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## MPTF OFFICE GENERIC FINAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2022

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <p>Programme Title: <b>Ensuring the reproductive health, dignity and protection of women and girls, during the socio-economic crisis.</b></p> <ul style="list-style-type: none"> <li>• Programme Number (if applicable)</li> <li>• MPTF Office Project Reference Number:<sup>3</sup> 00132267</li> </ul>	<p style="text-align: center;"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p>(if applicable) Country/Region Sri Lanka</p> <hr/> <p>Priority area/ strategic results</p>
<p style="text-align: center;"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>• United Nations Population Fund</li> </ul>	<p style="text-align: center;"><b>Implementing Partners</b></p> <p>Save the Children Family Planning Association Jaffna Social Action Centre (JSAC), Women in Need (WIN) and Women Development Centre (WDC)</p>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>• by Agency (if applicable) - <i>UNFPA</i> USD 283,639.80</li> <li>Agency Contribution</li> <li>• by Agency (if applicable)</li> <li>Government Contribution (if applicable)</li> <li>Other Contributions (donors) (if applicable)</li> </ul> <p><b>TOTAL: USD 283,639.80</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration (months): 6</p> <p>Start Date<sup>5</sup> 01.06.2022</p> <p>Original End Date<sup>6</sup> 31.12..2022</p> <p>Current End date<sup>7</sup></p>
<p style="text-align: center;"><b>Programme Assessment/Review/Mid-Term Eval.</b></p> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    Date: dd.mm.yyyy</p> <p>Mid-Term Evaluation Report – <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    Date: dd.mm.yyyy</p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <p>Name: Sharika Cooray Title: National Programme and Policy Analyst, Women's Rights &amp; Gender Participating Organization (Lead): UNFPA Email address:cooray@unfpa.org</p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

<sup>4</sup> The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

## **Abbreviations and acronyms**

ANC	Antenatal care
CYP	Couple-years of protection
DK	Dignity kits
DOs	Development Officers
FP	Family planning
GBV	Gender-based violence
HIV	Human immunodeficiency virus
IP	Implementing Partner(s)
LNOB	Leave no one behind
MCH	Maternal and child health
MK	Maternity kits
PCCF	Plantation Community Communication Facilitators
PNC	Postnatal care
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
UNFPA	United Nations Population Fund

## EXECUTIVE SUMMARY

The project enabled greater access and availability to SRH services, Family Planning, Maternal and Child health, STI, HIV and counseling to women and girls and other vulnerable populations across the country. A total of 4,509 women and girls accessed SRH services such as ANC, PNC, Family Planning, STI, HIV and counseling services through 63 youth and women friendly mobile clinics supported by the project in 4 districts. Of the total women 1,075 were below the age of 18 years, including 79 women with disabilities. UNFPA effectively distributed 1,733 FP contraception (Condoms-1262, ECP-164, Injectable-116, Implant-123, IUD-53, EC-15) contributing to 763 Couple-Years of Protection (CYP).

UNFPA provided protection services to 296 survivors of gender-based violence by supporting 7 shelters in 7 districts. All the survivors received information on GBV services, livelihood skills training and psychosocial counseling. In addition, UNFPA also supported the distribution of 3,664 dignity kits and maternity health kits to vulnerable women and girls. It was also ensured that those receiving kits received information on the helpline for gender-based violence prevention and response.

### I. Purpose

The objective of the project is to provide lifesaving sexual and reproductive health and protection services to the most vulnerable women and girls with a focus on preventing maternal mortality and morbidity and all forms of gender-based violence. The expected results of the project are outlined in the narrative section.

### II. Results

#### i. Narrative reporting on results:

The project enabled greater access to sexual and reproductive health and protection services to women, girls and other vulnerable groups in 8 districts across the country and supported them to maintain their wellbeing.

#### **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.**

The project contributed to ensuring protection needs of women and girls by supporting the distribution of 3,664 kits (1,370 maternity kits and 2,294 dignity kits) to women and girls including pregnant women in 7 locations in Sri Lanka. The project also supported operating a helpline for information with regards to the kits that can be accessed by the beneficiaries. Information on GBV related helpline information was included within the kits for access to GBV services.

UNFPA worked with partners in customizing the maternity, dignity kit items to ensure that essential sanitary items were tailored to the needs of mothers, women and girls of reproductive age in local communities. The beneficiary database with agreed criteria in consultation with stakeholders was developed. This was helpful in ensuring that the women, girls and pregnant women who were most vulnerable due to the economic crisis and those living in disaster prone areas were mapped out and reached ensuring LNOB. Further, the project supported UNFPA to identify beneficiaries and facilitate the distribution of dignity and maternity kits in Matale, Kandy, Nuwara Eliya, Monaragala and Mullaitivu districts. This process was completed with support from UNFPA IP together with the Ministry of Urban Development and Housing (New village development authority for plantation regions) officials namely Plantation Community Communication Facilitators (PCCF) and Development Officers (DOs), Disaster Management Centre and the relevant district and divisional secretariats.

**Result 2 - Ensure availability of emergency sexual and reproductive health services (Family Planning, Maternal and Child health, sexually transmitted infections and HIV), including provision of psychosocial counseling and support to antenatal, postnatal women and survivors of gender-based violence.**

The project enabled greater access and availability to SRH services, Family Planning, Maternal and Child health, STI, HIV and counseling to women and girls and other vulnerable populations across the country. A total of 4,509 women and girls accessed SRH services such as ANC, PNC, Family Planning, STI, HIV and counseling services through 63 youth and women friendly mobile clinics supported by the project in 4 districts. Of the total women 1,075 were below the age of 18 years, including 79 women with disabilities. UNFPA effectively distributed 1,733 FP contraceptives (Condoms-1262, ECP-164, Injectable-116, Implant-123, IUD-53, EC-15) contributing to 763 Couple-Years of Protection (CYP).

These mobile clinics were held in the most hard to reach areas in Colombo, Galle, Gampaha and Nuwara Eliya districts (Seethawaka, Koggala and Wathupitiwala D.S divisions). The clinics were conducted in close collaboration with the Ministry of Health officials of the area. Clinics thoroughly examined the clients and provided integrated SRH services such as ANC and PNC for pregnant women, routine health check-ups, FP, STI, HIV and counseling services. Counseling was provided to identified clients in a confidential manner in a separate room. Prior to conducting the clinics, 30 service delivery point staff from all service delivery points were trained on providing services. 100 healthcare workers were oriented on the programme context through seven orientation sessions.

**Result 3 - Respond to different forms of violence through the continuous provision of services by selected shelters to survivors of gender-based violence including referral to health and other services.**

UNFPA provided protection services to 296 survivors of gender-based violence by supporting 7 shelters in 7 districts. All the survivors received information on GBV services, livelihood skills training and psychosocial counseling, thereby strengthening the rehabilitation process and contributing to greater economic, social and physical security of the survivors.

Financial assistance was extended to shelters to remain accessible throughout the multi-dimensional crisis covering the districts of Jaffna, Mullaitivu, Colombo, Batticaloa, Matara, Anuradhapura and Kandy. This support enabled the shelters to cover utilities, travel, food and other administrative measures and continue to provide Psychosocial support, counseling and legal services to its clients (survivors of GBV). Further, 14 pregnant and lactating mothers were supported to access maternal health care services and of whom four had successful deliveries.

Vocational training facilities were enhanced at the shelter in Kandy to ensure ongoing support for vulnerable women and girls. As a result, the survivors were trained on sewing, weaving, preparation of bakery items, food preservation, poultry farming, candle making, paper enabling the girls to maintain income generating activities.

**Key challenges**

- The Sri Lankan rupee depreciated by 80% during 2022. Due to the hyperinflation experienced in the country the cost of all goods and services, including the raw materials and other inputs required for the project implementation increased many folds. This resulted in an overall increase in the cost of the dignity and maternity kits, and as a result reducing the number of beneficiaries reached. Further, the restriction of imports led to severe shortage of goods. This combined with the price increase required ongoing negotiations with suppliers and resulted in delays.

- The lack of fuel and increased cost of transportation impacted the movement of all stakeholders engaged in the project. The fuel crisis led to daily prolonged power cuts, hindering the overall operation of the country office and the project.
- The shelters faced challenges due to the lack of essential items including food and sanitary items in the market.
- UNFPA, together with UNDP migrated to a new corporate ERP system, with major changes in December 2022 and January 2023, resulting in operational challenges in fully utilizing the project budget. Timeline and duration of the project was short.

## **Lessons Learned**

- A focus group discussion (FGD) was conducted with the beneficiaries of the dignity kit distribution to assess the effectiveness of the kit and the findings show that the kits fulfilled the essential hygienic needs of the participants. All participants agreed that the items included in the kit were useful in meeting their needs. By removing the need to spend money on hygiene products, these kits helped alleviate food insecurity by freeing up family budgets to buy food. For these families, expenditure on hygiene products typically range between LKR 2,000 and 5,000 per year. Participants ranked sanitary napkins, soap and detergent as the three most important components of a dignity kit. This support was considered by beneficiaries as efficiency gain for their household expenses on their basic needs.
- Information provision/sharing and Accountability to affected population: The needs of vulnerable women and girls were identified and prioritized through discussions with the affected local community. The DK and MK distribution were selected based on beneficiary convenience. Community meetings and individual phone calls were cited as the most effective methods of communication for information sharing. Both GBV helpline and Kits feedback helpline number was included in each kit for any feedback or support needed.
- Importance of Data: The project emphasized the importance of collecting and analyzing data to inform decision-making and on post distribution monitoring to inform future interventions of similar nature. By collecting data on SRH and GBV indicators, the project team was able to identify gaps and to track the impact of their interventions.
- Community Engagement: The project significantly engaged the local communities and relevant stakeholders (district and divisional level officials) to ensure that interventions were effective and timely.

## **NEW DEVELOPMENTS**

- As the need for further provision of DKs and MKs were identified during the project period through community feedback and other studies conducted, UNFPA's support in provision of DKs and MKs will continue in 2023.
- As the Shelters are underfunded due to limitations in funding from the Government and other stakeholders, UNFPA is continuing its technical and financial support for shelters to remain accessible throughout the multidimensional crisis. UNFPA will continue to strengthen the referral pathway and capacitate service providers for case management.
- UNFPA is working to strengthen multi-sectoral response for survivors of GBV through the creation of a One-stop crisis center for health, legal, counseling and referral to social services (incl. Police) by enhancing the capacity of the Ministry of Women and Health including the case managers in responding to GBV.

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

Indicators	Achieved Indicator Targets (January - December 2022)	Reasons for Variance with Planned Target (if any)	Source of Verification	Status
<b>Outcome 1</b> - More women and girls, particularly the most vulnerable, have access to reproductive health and protection commodities and services.				
<p><b>Output 1.1.</b> The reproductive health and essential needs of women and girls addressed through the provision of dignity and maternity kits.</p> <p><b>Indicator 1.1.1.</b> Number of women and girls who have received dignity and maternity kits that address their reproductive health and protection needs.  <b>Baseline:</b> 0  <b>Planned target:</b> 4400 (2,500 dignity and 1,900 maternity kits)</p>	<p>A total of 3,664 families were benefited by receiving:</p> <ul style="list-style-type: none"> <li>● 2,294 Dignity kits</li> <li>● 1,370 Maternity kits</li> </ul>	736 planned DKs and MKs could not be procured and distributed as the unit cost of kits increased due to inflation. Therefore, the allocated budget was not sufficient to cover the target. The distribution cost was shared by UNFPA regular resources.	Partner reports, Procurement Plan, Distribution list - reporting of beneficiaries reached (with disaggregated data on beneficiaries)	Fully achieved
<p><b>Output 1.2.</b> Emergency sexual &amp; reproductive health (FP, MCH, STI &amp; HIV) and GBV services including provision of psychosocial counseling are available to the most vulnerable women and girls.</p> <p><b>Indicator 1.2.1.</b> Number of clinics supported to provide mobile and static SRH services to women and girls most in need.  <b>Baseline:</b> 0  <b>Planned target:</b> 60 (3 provinces, 4 times within 5 months)</p>	<p>63 mobile clinics were conducted in Colombo, Galle, Gampaha and Nuwara Eliya districts (Seethawaka, Koggala and Wathupitiwala D.S divisions).</p> <p>4,509 women and girls received SRH services through the mobile clinics.</p>		Partner reports, Monitoring visit reports, and service statistics maintained at mobile clinics.	Fully achieved

<p><b>Indicator 1.2.2.</b> Number of women and girls who received psychosocial counseling and support to cope with the current crisis.  <b>Baseline:</b> 0  <b>Planned target:</b> 360</p>				
<p><b>Output 1.3.</b> GBV Shelters are supported to respond to different forms of violence through the continuous provision of services to survivors of GBV including referral to health and other services.</p> <p><b>Indicator 1.3.1.</b> Number Of GBV Shelters strengthened through the provision of financial support towards food, medical needs, utilities, and administration.  Baseline: 0  Planned target: 3</p> <p><b>Indicator 1.3.2.</b> Number of women and girls who receive protection and GBV services at supported shelters.  <b>Baseline:</b> 0  <b>Planned target:</b> 225</p>	<p>3 shelter providers in 7 locations were provided financial support for food, medicine, utilities, and administration.  296 beneficiaries residing in the shelters and those visiting shelters were supported.</p>	<p>Due to the crisis, anxiety and stress within households increased incidents of domestic violence (anecdotal evidence). This led to shelters receiving more than estimated clients.</p>	<p>Partner reports, Monitoring visit reports, and Partners service record.</p>	<p>Fully achieved</p>

### iii) A Specific Story (Optional)

**Problem / Challenge faced:** Pregnant women in the Nuwara Eliya district had limited access to essential goods to meet their maternal needs due to increased market prices. Specifically, estate sector workers with low daily wages could not access or afford essential maternal items. Most women and girls may be forced to use less costly and unhygienic practices, resulting in long-term health complications.

**Programme Interventions:** Under the ‘ensuring the reproductive health, dignity and protection of women and girls’ project, Maternity Kits consisting of essential maternal items including items to uphold the dignity of women and for safeguarding the baby, were distributed among estate sector workers in Nuwara Eliya District coupled with the mobile clinics where they received comprehensive support.

**Result (if applicable):** Through the project, 468 maternity kits were distributed among visibly pregnant mothers in the Nuwara Eliya District, especially estate worker communities. Following discussions with the mothers who received the maternity kits, it was observed that the burden of preparing for safe delivery of their babies was lifted, especially for those who could not afford the items due to the economic crisis. Thus, the distribution of maternity kits helped in saving the lives of both mothers and babies.

**Lessons Learned:** It was identified that not only providing clinical/health services but also addressing other essential needs impacted by the current economic crisis could lift the maternal burden among pregnant mothers in vulnerable and underserved communities.

Mobile Health Clinics, through which the maternity kit distribution was facilitated, were popular among estate sector workers as the service could reach the most distant and difficult to reach communities who would otherwise have limited accessibility to SRH services.

### III. Other Assessments or Evaluations (if applicable)

NA

### IV. Programmatic Revisions (if applicable)

NA

### V. Resources (Optional)

NA