

**UN Sri Lanka SDG Multi-Partner Trust Fund  
MPTF OFFICE GENERIC ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT  
REPORTING PERIOD: FINAL REPORT**

<p style="text-align: center;"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>Programme Title: <a href="#">Improving maternal and childcare health system for COVID-19 response</a></li> <li>Programme Number (if applicable)</li> <li>MPTF Office Project Reference Number:<sup>3</sup> 127949</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</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>Organizations that have received direct funding from the MPTF Office under this programme</li> </ul>	<p style="text-align: center;"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>Ministry of Health</li> </ul>
<p style="text-align: center;"><b>Programme/Project Cost (US\$)</b></p> <p>Total approved budget as per project document: <a href="#">USD 1,020,950 (UNICEF)</a></p> <p>MPTF /JP Contribution<sup>4</sup>:</p> <ul style="list-style-type: none"> <li>by Agency (if applicable) Agency Contribution</li> <li>by Agency (if applicable) Government Contribution (if applicable)</li> <li>Other Contributions (donors) (if applicable)</li> </ul> <p><b>TOTAL:</b></p>	<p style="text-align: center;"><b>Programme Duration</b></p> <p>Overall Duration (months) 6 months</p> <p>Start Date<sup>5</sup> 27.07.2021</p> <p>Original End Date<sup>6</sup> 27.01.2022</p> <p>Current End date<sup>7</sup> 27.01.2022</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 type="checkbox"/> No Date: dd.mm.yyyy</p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p>	<p style="text-align: center;"><b>Report Submitted By</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Name: Christian Skoog</li> <li><input type="radio"/> Title: Representative</li> <li><input type="radio"/> Participating Organization (Lead): UNICEF</li> <li><input type="radio"/> Email address: <a href="mailto:cskoog@unicef.org">cskoog@unicef.org</a></li> </ul>

<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.

## **NARRATIVE REPORT FORMAT**

### **EXECUTIVE SUMMARY**

- In ¼ to ½ a page, summarise the most important achievements of Programme during the reporting period and key elements from your detailed report below. Highlight in the summary, the elements of the main report that you consider to be the most critical to be included in the MPTF Office Consolidated Annual Report.
- With this valuable funding, UNICEF helped meet the urgent requirements in identified hospitals in COVID-19 hotspot districts in Eastern, Sabaragamuwa and Western provinces by scaling up facilities to provide oxygen therapy to patients. This included strengthening the facilities in six Maternal and Neonatal High Dependency Units (HDUs) and providing lifesaving equipment for 10 Level II and III HDUs and Batticaloa Teaching Hospital, ensuring quality care for over 355 pregnant mothers, newborns and children in these selected hospitals.
- A strong partnership between UNICEF and the Ministry of Health, particularly with the respective departments, such as the Bio Medical Engineering Division and Family Health Bureau, and solid internal technical expertise on health and procurement ensured timely and efficient implementation of the programme.

### **I. Purpose**

- Provide the main objectives and expected outcomes of the programme in relation to the appropriate **Strategic UN Planning Framework (e.g. UNDAF) and project document (if applicable) or Annual Work Plan (AWP)**.

In Sri Lanka, the COVID-19 caseload peaked in quarter two of 2021, with the spread of the Delta variant and a higher proportion of patients needing treatment, including oxygen therapy. The public health resources and capacities were stretched to breaking point, with the caseload rising to 587,245 people affected and 14,979 deaths, including 61 children, as of 31 December 2021.

To contribute to the Government of Sri Lanka's COVID-19 response efforts during 2021, with this valuable funding, UNICEF aimed to support the Ministry of Health (MoH) to implement Sri Lanka's COVID-19 Health Disaster Preparedness and Response Plan, with a particular focus on strengthening the intensive care and oxygen treatment facilities in identified hospitals in COVID-19 hotspot areas.

### **II. Results**

- This section is the **most important in the Report** and particular attention should be given to reporting on **results / and changes** that have taken place rather than on activities. It has three parts to help capture this information in different ways (i. Narrative section; ii. Indicator based performance assessment; and iii. A specific story).

#### **i) Narrative reporting on results:**

From May Dec 2021, respond to the guiding questions indicated below to provide a narrative summary of the results achieved. The aim here is to tell the **story of change** that your Programme has achieved in 2021. Make reference to the implementation mechanism utilized and key partnerships.

#### **Outcomes: Pregnant women and children infected with the COVID-19 virus have improved access to life-saving medical and ICU treatments in prioritised hospitals**

Sri Lanka's total COVID-19 caseload has risen to 657,134 people, with 16,416 deaths, including 83 child deaths (0 – 19 years) as of March 2022<sup>8</sup>. With the emergence of new variants in the second and third waves of COVID-19, more women, pregnant mothers and children got infected with the virus. A total of 11,214 pregnant women were infected with COVID-19, which is 10 times the number reported in 2020

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<sup>8</sup> Epidemiology Unit of Ministry of Health: <https://www.epid.gov.lk/web/>

and 57 maternal deaths were recorded. Further, 7.5 per cent of COVID-19 positive mothers had newborns that required special/intensive care after birth<sup>9</sup>. In 2021, the third wave showed an increase in children getting infected with COVID-19, with 19 per cent of affected people below 20 years, of them five per cent less than 10 years. Most children had minor symptoms, however by September 2021, 21 children below 18 year had died from COVID-19. Majority of those that died (66.7 per cent) had co-morbidities, such as diabetes, kidney disease, obesity, cerebral palsy, etc. and 33.3 per cent were without any co-morbidities<sup>10</sup>.

In the early phase of the third wave, more that 50-60 per cent of patients admitted into hospital were oxygen dependent. Through this project, UNICEF helped meet the urgent requirements in identified hospitals at all levels by scaling up facilities to provide oxygen therapy to patients. This included strengthening the facilities in six Maternal and Neonatal High Dependency Units (HDUs) and providing lifesaving equipment to 10 Level II and III HDUs and Batticaloa Teaching Hospital, ensuring quality care for over 355 pregnant mothers, newborns and children in these selected hospitals.

### **Output 1: Six Maternal and Neonatal High Dependency Units (HDUs) for COVID-19 patients strengthened in six prioritised hospitals**

Six prioritized hospitals were selected in consultation with the Ministry of Health (MoH) based on the highest prevalence and demand for care at the time. UNICEF delivered essential equipment to the Maternal and Neonatal HDUs in two hospitals in the Western Province and four hospitals in the Sabaragamuwa Province to support timely provision of critical care for pregnant mothers and newborns, as both provinces experienced a sharp increase in COVID-19 patients. The donated equipment included 3 Adult Ventilators, 5 Advanced Multipara Monitors, 12 Syringe Pumps and 12 Infusion Pumps.

### **Output 2: Essential and life-saving equipment provided to Level II and Level III HDUs in 10 selected hospitals**

Based on the identified needs of the MoH, UNICEF procured and delivered essential and life-saving equipment to Level II and Level III HDUs in ten selected hospitals in Sabaragamuwa and Eastern provinces. This included 30 infusion pumps, 35 syringe pumps, 13 basic multipara monitors, one adult ventilator, one high flow nasal cannula (paediatric oxygen therapy), two infant incubators and two infant warmers with T piece resuscitation. To strengthen oxygen treatment and management, 203 oxygen concentrators, 100 oxygen flow splitters, 137,600 bacterial and viral filters, and 1,000 oxygen flow meters and regulators were provided to 50 hospitals throughout the country.

- **Describe any delays in implementation, challenges, lessons learned & best practices:**
- If there were delays, explain the nature of the constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. Provide an updated risk analysis (have any of the risks identified during the project design materialized or changed? Are there any new risks?). Were there any programmatic revisions undertaken during the reporting period? Please also include experiences of failure, which often are the richest source of lessons learned.
- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

The rapidly increasing demand for oxygen therapy was a key challenge during the third wave of the COVID-19 pandemic, which required urgent attention from authorities and humanitarian agencies. The Bio Medical Engineering Division of the Ministry of Health had identified the oxygen needs of institutions in high-risk areas of the country. Availability of such information was critical in informing which equipment needed to be urgently procured and for which locations. Similarly, the Family Health

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<sup>9</sup> Tracking of COVID-19 Positive Pregnant Women in Sri Lanka (second interim report) (January 2022), FHB, Ministry of Health

<sup>10</sup> Epidemiology Unit of Ministry of Health: <https://www.epid.gov.lk/web/>

Bureau, the focal point for Maternal and Newborn Health, had conducted a needs assessment in the hospitals caring for pregnant mothers and newborns with COVID-19. Prevalence data in the country and this needs assessment informed the selection of hospitals with HDUs that required strengthening.

This programme was implemented very swiftly during a short period of time, despite the country experiencing a massive spread of COVID-19 and a country lockdown. The strong partnership between UNICEF and the Ministry of Health, particularly with the respective departments such as the Bio Medical Engineering Division and Family Health Bureau, and solid internal technical expertise on health and procurement enabled timely and efficient implementation of the programme. In addition, the preparedness and readiness of the Departments in the Ministry of Health to regularly monitor and obtain data on the needs and requirements in the Maternal and Level II and III HDUs was critical in the effective planning and efficient implementation of the programme.

## 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.

	<b><u>Achieved</u> Indicator Targets</b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<p><b>Outcome 1<sup>11</sup></b> Pregnant women and children infected with the COVID-19 virus have improved access to life-saving medical and ICU treatments in prioritised hospitals</p> <p><b>Indicator:</b> # of pregnant women and children accessing lifesaving medical and ICU treatment in UNICEF supported health facilities</p> <p><b>Baseline: 0</b> <b>Planned Target: 300</b></p>	<p>Average of 355 pregnant women and children have access to life-saving medical and ICU treatments in the targeted hospitals over a 1-year period</p>	<p>In-line with the planned average</p>	<p>MoH/FHB data sources</p>
<p><b>Output 1.1</b> Six Maternal and Neonatal High Dependency Units (HDUs) for COVID-19 patients established in six prioritised hospitals</p> <p><b>Indicator 1.1.1</b> # of Maternal and Neonatal High Dependency Units (HDUs) for COVID-19 patients strengthened</p> <p><b>Baseline: 71</b> <b>Planned Target: 06</b></p>	<p>6 additional Maternal and Neonatal High Dependency Units for COVID-19 patients strengthened</p>	<p>Target achieved</p>	<p>MoH/FHB data sources</p>

<sup>11</sup> Note: Outcomes, outputs, indicators and targets should be **as outlined in the Project Document** so that you report on your **actual achievements against planned targets**. Add rows as required for Outcome 2, 3 etc.

<p><b>Output 1.2</b> Essential and life-saving equipment provided to Level II and Level III HDUs in 10 selected hospitals</p> <p><b>Indicator 1.2.1</b> # of hospitals with Level II and Level III HDUs provided with essential equipment and oxygen supplies</p> <p><b>Baseline: not available</b></p> <p><b>Planned Target: 10</b></p>	<p>10 hospitals with Level II and Level III HDUs provided with essential equipment and oxygen supplies in Sabaragamuwa Province and the Batticaloa Teaching Hospital in the Eastern Province.</p>		<p>MoH/FHB records</p>
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### iii) A Specific Story (Optional)

- This could be a success or human story. It does not have to be a success story – often the most interesting and useful lessons learned are from experiences that have not worked. The point is to highlight a concrete example with a story that has been important to your Programme in the reporting period.
- In ¼ to ½ a page, provide details on a specific achievement or lesson learned of the Programme. Attachment of supporting documents, including photos with captions, news items etc, is strongly encouraged. The MPTF Office will select stories and photos to feature in the Consolidated Annual Report, the GATEWAY and the MPTF Office Newsletter.

**Problem / Challenge faced:** Describe the specific problem or challenge faced by the subject of your story (this could be a problem experienced by an individual, community or government).

**Programme Interventions:** How was the problem or challenged addressed through the Programme interventions?

**Result (if applicable):** Describe the observable *change* that occurred so far as a result of the Programme interventions. For example, how did community lives change or how was the government better able to deal with the initial problem?

**Lessons Learned:** What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

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

Not applicable

### IV. Programmatic Revisions (if applicable)

Not applicable

### V. Resources (Optional)

- Provide any information on financial management, procurement and human resources.
- Indicate if the Programme mobilized any additional resources or interventions from other partners.