasingly vulnerable to forced labour human trafficking among others. Women and girls with disabilities face an even greater risk of gender-based violence and available services are not equipped to accommodate their needs. Further, a study done by WFP on Food Security also highlighted that multiple district officials reported a rise in domestic violence while also acknowledging that these cases are largely underreported. As the current crisis is impacting the availability of and access to quality services, in the context of shelter support. Shelters are experiencing many women seeking refuge at the shelters with the children, for a safe space and meals, posing further challenges to the shelter capacity to manage clients. With the inflation rapidly increasing in Sri Lanka, managing existing clients and accepting new clients has proved extremely challenging. It is critical to address such challenges in service provision and support shelters to ensure continuity of service provisions and the continuation of providing a safe and secure environment to recover.

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2. TARGETED LOCATIONS

The intervention will be implemented nationwide, with specific emphasis on the most vulnerable populations & most disadvantaged districts also keeping in mind the regional disparities.

The Dignity Kits, Maternity Kits and other emergency kits will be prepositioned and distributed in collaboration with OXFAM, Disaster Management Centre, District Secretariat and Ministry of Health (Family Health Bureau) on a national level basis. SRH Mobile and static clinics will be conducted in partnership with the Ministry of Health (Family Health Bureau) and Family Planning Association to ensure the most critical districts in three provinces are covered to provide services and counseling on FP, MCH, STI & HIV.

Support for shelters will be extended through Jaffna Social Action Center (JSAC), Women in Need (WIN) and Women Development Center (WDC).

3. OBJECTIVE

The aim of this project is to provide lifesaving sexual & reproductive health and protection services to the most vulnerable women and girls with a focus on preventing maternal mortality & morbidity and all forms of gender based violence.

4. EXPECTED RESULTS AND ACTIVITIES

RESULT 1 - Respond to the reproductive health and protection needs of women and girls (Pregnant and Lactating mothers, Survivors of GBV and other vulnerable women and girls), through the provision of dignity and maternity kits

Activities include:

- The prepositioning, procurement, developing distribution criteria and targeted distribution of the maternity kits, dignity kits and other kits.
- Customizing the maternity, dignity and other kits contain hygiene, delivery and sanitary items, as well as other items explicitly tailored to the needs of mothers, women and girls of reproductive age in local communities.

RESULT 2 - Ensure availability of emergency sexual & reproductive health services (FP, MCH, STI & HIV), including provision of psychosocial counseling and support to antenatal, postnatal women and survivors of GBV.

Activities include

- Providing services and counseling on FP, MCH, STI & HIV, through mobile or static clinics for women and girls of reproductive age and pregnant and lactating women.
- Providing of psychosocial counseling to antenatal, postnatal women & survivors of GBV



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RESULT 3 - Respond to different forms of violence through the continuous provision of services by selected shelters to survivors of GBV including referral to health and other services.

Activities include

- Provision of financial support for selected shelters towards food, medical needs, utilities and administration.
- Enhance counseling services for shelter clients through targeted interventions

5. MONITORING, EVALUATION AND REPORTING

A Monitoring and Evaluation plan will be devised based on the result framework. The plan will identify the critical means of verifications and develop suitable measuring tools to clearly track and record on indicators. Periodic monitoring, including visits to project sites will be carried out by UNFPA to track the implementation and milestones of the initiative. Monthly reports will be generated and shared and recommendations provided by technical teams will be used to improve programme implementation.

- Regular data collection through partners and reporting of beneficiaries reached (with disaggregated data on beneficiaries). Progress reports capturing the provision of services will be collected from the implementing partners.

-The distribution criteria and reporting format will be provided by OXFAM to distributing partners

- A final report (i.e.: financial and programme narrative) will be drafted capturing the best practices and lessons learned at the end of the project.



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	<u>Achieved</u> Indicator Targets	Source of Verification	Key Assumptions and Risks in Achieving Outputs
<p>Outcome 1¹ - More women and girls, particularly the most vulnerable, have access to reproductive health and protection commodities and services .</p>		Partner Reports	
<p>Output 1.1. The reproductive health and essential needs of women and girls addressed through the provision of dignity and maternity kits</p> <p>Indicator 1.1.1 Number of women and girls who have received dignity and maternity kits that addressing their RH and protection needs.</p> <p>Baseline: 0 Target: 4400</p>		Partner report/s, Procurement Plan, Distribution list - reporting of beneficiaries reached (with disaggregated data on beneficiaries)	<p>The ongoing economic crisis presents risks to transport services with the unavailability and escalation of fuel prices.</p> <p>Assumptions there will be no significant Logistical and distribution challenges around the procurement and distribution of the maternity and dignity kits.</p> <p>Financial risk of price escalation</p>

¹ Note: Outcomes, outputs, indicators and targets should be as outlines in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

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<p>Output 1.2. Emergency sexual & reproductive health (FP, MCH, STI & HIV) and GBV services including provision of psychosocial counseling are available to the most vulnerable women and girls.</p>			<p>Low attendance at scheduled clinics due to logistical and economic constraints and patients deprioritizing their physical and psychological well being</p>
<p>Indicator 1.2.1. Number of clinics supported to provide mobile and static SRH services to women and girls most in need.</p> <p>Baseline: 0 Target: 60 (3 provinces, 4 times with in 5 months)</p> <p>Indicator 1.2.2. Number of women and girls who received psychosocial counseling and support to cope with the current crisis</p> <p>Baseline: 0 Target: 360</p>		<p>Report from Partners. Reports from Monitoring visits. Beneficiaries reached (with disaggregated data on beneficiaries)</p>	
<p>Output 1.3. 3 GBV Shelters are responding to different forms of violence through the continuous provision of services to survivors of GBV including referral to health and other services.</p>			<p>Inability of shelters to meet expenses in providing basic commodities and services due to rising inflation</p> <p>Inability of shelters to accept and accommodate new clients, with the</p>
<p>Indicator 1.3.1. Number of GBV Shelters strengthened through the provision of financial</p>		<p>Report from Partners. Reports from Monitoring visits.</p>	

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<p>support towards food, medical needs, utilities and administration</p> <p>Baseline: 0 target: 3</p> <p>Indicator 1.3.2 Number of women and girls who receive protection and GBV services at supported shelters</p> <p>Baseline:0 Target: 225</p>			<p>anticipated increase in demand.</p>
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