



## DEVELOPMENT EMERGENCY MODALITY

### Joint Programme 2022 Annual Progress Report

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**UNCT/MCO:** Sri Lanka

**Reporting Period:** 1 January - 31 December 2022

**JP title:** Urban Agriculture and community resilience towards gender equality and women's empowerment

**Thematic SDG Areas:** Food systems transformation; Decent jobs & universal social protection; SDG localization;

**PUNOS:** FAO, UNFPA, UNDP

**Stakeholder partner:** Civil Society Organizations;

**Gender Marker:** Gender-transformative (for example, the JP explicitly aimed to address the structural and root causes of gender inequality, such as by combining social protection with community dialogues and economic empowerment activities that aim to shift gendered social norms and power relations)

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#### Annual Progress

##### Overall JP self-assessment of 2022 progress:

On-track (expected annual results-achieved)

##### Overall Progress

Result 1- The JP promoted urban agricultural practices to provide alternative and sustainable ways of sourcing nutritious food, strengthen community level social cohesion and trust and educating the beneficiaries on food production, nutritional & hygiene practices and build dignity, resilience and independence among vulnerable women while providing psychological counseling, essential health services including maternal health, family planning and services to prevent and respond to gender based violence to promote overall wellbeing. The unique selling point of the JP includes empowerment through the provision of a platform for targeted women to develop their "life-skills" which results in having sustained behavioral change and empowerment.

Result 2- The design and implementation of the Volunteer Peer Educator model for community engagement and behavioral change communication has a multiplier effect, wherein community members, CSO representatives and Mother Support Groups were trained as Peer Educators (PEs) by FAO, UNFPA and UNV. PEs constituted a core mechanism of the project to create an impact, reach and integrate at a community and HH level by providing community level training, demonstrations, referring and distributing kits and providing access to volunteering opportunities. It also ensured inclusion of vulnerable populations, whilst building motivation & community ownership. This intervention contributes to the UNSDF in building inclusivity of vulnerable groups and community trust, resilience and engagement of beneficiaries in green development. It aligns with the agriculture, food security & nutrition priorities addressed under the CMC's Urban Harvesting initiative and with the national agriculture policy- "Adopt crisis management mechanisms to meet the food demand under special situations especially in city regions". The two key outputs were achieved through following.

- Many beneficiaries of the 600 HHs receiving "Agriculture Kits" have begun their own home garden. The "Nutrition Packs" to 600

HHs in 12 communities addressed urgent food/nutrition needs. Twelve technical sessions on urban gardening prompted requests from other communities for guidance on yielding a harvest utilizing limited spaces available to them. The active involvement of children and youth prompted the potential establishment of a network to start their own community gardens. The community plots are agriculture lands in two open correctional facilities in the Colombo District and its peri-urban area. The facilities rehabilitate youth of underserved communities who are prone to drug use. The youth were trained on cultivation skills empowering them to earn an income through agriculture. Training of 300 youth and over 50 officers (3 women) entailed the 7 thematic areas to improve agriculture production. Installations at each location; solar powered irrigation and sprinkler systems, shredders, vacuum pack machines, mushroom cultivation units with processing machinery, tractors and greenhouses.

- Awareness sessions on SRH were conducted for women and youth, paving the way for the formation of support groups to discuss issues on health & hygiene. 3 sessions were facilitated by PEs & VForce volunteers. Support groups for the youth are being set up and engaged using various tools to empower them. Distributed 800 dignity & maternity kits through the Well Woman and maternal health clinics, which contained essential items with the aim is to provide lifesaving amenities that impact on a woman's health. Trainings for 169 women, 67 young people and awareness creation for 254 families completed on SRH, menstrual health, prevention of GBV & healthy lifestyle. Community champions in turn transfer knowledge to address SRH issues and refer individuals to health services which are as key to address issues related to nutrition, SRH & pregnancies. 54 CMC health workers improved knowledge & skills on SRG and response to GBV via interactive training methodologies.

### **SDG Acceleration progress towards the SDGs, focusing on the main SDG targets**

SDG2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture (2.1) Urban gardening and related technical counseling/training on healthy eating for better nutrition contributes toward reducing food insecurity, better nutrition and sustainable methods of HH agriculture for food. It enables affordable access to food by the most vulnerable communities that face poverty, while living under poor social and economic conditions. SDG 3: Good health and wellbeing (3.1, 3.2, 3.7) The JP addresses the health and nutrition related issues in the communities increasing access to life saving MCH and SRH services focusing on the most vulnerable communities. This contributes to quality lives in the family and community taking a holistic approach addressing their nutrition, SRH and financial needs through agriculture. The intervention also created health champions among beneficiaries as well as service providers strengthening the system in the CMC for health service access and provision, SDG 5: Gender Equality ( Target 5.1, 5.5, 5.6) - The HHs selection attributed to women and their needs in terms of addressing HH food needs, nutrition of HH members and health and hygiene of the women contributes to gender equality. The capacitation of women and young people in the community addresses gender stereotypes and norms while sensitising them to issues around GBV leading to prevention and support. Men and boys were also empowered and engaged in these conversations and are identified as community champions of the intervention. SDG 11: Sustainable cities and communities - Make cities inclusive, safe, resilient and sustainable (11.3) Building of capacities of the urban poor and linking sustainable technical support services to these HHs through the agriculture department referral services will contribute to participatory engagement of women, men and youth living in urban human settlements. SDG 17: Partnerships for the Goals (17.7) The partnership with the Department of Prisons on community plots for agriculture provides an entry point to transfer and disseminate environmentally sound technologies mutually beneficial to the institution and the beneficiaries. To ensure buy-in and meaningful participation of communities in the JP, volunteering was a key development method used for involving people in this sustainable development initiative.

### **Constraints that were encountered and any adjustments that were made to strengthen the relevance and effectiveness of the JP and the coherence and coordination of UN system support.**

Problems and Challenges Faced Certain assumptions within the JP design were not met, with risks materializing vis a vis beneficiaries unable to attend trainings due to logistical and economic constraints, challenges in engaging youth participants in urban agriculture and also beneficiaries dropping out mid programme due to competing priorities. There was also a lesser than expected engagement of certain key partners - CMC, Provincial Ministry of Agriculture of the Western Province and MOH Clinics. Despite cooperation shown by CMC, there arose certain gaps in communicating with clinic staff and nuanced challenges in handling community relationships. A needs assessment could have been conducted in the early stages of the project to understand the different approaches to be used to reach out to this community. Reviewing other interventions with similar population profiles would have helped understand cultural dynamics, behaviors etc to mitigate implementation risks.

The beneficiaries include women with small children, pregnant women and families with members with disabilities, which presented practical challenges such as time restrictions to engage in home gardening which could have been taken into consideration during programme design. A better mechanism should have already been established to address and respond to on-going cultivation issues and queries, which would have benefited some of the HHs. The capacities of health workers needed improvement and lack of interest was addressed with continuous training and refreshers, specifically in areas related to family planning, prevention of GBV and youth Sexual and reproductive health. Challenges around sustaining the activities as the health workers in some areas did not take ownership with the community leaders. Procurement was delayed due to lengthy government

and custom clearances and requires additional planning. Formal agreements in working on community plots are needed to ensure institutionalization of officer training and impact driven youth training, where there is more accountability by the correctional facilities on monitoring, follow-up and evaluation of youth performance and take-up of activities.

**Next steps, scaling and sustainability [up to half a page]**

This engagement on continuation of community home gardens will contribute to the sustainability through leveraging local volunteers as community champions engaged in these activities, peer educators will organize community driven interventions relevant to each community, and these activities will engage other members and groups to organize educational programmes and community gatherings. The peer educators will continue home-visits to support the communities further using educational videos and discussions to disseminate knowledge on urban home gardening, nutrition and SRH. The peer educators with the PHMs will organize health and hygiene sessions for the women and youth, designed to address issues identified in Home-visits to empower and foster solidarity to find solutions in their own communities. Formation of the Sisterhood circle as a support group initiative for women of these communities to vocalize their issues and figure out solutions and support systems has proven to be successful based on the 3 sessions that have been conducted. These are facilitated by peer educators, VForce volunteers and community Champions from the project interventions.

UNFPA will set up a one stop crisis centre in the Colombo municipal council where women and girls are able to access maternal health, family planning, GBV services and well woman services under one roof. continuing the capacity building of health workers in the CMC as well. Trained health workers will have better capacity to cater to the unique needs of CMC beneficiaries specially of young people and the most vulnerable. CMC will continue to work with the MOH to improve their GBV response and HIV and STI services which we identified as key areas for improvement and support. The extended educational sessions such as the cook-out sessions on how to maintain nutrition value in affordable and available food, the hygiene drive, financial management in the household, sessions on "better health" and community volunteer activities will have a positive impact that can lead to changes in perceptions and behaviour. The development of the two community plots for agriculture through the Department of Prisons (Agriculture, Rehabilitation and Skill Development Sections) has provided a model that can be scaled up across other correctional facilities in the country. The endline survey will help evaluate where the communities are and collectively identify solutions to issues brought up within each community to redesign future interventions to ensure sustainability.

## **Strategic Partnerships and Communications**

**Explain how diverse stakeholders were engaged with the JP**

Civil Society and Community Based Organizations

**Key meetings and events organized**

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JP steering committee/ Strategic partners/ donors Kick-off meeting  
programme board meetingevent

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## **Priority Cross-cutting Issues**

**Cross-cutting results/issues**

The importance of education, financial stability, sexual and reproductive health and gender equality were at the core of all interventions and was highlighted in all the training to women and youth. People with disabilities and Women Headed Households were two key beneficiary groups that were some of the most vulnerable populations requiring strategic approaches to engage and sustain engagement. The PUNOs also re-strategized youth engagement modalities by adopting infotainment interventions. The sensitive and thus prior stigmatized issues were addressed and awareness raised through movies and documentaries related to gender equality and women empowerment. The urban agriculture component took efforts to integrate a human rights-based

approach in its work, which includes the conscious and systematic integration of human rights in all stages of the programming cycle - strategy setting, programme development, resource mobilization, implementation and monitoring, and evaluation. This includes programming based on the principles of equality and non-discrimination, participation and inclusion, accountability and the rule of law. The project initiatives supported the physical and mental wellbeing of beneficiaries in addition to supporting the capacity development which directly contributed to the strengthening of intervention modalities and continued operations of the activities. The JP addresses the lack of interest and reduced participation of community members when organizing Sexual and Reproductive health awareness sessions. However, peer educators made use of engagement strategies which ensured addressing of a highly sensitive subject matter which is stigmatized, and is rarely addressed by community members.

**How did the JP apply the Gender Marker**

The JP is Gender-transformative (for example, the JP explicitly aimed to address the structural and root causes of gender inequality, such as by combining social protection with community dialogues and economic empowerment activities that aim to shift gendered social norms and power relations). Evidence, data collection and analysis (e.g. gender assessments of programmes; policy briefs, costing for scale-up of social services);Adaptation of existing programmes (e.g. revision of eligibility criteria, removal of conditionalities);Capacity development (e.g. training of social workers, local governments, local communities);

**JP address the below cross-cutting issues and principles of leaving no one behind**

Human Rights	Persons with disabilities	Youth	Environmental and social standards
Yes	No	Yes	No

**Contribution to enhancing SDG Financing**

Drafted a bill, strategy, and/or approved a law increasing the fiscal space for the policy in focus	Produced financing, costing, diagnostic and feasibility analyses as a basis to invest or increase spending on the SDGs	Improved efficiency (cost savings) in the management of programmes/schemes	Improved effectiveness (value for money; i.e. social impact of \$1 spent) of spending	Drafted policies/regulatory frameworks or developed tools to incentivize private sector investment on the SDGs	Structured new financial instruments (public, private or blended) to leverage additional funding
No	No	No	No	No	No

**How and in which area your JP contributed to enhancing SDG financing**

Not applicable.