MPTF OFFICE GENERIC FINAL PROGRAMME[1] NARRATIVE REPORT
REPORTING PERIOD: FROM *11.2022* TO *08.2025*

Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results[2]
• Programme Title: Provision of life-saving Sexual and Reproductive Health and Gender Based Violence services to the most vulnerable people in Sri Lanka as per the HNP appeal • Programme Number : • MPTF Office Project Reference Number:[3] 00133859	*(if applicable)* *Country/Region :* Sri Lanka/South Asia *Priority area/ strategic results* *Health and Projection* *1) Increased availability, accessibility and acceptability of quality Sexual Reproductive health and services.* *2) Increased availability and adoption of life-saving, multi-sectoral services that prevent and respond to gender based violence for women, girls and other marginalized groups.*
Participating Organization(s)	**Implementing Partners**
• Organizations that have received direct funding from the MPTF Office under this programme United Nations Population Fund (UNFPA)	• National counterparts (government, private, NGOs & others) and other International OrganizationsMinistry of Health - Family Health Bureau, Ministry of Women and Child Affairs, Department of Census and Statistics, Family Planning Association of Sri Lanka, Women Development Centre, Jaffna Social Action Center, Save the children, World Vision Lanka
Programme/Project Cost (US$)	**Programme Duration**
Agency Contribution ● *by Agency (if applicable)* Government Contribution *(if applicable)* Other Contributions (donors) *(if applicable)* **TOTAL:**AUD 10,000,000 (USD 6,219,590.82)	Overall Duration 22 Months Start Date[4] 01.11.2022 ☐ ☐ Original End Date[5] 30.09.2023 Final End date 31.10.2024[7]
Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Evaluation Completed **Yes** ☐ Date: 26th March 2025 Evaluation Report - Attached **Yes** **Annexure 2**	o Name: Kunle Adeniyi o Title: Representative o Participating Organization (Lead): UNFPA o Email address: adeniyi@unfpa.org

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[3] 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 on the MPTF Office GATEWAY.
[4] 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
[5] As per approval of the original project document by the relevant decision-making body/Steering Committee.

Abbreviations

AK	Adolescent Kits
AAP	Accountability to Affected Population
CSE	Comprehensive Sexuality Education
DK	Dignity Kits
FP	Family Planning
FPASL	Family Planning Association of Sri Lanka
GBV	Gender Based Violence
HNP	Humanitarian Needs and Priorities Plan
JSAC	Jaffna Social Action Center
MoH	Ministry of Health
MCH	Maternal and Child Health
MHPSS	Mental health and psychological support services
MPTF	Multi Partner Trust Fund
MISP	Minimum Initial Service Package
MK	Maternity Kits
NGOs	Non-government Organizations
PSEA	Protection from Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
RDHS	Regional Director of Health
UNSDCF	United Nations Sustainable Development Cooperation Framework
WVL	World Vision Lanka
WDC	Women Development Center

EXECUTIVE SUMMARY

The REACH Project, implemented under UNFPA Sri Lanka's Humanitarian Response initiative, was designed to address Sri Lanka's multidimensional crisis in alignment with the Humanitarian Needs and Priorities Plan (HNP), the UN Sustainable Development Cooperation Framework (UNSDCF), and UNFPA's Country Programme 2023-2027. The project timeline underwent a revision, expanding from an initial 11-month duration to 22 months, and concluded in October 2024.The project's primary goal was to deliver life-saving Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) services to at-risk populations, particularly women, girls, and marginalized groups in ten districts in Sri Lanka, including Rathnapura which was added for Cash Voucher Assistance (CVA).

The REACH Project exceeded its target of 794,640 individuals for SRH and GBV services, ultimately benefiting 913,770 people – a 14.99 percent increase. The activity completion rate stood at 100 percent, with completing all the activities. The financial utilization of the project stands at 99.64 percent, equivalent to USD 6,197,476.83,

The project distributed SRH drugs and commodities, including essential medical and non-medical supplies and family planning (FP) commodities, reaching 828,180 individuals. Importantly, some of these supplies extended beyond the ten targeted districts, strengthening national-level availability and establishing a national buffer.

A mobile outreach programme was introduced to reach women and girls of reproductive age in rural villages, where economic and social constraints hinder access to clinics. These mobile clinics delivered six key services to the doorsteps of those left behind: including, family planning, cervical and breast cancer screening, STI and HIV testing, counselling services, and GBV support. Through this initiative, a total of 7,443 women and girls aged 15–49 were supported throughout the life span of the project.

The capacity-building initiative planned under SRH component, targeted frontline health workers and reached a total of 2,371 individuals. Trainings were focused on delivering knowledge and capacitating the staff on Minimum Initial Service Package (MISP), Mental Health and Psychosocial Support (MHPSS), comprehensive family planning service delivery, STI/HIV screening, and management of FP drugs and commodities at both national and regional levels. MHPSS training improved resilience, stress management, and team-based coping mechanisms among frontline health workers. The modified MISP training helped workers update their knowledge to deliver SRH services more effectively during crisis situations. Following these efforts, additional MHPSS training was also initiated at the regional level by Directors of Health Services to address the psychological well-being of the frontline health staff, enabling strong sub-national ownership. Through the Cash and Voucher Assistance (CVA) initiative, a total of 50,691 women, girls, and persons with disabilities were supported. This included 9,992 pregnant and lactating mothers, 11,698 women heads of households, and 19,262 women and girls in vulnerable situations across ten districts. A total of 10,793 women and girls benefited from the distribution of maternity, dignity, and adolescent kits. This included 3,000 maternity kits, 3,000 dignity kits, and 6000 adolescent kits. This includes the support extended to pregnant women and adolescent girls affected by the floods in 2023 and 2024.

Under the GBV service provision component, the project trained 1,039 GBV case managers across nine districts. Simultaneously, 11 shelters were supported to enhance survivor-centered services and ensure uninterrupted care for GBV survivors during this crisis period, prioritizing areas which reported an increased number of GBV cases islandwide.

Key contributions include:

- A reduction in the national unmet need for family planning from 5.5% to 5.4%, enabling approximately 12,000 individuals to access FP services
- Enhanced maternal and child health (MCH) through healthcare provider training and the provision of essential equipment, supporting reduction of maternal mortality (25 deaths per 100,000 live births in 2023) and contributing to a 2.42% reduction in infant mortality in 2024

- Support for 52.61% of the 1.7 million vulnerable individuals identified under the HNP.

The project's success was driven by strong collaboration with government ministries—including the Ministry of Health, Ministry of Public Security, Ministry of Women and Child Affairs, and the National AIDS Control Programme (NACP)—and civil society implementing partners such as the Family Planning Association (FPA) of Sri Lanka, Jaffna Social Action Centre (JSAC), Women's Development Centre (WDC), World Vision Lanka, Save the Children International (SCI) and the Alliance Development Trust (ADT).

Amidst logistical challenges, the project strategically adapted to ensure uninterrupted service delivery. Critically, it contributed to maintaining national health indicators throughout one of Sri Lanka's most severe humanitarian crises. The REACH Project played a pivotal role in addressing national challenges such as medicine scarcity and ensuring the continuity of SRH and GBV services. It directly contributed to UNFPA's 2030 agenda, particularly the achievement of the three zeros: 'Zero unmet need for family planning', 'Zero preventable maternal deaths], 'Zero gender-based violence'.

I. Purpose

The REACH Project was implemented across 10 districts in Sri Lanka targeting communities severely impacted by the recent humanitarian crisis. Its primary objective was to deliver life-saving SRH services and address GBV issues, focusing on the most at-risk populations, particularly women and girls of reproductive age and survivors of GBV. The project was designed in response to the HNP appeal, with an emphasis on providing critical support to those most in need during this challenging time.

The UNFPA Sri Lanka Humanitarian Response Project is aligned with the UNFPA Sri Lanka Humanitarian Response Strategy and Plan (HSP) and the Humanitarian Needs and Priorities Plan (HNP). These strategic documents, developed in collaboration with the UN and other humanitarian agencies, aim to address the complex and multifaceted crisis that Sri Lanka has faced since the onset of the COVID-19 pandemic and continuing through 2024. This alignment ensures that the project responds directly to the country's urgent humanitarian needs while contributing to long-term sustainable development goals of the United Nations.

The project is designed to contribute significantly to achieving Sustainable Development Goals (SDGs) 3 and 5, which focus on good health and well-being, and gender equality. All project outcomes feed into broader UN initiatives, including the United Nations Sustainable Development Cooperation Framework, fulfilling the UN's 2030 Agenda for Sustainable Development.

The HNP, which sought $47.2 million to support 1.7 million people severely impacted by the crisis, specifically targets critical issues such as food insecurity, livelihood disruptions, shortages of medical supplies, and increased protection risks, particularly related to GBV. Sri Lanka's hospitals face severe shortages of essential medicines and health supplies, compounded by frequent power outages. Additionally, the rise in violence across the island has led to a surge in GBV cases, affecting millions of individuals. The HNP identifies 5.7 million people in need of humanitarian assistance across 25 districts in Sri Lanka.

The project aimed to strengthen the healthcare infrastructure and ensure that service providers were equipped to meet the critical needs of vulnerable communities and was structured around two strategic priorities areas

1) Increased availability, accessibility and acceptability of quality Sexual Reproductive health and services.

2) Increased availability and adoption of life-saving, multi-sectoral services that prevent and respond to gender based violence for women, girls and other marginalized groups.

In response to these urgent challenges, the Multi-Partner Trust Fund (MPTF)-funded project has played a central role in addressing critical SRH needs and providing life-saving GBV services further demonstrating its vital contribution to mitigating the humanitarian crisis and supporting recovery efforts in Sri Lanka.

II. **Assessment of Programme Results**

i) **Narrative reporting on results:**

- **Outcome**

  Crisis affected vulnerable populations have improved and sustained access to quality and comprehensive lifesaving sexual reproductive health care and GBV services. The project significantly contributed to this outcome by surpassing its beneficiary target, reaching 912,659 individuals—a 14.99% overachievement, over the targeted 794,640 direct beneficiaries, representing 53.68% of the total 1.7 million people identified in the HNP appeal, which accounted for approximately half of the population affected by the economic crisis. This success was achieved through strategic interventions encompassing the distribution of essential medicines, family planning commodities, and crucial medical and non-medical supplies, alongside the expansion of outreach services and targeted training for frontline health workers in areas such as MISP and MHPSS.This achievement was highlighted in the evaluation report as a key finding, noting that the geographical and population targets outlined in the results framework for Outputs 01 and 02—crisis response and capacity building/awareness—were fully achieved. The evaluation underscores the significant impact of the project's support to the Ministry of Health, which has been instrumental in ensuring the uninterrupted supply of contraceptive commodities nationwide. Additionally, the establishment of a social media platform for Comprehensive Sexuality Education (CSE), though currently limited in scope, marks a key step in expanding outreach. Health care workers (HCWs) across the country have benefited from Mental Health and Psychosocial Support (MHPSS) programmes, while the case management training on Gender-Based Violence (GBV) has contributed to strengthening the capacity of service providers and improving the quality and consistency of response services nationwide.

Key impact level contributions include:

- A reduction in the unmet need for family planning from 5.5% to 5.4%, enabling approximately 12,000 individuals to access FP services
- Enhanced maternal and child health (MCH) through healthcare provider training and the provision of essential equipment, supporting the maternal mortality rate (29 deaths per 1,000 live births in 2020) and contributing to a 2.42% reduction in infant mortality in 2024
- Support for 52.61% of the 1.7 million vulnerable individuals identified under the HNP.

The project was successfully implemented across 10 districts, exceeding the original plan of 9 districts due to the inclusion of Rathnapura under the CVA initiative.

The achievement of the project’s outcomes was measured through two key indicators;

a. Number of people in need (women and men of reproductive age, and adolescents) benefiting from life-saving drugs, commodities, medical equipment, and SRH and MCH services,
b. Number of women and girls at risk accessing GBV prevention and response services.

For the first indicator, the target of reaching 538,440 individuals (men and women of reproductive age) was significantly surpassed, with a total of 827,791 beneficiaries reached, representing an overachievement of 153.73%. The project’s ability to swiftly respond to additional requests from the Ministry of Health for medical and non-medical supplies, including family planning commodities, increased demand from regional health units, which led to an expansion in the number of mobile clinics specifically targeting women and girls of reproductive age.

Whilst the target for the second indicator aimed to reach 200,000 women and girls at risk accessing GBV prevention and response services, proved to be unrealistic given the country's context, 5,623 individuals were reached. Several factors contributed to this lower achievement, despite the ambitious target:

a. Limited field partners and legal challenges: These issues created significant barriers that hindered the delivery of survivor-centered care, limiting the ability to reach the intended number of beneficiaries.

b. Multisectoral Coordination at the district level faced challenges due to factors such as resource constraints, logistical challenges, and competing priorities in a rapidly evolving environment. This resulted in delays in providing timely and coordinated GBV services to survivors.

Despite challenges, the REACH Project played a critical role in helping the government effectively respond and accelerate its services during the crisis. The uninterrupted provision of essential drugs, family planning commodities, medical and non-medical supplies, and the expansion of GBV shelters, helped bridge critical gaps in the SRH, MCH, and GBV sectors. The mobile outreach program, which included comprehensive screening for pregnant, lactating women and girls of reproductive age, proved invaluable in reaching underserved populations who, due to economic constraints, could not access services within their own communities. These interventions were crucial in maintaining low maternal and infant mortality rates despite the broader impacts of the crisis.

The project made a significant contribution to meeting the country's family planning needs, ensuring the provision of a large portion of the required commodities through humanitarian initiatives, including REACH. This created a buffer nationally, securing services for several years to come. The capacity building initiatives ensured empowerment of frontline health workers and GBV case managers to respond effectively and efficiently to at-risk populations during this humanitarian crisis. Pre- and post-training assessments confirmed that the training content was highly relevant to the context, applicable, and critical for improving the quality of care and support provided.

The training on MHPSS enhanced the capacity of health workers to provide psychosocial support to communities, and in addition addressed the mental health needs of the frontline staff themselves, who were under immense pressure during the COVID-19 pandemic and the ongoing crisis. The stress-reducing impact of these sessions was evident, and regional health authorities have since taken the initiative to expand these training programs to additional staff, fostering long-term transformation in the health sector.

Key Achievements and Observed changes at outcome level:

- **MISP and MHPSS Training for Health Sector Staff:** The MISP training, targeting frontline health workers across eight districts, significantly enhanced their capacity to operate efficiently, effectively, and collaboratively in emergency situations. By modifying and contextualizing the training curriculum to suit the Sri Lankan context, its effectiveness was further amplified, ensuring that health workers were better prepared to address local challenges during emergencies.
- **Kit Distribution to address Period Poverty and Resilience Building:** Post-distribution monitoring revealed the significant positive impact of the project's kit distribution initiatives, especially in addressing period poverty and enhancing the resilience of adolescent girls and women of reproductive age. The maternity kits provided to pregnant women, including those from marginalized groups, alleviated their economic burden and ensured that both mothers and newborns received essential care during a challenging time. Additionally, the project prioritized disability inclusion, particularly during the DK distribution, by ensuring that women with disabilities had access to necessary support. A total of 308 kits were distributed to women with disabilities, directly improving their access to vital health resources and fostering greater inclusion in the project's outcomes.
- **GBV Response and Services:** The REACH Project significantly strengthened Sri Lanka's multisectoral response to GBV through a series of targeted interventions. These included the launch of a Cash Voucher Assistance (CVA) program, Clinical Management of Rape training, comprehensive training for GBV case

managers, expanded support to 11 GBV survivor shelters across 9 districts. The CVA program provided crucial economic relief to 11,698 women-headed households, many of whom were facing severe hardships. The initiative also reached 9,439 persons with disabilities, one of the most vulnerable groups in society, who often face heightened risks of violence and protection issues.

- The Clinical Management of Rape Survivors training was a crucial intervention during Sri Lanka's multidimensional crises, including the COVID-19 pandemic and economic collapse, where sexual violence surged. In this context, the training empowered healthcare providers with best practices for offering timely, compassionate, and comprehensive care to survivors of rape in emergency situations. As the healthcare system struggled under the pressure of the crises, by equipping frontline workers with the skills to manage such cases with sensitivity and efficiency, the program ensured that survivors received the critical care they needed during a time of heightened vulnerability, providing a pathway to healing and recovery amidst overwhelming challenges.

- In response to the surge in Gender-Based Violence (GBV) due to the multidimensional crisis and COVID-19, UNFPA provided critical support through grants aimed at enhancing shelter capacity and ensuring holistic care for survivors in remote and marginalized areas. This included increasing the number of individuals shelters could accommodate, prioritizing disability inclusion by making shelters accessible to all, and introducing solar-powered solutions to ensure reliable energy. UNFPA also conducted shelter assessments and developed individualized plans to address specific needs, while training shelter staff in grant writing to build their capacity to secure further funding. These efforts significantly expanded access to safe spaces and comprehensive support, providing survivors with essential pathways to healing and recovery.

In conclusion, the REACH Project made a transformative impact on Sri Lanka’s health and GBV response systems. Despite the numerous challenges posed by the crisis, the project ensured the continued delivery of critical services to the most at-risk populations. Through its integrated and multisectoral approach, the REACH Project has helped mitigate the devastating effects of GBV and reinforced the resilience of both the health system and at-risk communities, ensuring that they can access life-saving care and support in times of crisis.

- **Outputs:**

The project was designed with three key outputs, each contributing to the overall project goal and outcomes, addressing different critical aspects of the response. These outputs were as follows:

1. Strengthen the Health System and Enhance the Capacities of Healthcare Workers to Provide Integrated Health Services
2. Enhance the Capacities of Service Providers for Sexual and Gender-Based Violence (GBV) Prevention and Response
3. Ensure Access to Quality Health Services and Maintain the Dignity of Women, Girls, and Young People.

Output 1

STRENGTHENED HEALTH SYSTEMS AND ENHANCED CAPACITIES OF HEALTH CARE WORKERS TO PROVIDE INTEGRATED SRH SERVICES, INCLUDING MATERNAL HEALTH, FAMILY PLANNING AND STI/HIV SERVICES.

The project successfully achieved 100% of its output target, making significant strides in strengthening SRH services across all 28 Regional Directorates of Health Services in Sri Lanka. This led to substantial improvements in critical areas such as maternal health, family planning, and STI/STD services and ensured service delivery irrespective of the phenomena of the crisis.

The project exceeded its indicators as follows:

1.1: The number of health facilities receiving life-saving drugs, commodities, and medical equipment to improve SRH and MCH services by September 2023 was successfully met with surpassing the target of 10 and reaching a total of 40 facilities.

1.2: The target of reaching 130 outreach programs was surpassed, with 136 programs conducted. The outreach clinics were designed to provide women and girls of reproductive age, particularly those in remote and underserved areas, with easy access to SRH services at a single point of care. These clinics offered a range of services, including family planning (FP), screenings for cervical cancer, breast cancer, and HIV, and counselling and GBV survivor-centric support. By consolidating these critical services in one location, the outreach clinics significantly improved accessibility for women and girls, addressing multiple health needs efficiently in areas that are typically hard to reach.

1.3 A total of 139 health workers from six health facilities within the Colombo Municipal Council area were trained in integrated HIV, STI, and family planning service delivery. This training equipped the staff to better serve the target beneficiaries by enhancing their capacity to provide comprehensive sexual and reproductive health services since Colombo municipal council area has a high demand on these aspects. The target was fulfilled by completing the training targeting all 6 facilities.

1.4 The target of training 150 healthcare providers on the Minimum Initial Service Package (MISP) was far exceeded, with 729 healthcare workers trained across seven districts, the over achievement was due to high demand raised by the health authorities to conduct cascading training.

In addition to meeting all targets under Output 1 indicators, the implementation of key activities significantly advanced the intended objectives of Output 1 meaningfully. These efforts not only fulfilled planned deliverables but also created tangible, positive change in the lives of target populations. The installation of solar panels, capable of generating 5,745 units per month, has led to significant cost savings of LKR 212,565 each month. This renewable energy solution ensures the uninterrupted storage of essential family planning and SRH commodities, maintaining proper temperature control and protecting against power disruptions. Beyond its immediate operational benefits, the initiative also aligns with Sri Lanka's green energy agenda, promoting environmental sustainability.

The project reached out to a total of 827,791 most marginalized and left behind individuals through the provision of both medical and non-medical supplies, including essential family planning commodities. This was made possible through strong collaboration with key stakeholders such as the Family Health Bureau, the Family Planning Association of Sri Lanka, the National STD and AIDS Control Programme, the Medical Supplies Division (MSD), and 28 provincial health directors. Together, they ensured continued access to vital health services during the crisis.

A total of 729 frontline health workers across targeted districts were trained in MISP, enabling them to deliver more comprehensive SRH and GBV services during the crisis. The Mental Health and Psychosocial Support (MHPSS) training, which reached 733 frontline health workers, was another significant achievement.

The awareness sessions for 4,403 adolescent girls and boys had a transformative impact on their understanding of SRH. By using interactive and creative techniques, the sessions encouraged greater youth engagement and allowed them to openly discuss their concerns and perspectives on SRH topics. Reflections from youth beneficiaries highlighted how the sessions addressed culturally sensitive issues often avoided in traditional discussions, creating a safe space for open dialogue. This initiative empowered young people with crucial knowledge, enabling them to make informed decisions about their sexual and reproductive health.

Output 2

Enhanced capacity of service providers for sexual and gender-based violence prevention and response.

The project achieved 100% of this output target within the designated project timeline, significantly enhancing the capacity of service providers for Sexual and Gender-Based Violence (SGBV) prevention and response. Key initiatives, including the expansion of 11 shelters and comprehensive training of GBV case managers across seven districts, were instrumental in meeting the output targets. The three indicators were not only met but overachieved, resulting in the following outcomes:

2.1: The project's provision of grants to shelters played a pivotal role in expanding and sustaining life-saving, survivor-centered protection services. By establishing 11 shelters, exceeding the target of 10, the project enhanced the country's capacity to provide safe, comprehensive support to survivors of sexual and gender-based violence (SGBV). These shelters function as multi-disciplinary service hubs, offering clinical, psychological, and well-being support for survivors.

2.2: Alternative modalities for outreach, including remote and mobile services, were successfully established to provide psychological first aid and other critical psychological support services. The target of 10 outreach services was exceeded, with the project reaching 257 distribution points across all nine districts. Trained staff delivered these services from Save the Children, government partners, and other non-governmental organizations operating in the area. This initiative was launched as part of the Cash Voucher Assistance (CVA) program, designed to provide critical services to GBV survivors identified during the CVA registration process. By incorporating staff from Save the

Children (SC), government agencies including public sector staff, and other non-governmental organizations working with GBV survivors into the training programs, the initiative has fostered long-term support for survivors across various sectors.The training has significantly enhanced the capacity of these service providers to offer sustained support to GBV survivors, ensuring that they can access continued assistance at the community level. The long-term impact of this initiative lies in the establishment of a network of trained professionals equipped to respond to GBV survivors' needs, strengthening the overall support system and ensuring that survivors can find assistance in the long run across different sectors in their communities. It is estimated that through the capacity enhancement of GBV service providers on integrated service provision and case management, 63,430 GBV survivors can be reached in a period of one year

2.3: The training of 1,039 GBV case managers across seven districts, surpassing the initial target of 1,000, significantly strengthened the capacity of protection workers to deliver comprehensive, survivor-centered services. By equipping case managers with essential skills in psychological support and case management, this initiative greatly enhanced the country's ability to respond to GBV with a more coordinated, effective, and empathetic approach. The impact of this training has been far-reaching, ensuring that survivors receive timely, high-quality support and care tailored to their unique needs, ultimately improving their chances for recovery and long-term well-being.

Output 3

Access to quality health services and the dignity of women, girls and young people is maintained.

The project successfully achieved 99.8% of its output target within the designated timeline, significantly improving access to quality health services for women, girls, and young people across the nine districts of the project's operation. The indicator achievement for the output includes:

3.1 Cash Voucher Assistance (CVA): The project surpassed its target of reaching 50,000 vulnerable women, girls, women with disabilities, and women-headed households, ultimately assisting 50,691 beneficiaries. This group included 9,923 pregnant and lactating mothers, 11,698 women-headed households, and 9,439 persons with disabilities, reaching beyond the project's original scope to include Rathnapura district. This initiative has had a profound impact, helping beneficiaries meet ongoing needs related to SRH , GBV, and other essential life requirements. Feedback from the on-site monitoring showed that nearly all beneficiaries expressed strong appreciation for the CVA program, highlighting its vital role in meeting their immediate needs, particularly for pregnant and lactating women and needs of the persons with disabilities. All participants in the PDM indicated this initiative as timely and appropriate.

3.2 Expanded Reach of CVA: The initiative aimed to reach 10,000 vulnerable women and girls through the CVA program, and exceeded this target by supporting a total of 19,262 beneficiaries. This expanded reach underscores the project's ability to provide critical economic relief and support to an even broader group, significantly enhancing its impact on vulnerable populations during the crisis. During the CVA process, beneficiary selection was carried out in alignment with criteria developed in collaboration with government officials, sector specialists, and community leaders. A robust complaint mechanism was established to allow beneficiaries to raise concerns related to PSEA (Protection from Sexual Exploitation and Abuse), ensuring that the program adhered to Accountability to Affected Populations (AAP) principles, provided beneficiaries with the opportunity to offer feedback, suggest improvements, and report any fraudulent activities during the distribution. The complaint system was implemented at every distribution point across all 10 districts, reinforcing transparency, integrity, and safeguarding in the program. This comprehensive approach ensured that the initiative was fully aligned with safeguarding and accountability standards throughout its implementation. A total of 1,666 complaints were handled by SC during the CVA process.

3.3 Dignity, Maternity, and Adolescent Kits Distribution: Aimed at distributing 12,000 kits, the project successfully delivered 10,493 kits. . The slight shortfall in achieving the deadline was due to delays in the approval process by the line ministry to finalize school-level distributions. Kits were distributed to389 girls with disabilities. PDM results indicated 100% satisfaction among beneficiaries, with high regard for the quality and durability of the items. These

kits have played a crucial role in addressing period poverty, maintaining hygiene standards related to SRH, and supporting families in building resilience during the crisis. Each kit distribution was complemented by a series of awareness sessions and the distribution of Comprehensive Sexuality Education (CSE) materials tailored to each beneficiary category. For example, maternity kits (MKs) were paired with information on danger signs during pregnancy, while adolescent kits (AKs) included SRH awareness materials. MK beneficiaries reported that the information on maternal danger signs was extremely useful, with its value further emphasized by FPASL staff and provincial health staff. This integrated approach not only provided essential resources but also equipped beneficiaries with critical knowledge to improve their health outcomes.

Overall, the CVA and kit distribution initiatives have had a transformative impact on over 50,000 beneficiaries and contributed to improving their health, dignity, and resilience. The combination of direct financial support and practical aid has helped individuals and families overcome immediate hardships, laying a strong foundation for long-term recovery and empowerment.

Conclusion

The strong and longstanding partnership with the government of Sri Lanka, with key government implementing partners and other stakeholders and other humanitarian agencies were instrumental in delivering project outputs and outcomes efficiently and effectively. Over 99% of activities were completed on time, with satisfactory budget utilization rates. The robust Monitoring and Evaluation (M&E) framework, alongside effective monitoring mechanisms, allowed for timely progress tracking and reporting. The introduction of standardized formats to capture disaggregated initiatives data was introduced to partners through the M & E unit. The identified reporting gaps were highlighted for correction at regular IP meetings. Regular progress meetings within the team members (weekly), with implementing partners (IPs),(fortnightly) UNFPA management team(weekly) ensured real-time data availability for monitoring and reporting purposes, and provided clarity on project implementation and areas for improvement.

Continuous collaboration and networking with government stakeholders and IPs allowed for the identification of gaps and the development of strategies to address them. Strong partnerships were built with key government line ministries such as the Ministry of Health (MoH), Ministry of Women and Child Affairs (MoWCA), and the Ministry of Public Security. The introduction of field staff for the first time under the humanitarian response project also significantly enhanced coordination and monitoring at the field level, particularly in relation to monitoring and coordination of distributions and training activities.

The dual funding from DFAT and the Government of Japan allowed for a more progressive and impactful approach to several key initiatives, such as shelter expansion and the solar power installation initiative etc. This dual support played a crucial role in enhancing the overall impact and sustainability of these interventions.

The project also benefited from significant inter-agency support, especially in GBV prevention and SRH awareness programs, where collaboration at the Resident Coordinator's Office (RCO) and inter-agency levels was evident. The active involvement and support from embassies and high-level government officials coordinated through the RCO office further strengthened the project’s implementation.

Cross-cutting themes such as protection, gender, environment, and disability were integrated into all phases of programming, ensuring a holistic and inclusive approach. The PSEA protocols were rigorously enforced across all initiatives, with all implementing partners receiving training on PSEA protocols prior to onboarding. The continuous monitoring of PSEA practices ensured that the project upheld the highest standards of accountability and protection for all beneficiaries. A robust feedback mechanism was implemented across all activities, including the use of complaint and suggestion boxes by IPs. Additionally, separate hotlines were established by both IPs and UNFPA, allowing beneficiaries to choose the entity they felt most comfortable reporting to. These hotlines were available in

both Sinhala and Tamil languages, ensuring accessibility for all. The hotline numbers were widely shared through IEC materials and displayed during distribution events. A QR code was also included in IEC materials, allowing individuals to submit feedback or complaints digitally. All calls to the hotlines were taken seriously, followed up on, and appropriate action was taken to address the issues raised. During the training programmes, the forums were opened to comment and provide the feedback through training feedback forms and feedback sessions planned at the end of each programme. These were documented and action steps were taken,

The project effectively tracked and managed risks and challenges, implementing proactive mitigation and control mechanisms to address potential barriers. Through continuous dialogue with relevant ministries, implementing partners (IPs), and stakeholders, most risks were successfully mitigated, ensuring minimal disruption to project activities. In instances where risks were more complex, collaborative efforts with the UNFPA programme team and management facilitated prompt and effective solutions. This approach not only minimized challenges but also ensured that project implementation remained on track, reinforcing the project's resilience and capacity to achieve its intended outcomes despite external uncertainties. The ability to swiftly adapt to emerging risks contributed significantly to the overall success and sustainability of the project, ensuring continued support to vulnerable populations in a timely and efficient manner.

In addition, the principle of accountability to the affected population was rigorously upheld throughout the implementation of project activities. Transparent selection processes were established, with strong connections to government officials and active involvement of relevant line ministries in certain instances, ensuring that the most appropriate beneficiaries were identified and supported. The robust M&E and program monitoring mechanisms played a critical role in ensuring that the selection of beneficiaries was both equitable and based on the most pressing needs, contributing to the overall fairness and effectiveness of the interventions.

Spot checks and audits were regularly conducted to verify that financial procedures and protocols were adhered to by implementing partners, ensuring transparency and accountability at all stages of the project. These measures, alongside effective oversight, have contributed to the stability and long-term sustainability of the project's impact. The implementation of these accountability mechanisms has directly led to the delivery of tangible, high-quality results, with beneficiaries receiving the intended support in a fair and transparent manner. This commitment to accountability has not only strengthened the project's outcomes but also reinforced trust with the affected population and stakeholders.

ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWPs** - provide details of 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, a clear explanation should be given explaining why.

<table>
<tr><th></th><th><u>Achieved</u> Indicator Targets</th><th>Reasons for Variance with Planned Target (if any)</th><th>Source of Verification</th></tr>
<tr><td colspan="4">Outcome: Crisis affected vulnerable populations have improved and sustained access to quality and comprehensive lifesaving sexual reproductive health care and GBV services</td></tr>
<tr><td>Indicator: Number of people in need (women and men of reproductive age and adolescents) benefiting from life-saving drugs, commodities, medical equipment and SRH and MCH services

Baseline: TBD
Planned Target: 526,740</td><td>.A total of 828,180 women, girls, youth, and men of reproductive age have been reached through targeted activities aimed at delivering SRH and MCH services to the most vulnerable people in 10 targeted underserved districts in the country. The breakdown of the numbers reached is below. Due to this distribution, all 28 Regional director of Health Services units ensured that citizens had continuous access to family planning services, even during times of crisis in the country.

Benefit type | Reach

MK Distribution | 3,000
DK distribution | 3,000
AK distribution | 6,000
Drug/medical and non medical equipment/FP commodities | 810,244
Mobile clinics | 7,443
Total | 829,687</td><td>The overachievement of the target is attributed by
a. The agility of the project to accommodate and cater to the additional requests from the Ministry of Health for medical and non medical items and family planning contraceptives.
b. The high demand from regional health units led to an increase in the number of mobile clinics for women and girls of reproductive age, resulting in a higher number of beneficiaries being reached.</td><td>IP quarterly project progress reports
IP monthly project progress reports
Beneficiary registration sheets
Kits distribution lists
Requests and correspondence from the Ministry of Health</td></tr>
</table>

Indicator: Number of women and girls at risk accessing GBV prevention and response services. **Baseline:** 0 **Planned Target:** 200,000	A total of 5,623 women and girls were reached through GBV prevention and response services as follows in the targeted 9 districts. However, this achievement falls short of the planned target for the reference period. Through key initiatives such as expansion of shelters for GBV survivors and the GBV case management training provided to case managers across seven districts, the project has significantly enhanced survivors' access to essential GBV services. These efforts have strengthened the efficiency, and effectiveness of the response, ensuring a more comprehensive support system for those in need. Description of Service — Reach In-house shelter support — 494 Counseling support — 795 Shelter Assistance — 29 Skill Development — 267 DK — 3,000 GBV case Mgt — 1,038	A considerably lower achievement is attributed by a. There is a limited number of field partners available to address this issue, and the sector is burdened with numerous legal challenges. These conditions consistently create significant barriers when working with survivors of gender-based violence (GBV). b. The target set for the project is unrealistic, as the current figures for GBV survivors across the country suggest that it will be impossible to reach the proposed numbers.	IP quarterly project progress reports IP monthly project progress reports Participant lists
Output 1: Strengthened health system and enhanced capacities of health care workers to provide integrated SRH services including maternal health, family planning and STI/HIV services.			

<table>
<tr>
<td>Indicator 1.1:

Indicator 1.1: Number of health facilities receiving life-saving drugs, commodities and medical equipment to improve SRH and MCH services by September 2023.

Baseline: 0

Target: 30</td>
<td>The indicator achievement surpassed the target with the successful receipt of life- saving drugs, commodities and medical equipment for 40 health facilities by the end of 2024. . While medical equipment were distributed among 9 referral hospitals, FHB, NSACP and FPASL, life saving drugs and FP commodities were distributed across all the 28 RDHS offices,
Note: Although Sri Lanka has 25 districts it operates 28 health districts. This is because some of the larger districts are divided and managed by two Regional Director of Health Services (RDHS) offices. The breakdown of the distributions is as follows;
<table>
<tr><td>Unit Supported</td><td>Support type</td><td>Number of Units</td></tr>
<tr><td>RDHS offices</td><td>FP commodities and drugs</td><td>28</td></tr>
<tr><td>Referral hospitals</td><td>Medical equipment</td><td>10</td></tr>
<tr><td>FHB</td><td>FP commodities and drugs</td><td>01</td></tr>
<tr><td>NSACP (The National STD/AIDS Control Programme (NSACP)</td><td>HIV/STD test kits</td><td>01</td></tr>
<tr><td>FPASL</td><td>FP commodities and drugs</td><td>01</td></tr>
<tr><td>Total</td><td colspan="2">40</td></tr>
</table>
</td>
<td>The over-achievement is due to distribution of FP commodities and drugs to all 28 RDHS offices, which is due to the following reasons;
a. High demand prevailed during the crisis at each district on the medicines, contraceptives and other medical equipment. Based on this the MoH has made time to time requests to fulfill these gaps.
b. UNFPA supplies on FP commodities to FHB created enough stocks to distribute among all 28 health administrative units in the country.
c. In addition to the new requests received from the MoH,there was a remaining request which UNFPA had already accepted and started the procurement process on.</td>
<td>IP monthly reports-FPASL
RIR inspection notes
RIR tracker</td>
</tr>
</table>

Indicator 1.2: Number of health outreach programme delivered in 9 provinces Baseline: 60 Planned Target: 130	The indicator achievement exceeded the target with successful completion of 136 clinics in 7 districts namely; Colombo, Gampaha, Galle, N'Eliya, Batticaloa, Ampara and Kilinochchi. The total reach-out number was 7,443 individuals including 7,001 women and girls and 442 individuals from key populations of reproductive age. The outreach clinics have empowered women, girls of reproductive age, and men to access sexual and reproductive services in a more comprehensive manner. During times of crisis, this service has proven to be a highly effective and practical approach to delivering essential care.	The target is overachieved due to high demand at district level for the health out-reach clinics. a. By increasing the number of clinics conducted, the health authorities aimed to reach more clients and provide family planning (FP) services regionally. Since there was an Islandwide shortage for FP commodities. b. The clinics were planned to deliver family planning (FP) services to key populations, including female sex workers, during the crisis, addressing their urgent needs and significantly improving their access to essential reproductive health services.	IP monthly report-FPASL Project M&E Excel based maintained at UNFPA level
Indicator 1.3: Number of health facilities providing integrated HIV, STI and FP services in the Colombo Municipal Council Baseline: 0	The cumulative target for the indicator has been achieved by the end of the project in the 6 MoH offices in Colombo Municipal Council area. The related MOH areas are as follows; D1-Modara D2A-Kotahena D2B-Maligawatta D3-Borella D4-Narahenpita D5-Wellawatta/Slave Island	Not relevant	RIR inspection notes RIR tracker IP quarterly reports

Planned Target: 6	All the health staff assigned to the 6 MoH areas of Colombo municipal council were trained on sexual health and integration of STI/HIV/Family Planning services to ensure provision of integrated services. The total number of staff trained was 153, 14 Male staff and 139 Female staff.		
Indicator 1.4: Number of health care providers trained on minimum initial services packages. . Baseline: 50 Target : 150	The cumulative achievement has surpassed the cumulative target by end of year 2024, with the training of 729 public health mid-wives and other frontline health workers on Minimum Initial Service Package across 7 districts including Gampaha, Colombo, Anuradhapura, Kandy, N'eliya, Batticaloa, Kalutara and Puttalam districts. The trainings were organized both at National level with the collaboration of NIHS and district level with the collaboration of FHB and UNFPA consultants. This was launched as ToTs. In addition to the main trainings due to the high demand, more cascading trainings were planned and conducted in the same districts apart from the originally designed trainings.	Over achievement was due to the following reasons; a. The training curriculum on the MISP training for frontline health workers was refreshed by FHB to fit into the context in Sri Lanka and also launched during the severe economic crisis, which proved to be an invaluable and innovative experience for health staff. The high demand for the training at the ministry level underscored its importance in strengthening the health system's ability to address reproductive health needs during crises. Due to this increased demand, UNFPA has to expand the number of planned trainings, leading to a higher-than-expected number of participants and contributing to the overachievement of the set training goal.	Training agenda Training materials

Output 2: Enhanced capacity of service providers for sexual and gender-based violence prevention and response.			
Indicator 2.1: Provide grants to shelters to further expand and continue life saving and survivor centered protections services and function as one-stop crisis centers for SGBV survivors. **Baseline: 0** **Planned Target: 10**	The project provided critical support to 11 shelters across 9 districts in Sri Lanka, including Colombo, Anuradhapura, Kandy, Monaragala, Rathnapura, Jaffna, Kilinochchi, Mullaitivu, and Nuwara Eliya. These shelters were equipped with essential items such as furniture, electrical appliances, cooking utensils, training materials, disability-related equipment like wheelchairs, play equipment, books for reading areas, water storage tanks, and solar units. This comprehensive support has significantly enhanced the shelters' capacity to deliver continuous, effective, and efficient services over the long term. The expansion and upgrading of these shelters have had a profound impact, ensuring the sustained provision of life-saving, survivor-centered protection services for survivors of sexual and gender-based violence (SGBV) across these districts. By improving the shelters' infrastructure and resources, the project has strengthened their ability to provide safe, supportive environments for SGBV survivors, ultimately fostering long-term resilience and well-being for the affected individuals and communities.	The over-achievement is due to high demand which was in existence. It could be further elaborated as follows; The data collected during the crisis revealed an increase in reported GBV cases, highlighting the urgent need for improved services. This initiative provided a timely solution to address the growing issue and enhance GBV services for survivors at the district level. With available funding and the critical demand, the requests from the ministry and other involved agencies were successfully accommodated, significantly strengthening the response to GBV survivors.	Grant Proposals Shelter assessment reports
Indicator 2.2: Establish alternative modalities through outreach including remote and mobile services to provide psychological first aid and other psychological support services to identified vulnerable women,girls and	Alternative modalities for outreach, including remote and mobile services, were successfully established to deliver Psychological First Aid (PFA) and other critical psychological support services. The project significantly exceeded its initial target of 10 reaching 257 distribution points across all ten districts. Trained staff delivered these services from Save the Children, government partners, and other non-governmental organizations operating in the area. This initiative was launched as part of the Cash Voucher Assistance (CVA) program,	The significant overachievement can be attributed to the approach implemented by SC as the key partner in this initiative. SC ensured comprehensive training for all field staff, volunteers, government employees, and staff from other NGOs/CSOs at the field level on	Final report-Save the Children

GBV survivors. **Baseline: TBD** **Planned Target: 10**	designed to provide critical services to GBV survivors identified during the CVA registration process. By incorporating staff from Save the Children (SC), government agencies including public sector staff, and other non-governmental organizations working with GBV survivors into the training programs, the initiative has fostered long-term support for survivors across various sectors. A total of 303 individuals, including government sector staff, SCI staff, field volunteers, and personnel from NGOs/CSOs, were trained in Psychological First Aid (PFA) through this project. Save the Children (SC) employed a blended learning approach, combining both online and in-person sessions, to enhance capacity in key areas such as PFA, Basic Psychosocial Skills (BPS), Gender-Based Violence (GBV), Gender, Sexual and Reproductive Health (SRH), and referral processes. These training sessions were conducted during August and September 2023. The total number of referrals handled through this process during CVA is 1,664.	PFA. This holistic training approach enabled staff to effectively support beneficiaries throughout the CVA registration process, as the questionnaire incorporated questions that helped identify underlying issues. Since all staff involved in the CVA process were trained, they were able to either directly provide the necessary support or refer beneficiaries to the appropriate services. Furthermore, the training reached a broad range of personnel from both the public sector and other organizations, ensuring that service delivery and ongoing support were consistently maintained. Originally planned to be conducted as one training each for a district, the training was expanded to all divisional secretariats where CVA was implemented, resulting in a total of 257 delivery points established—significantly exceeding expectations.	

Indicator 2.3: Strengthen capacities of 1,000 protection workers to provide survivor central multi-discipline services, including psychological support and case Management. **Baseline: 0** **Planned Target: 1000**	The indicator achievement exceeded the target with f 1039 GBV case workers trained across seven districts: Kandy, Puttalam, Nuwara Eliya, Anuradhapura, Mullaitivu, Batticaloa, and Kilinochchi.. Participants in this capacity-building initiative included Women Development Officers (WDOs), Counsellors, Child Rights Officers (CROs), Child Rights Protection Officers (CRPOs), Community Correction Officers, officers from the Child and Women's Bureau of Police, and other social service personnel working within the District Secretariat. The GBV case management training has significantly enhanced the case managers capacities and bolstered the GBV multisectoral coordination mechanism, enhancing the overall response to GBV.	The over-achievement can be attributed to the high demand for the training generated by both government and non-governmental organizations at respective districts.	Event reports by IP Attendance sheets Photos Event report-WDC workshop Kandy- Trainings for protection workers-WDC
Output 3: Output 3: Access to quality health services and the dignity of women, girls and young people is maintained.			
Indicator 3.1: Number of pregnant and lactating women, people with disabilities and women who head households who have received cash and voucher assistance. **Baseline: 0** **Planned Target: 50000**	The cumulative achievement has surfaced the cumulative target by end of year 2023 by achieving a total of 50,691 individuals through this initiative,including 9,923 pregnant and lactating mothers, 11,698 women headed families and 9,439 people with disabilities.	The over-achievement of the indicator target was driven by the identification of a higher number of vulnerable individuals at the field level who met the selection criteria, while remaining within the available budget limits, which was matched appropriately.	Final report-Save the Children Bank transfer list - CVA Beneficiary registration forms Bank transfer list Project final report by IP Quarterly IP project progress reports Monthly IP progress reports

<table>
<tr>
<td></td>
<td>
<table>
<tr><th>Location</th><th>Total beneficiaries</th><th>Pregnanant women</th><th>Lactating Mothers</th><th>PWDs</th></tr>
<tr><td>Anuradhapura</td><td>5249</td><td>313</td><td>281</td><td>1,182</td></tr>
<tr><td>batticaloa</td><td>6288</td><td>367</td><td>859</td><td>741</td></tr>
<tr><td>Galle</td><td>5501</td><td>572</td><td>669</td><td>1,204</td></tr>
<tr><td>Gampaha</td><td>6070</td><td>418</td><td>1,006</td><td>570</td></tr>
<tr><td>Kandy</td><td>5973</td><td>143</td><td>574</td><td>1,320</td></tr>
<tr><td>Monaragala</td><td>5105</td><td>286</td><td>738</td><td>1,468</td></tr>
<tr><td>Mullativu</td><td>3077</td><td>178</td><td>762</td><td>559</td></tr>
<tr><td>Puttalam</td><td>5699</td><td>212</td><td>736</td><td>974</td></tr>
<tr><td>Rathnapura</td><td>7729</td><td>325</td><td>1,484</td><td>1,421</td></tr>
<tr><td>Total</td><td>50,691</td><td>2,814</td><td>7,109</td><td>9,439</td></tr>
</table>
</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.2:

Number of vulnerable women and girls who have received cash for protection assistance.

Baseline: 0

Target : 10,000</td>
<td>A total of 19,262 vulnerable women and girls received Cash voucher assistance by the end of 2023.. This is a 38% increment compared to the target..The provision of cash voucher assistance to pregnant women, lactating mothers, and female-headed households has been instrumental in meeting the immediate needs of these vulnerable groups during the crisis.</td>
<td>The over-achievement of the indicator target was driven by the identification of a higher number of vulnerable individuals at the field level who met the selection criteria, while remaining within the available budget limits, which was matched appropriately.</td>
<td>Final report-Save the Children
Bank transfer list - CVA</td>
</tr>
</table>

Indicator 3.3: Number of vulnerable people (women, girls, people with disabilities) who have received dignity, hygiene, maternity, delivery and AYH kits. **Baseline: 9,249** **Planned Target:** 12,000	Out of the total kit target of 12,000 , the project completed distributing 11,904 kits by the end 2024 and achieved cumulatively less than targeted. There were 3 types of kit distributions namely DK, MK and AK. The distribution breakdown was DK-3000, MK-3,000 and AK 6,000. The remaining AKs will be distributed at school level through the Ministry of Education. Out of the total 3,087 kits were distributed as part of recent flood response in Batticaloa, Ampara, Jaffna and Kilinochchi districts. These kits were pre-positioned for flood response, which included 1,500 Adolescent kits, 869 Dignity kits and 718 Maternity kits. Kit distribution has become a critical intervention, enhancing the resilience of women, girls of reproductive age, and women with disabilities in overcoming period poverty and navigating the economic crisis.	The indicator target was under achieved due to the delay in receiving the approval from MoE to proceed with distributing the remaining adolescent kits.	Kits distribution lists
Indicator 3.4: Number of SRH awareness sessions conducted in the rural and estate sector for adolescent girls. **Baseline: 0** **Planned Target:** 1000	A total of 7,428 adolescent girls from rural and estate sector were reached through awareness sessions on sexual and reproductive health (SRH) through the collaboration of FPASL and MoH offices.. The training was held across all nine project districts: Anuradhapura, Puttalam, Gampaha, Colombo, Nuwara Eliya, Kandy, Mullaitivu, Galle and Batticaloa. Raising awareness on sexual and reproductive health (SRH) among adolescent girls in rural and estate sectors has become crucial, significantly impacting their access to essential information and empowering them to make informed decisions about their SRH and hygiene. This initiative promotes greater understanding and enhances the capacity of these girls to take control of their health, ultimately improving their well-being and future prospects. **The indicator and the target do not align, which is a mistake. The indicator refers to the number of SRH**	Indicator and target do not match, not align.	IP reports - FPASL

	awareness sessions conducted, and the number to be achieved is too high for the nature of such training.		
Indicator 3.5: Number of digital platforms functioning to disseminate life-saving SRH information to people with disabilities, key affected populations and young people. **Baseline:** 2 **Planned Target:** 3	The project supported three digital platforms namely, 'Yowun piyasa', 'Brave Platform' and 'Let's learn life' platform. Out of the three platforms, theLet's Learn Life platform was successfully created to disseminate SRHR information e. The platform's content was expanded to cover messaging on consent, safe sexual practices, sexual pleasure, virginity, adolescent health, and childbirth. In parallel, CSE awareness materials were also designed and shared. Concurrently, the platform which consisted of a website, instagram, and FB reached 7,700 persons and reported 507 content interactions. In 2024, the platform achieved significant outreach, by producing 171 static posts and 45 short animations that collectively reached 1.6 million people. The reach is more for women in all age categories and the highest reach is from the ages between 25-34. Moreover, the corporate website for HPB was also completed in Q4 featuring a dedicated CSE section that directly links to the Let's Learn Life Platform. This aims to attract more users to visit the Let's Learn Life Platform. Through this project, content development of two other platforms was completed during the project 2024. 'Brave and Yowun Piyasa'. The 'Yowun Piyasa' is a government website designed to provide young people with reliable sexual and reproductive health information, while the 'Brave Platform', developed by UNFPA in collaboration with FPA, aims to provide SRH information to a broader youth audience. Although the content is ready, the platform development is still ongoing due to several challenges associated with the initiative. As DFAT funding has concluded, alternative funding will be sought to complete the process	The platform development faced several challenges, which contributed to underachievement in the project's progress. These included ongoing concerns raised by government agencies regarding the content, with frequent changes, back-and-forth comments, and amendments. Additionally, the capacity of the implementing partner (FPA) and the company responsible for delivering the service did not meet the required standards. As a result, significant time was spent addressing these issues through advocacy, establishing a technical advisory committee with the government, and engaging in continuous dialogue with senior officials in relevant ministries. To mitigate these challenges, substantial measures were taken in a timely manner, including re-strategizing and strengthening stakeholder engagement. However, despite these efforts, the challenges persisted, hindering the timely and effective development of the platform. In response, UNFPA, in	CSE platform Metrix

		collaboration with its implementing partner, is considering selecting a different company if the current one fails to meet expectations in the upcoming year. Additionally, UNFPA plans to engage a senior communications consultant to provide the right guidance in terms of voice and tone to ensure the digital platform meets the needs of the target audience. The development of the platform will now be completed with core funding, addressing the remaining gaps and enabling the project to move forward.	

iii. Evaluation, best Practices and lessons learnt

The final independent evaluation of the project , as stipulated in the agreement between DFAT and UNFPA, was managed by the country Office M&E focal point, who served as Evaluation Manager. The evaluation process adhered to the UNFPA's Country Programme Evaluation guidelines and was conducted in consultation with the programme team and relevant stakeholders. A team of three individual consultants, recruited through a competitive selection process aligned with UNFPA's recruitment procedure, carried out the evaluation. Additionally, the Regional M&E advisor provided technical oversight and guidance to the evaluation Manager throughout the process. Upon receiving technical clearance from the Regional M&E advisor, the country representative approved the final report. UNFPA is currently finalizing management responses in consultation with the team and developing key communication materials to effectively disseminate the findings among stakeholders. The learning and recommendations will inform the future project proposal development by the Sri Lanka Country office.

The key findings of the evaluation are as follows;

a. Strengthening of the District SGBV Forums is a significant milestone in this regard. The project's input has been positive. There is better knowledge of and interaction among CSOs and state actors such as protection workers, the MOH, police within districts. This has enabled all actors to understand the importance of sharing their findings and/or concerns relating to SGBV incidence and direct actions according to best, most accessible institutions.

b. The inclusiveness that has been maintained during the training for health care workers and protection workers has positively facilitated new strategic and operational partnerships among the stakeholders who otherwise were confined to their own sphere. Reaching out to CSOs for outreach assistance in managing SGBV issues such as seeking shelter occupation, collaborative action between health and administrative sector personnel in SGBV case management were some evidence of such partnerships following training.

c. As a fast tracked intervention implemented within a very tight time frame, the CVA programme had been successful in reaching its target diverse population.

d. The results of the social media campaign on CSE for the adolescent and youth outlined that within a period of 3 months, Facebook secured 1.6 million reach and 150,000 engagements with a local and international audience while Instagram secured 120,000 reaches.

e. The MHPSS initiative was designed to respond to the urgent need to support the psychological wellbeing of healthcare workers (HCWs) amidst the multidimensional crises caused by the pandemic and economic challenges. The participants across all settings it was conducted highly appreciated this initiative. Many healthcare workers expressed that they were under considerable stress due to the increased demands placed on them during these crises, and highlighted that this was the first training they had received that specifically addressed these challenges.

f. When it comes to funding by the state institutions for the interventions implemented in collaboration with them, timely disbursements have happened in general. The provision of financial support to upgrade Shelters has enabled partners to provide a better equipped space for those who need shelter services. This was evident in Jaffna and in Anuradhapura. However, the partners had to use their own resources temporarily for the functioning of the Shelters as financial support from the Women's Bureau was regularly delayed. The Shelter in Nuwara Eliya which also had been upgraded, however, was not functioning as the main funding support for this purpose from the Women's Bureau had not come through due to budget constraints faced. Hence, women were not able to access any services from this shelter. Protection Workers now liaise with WDC which offers its own Shelter in Kandy for women who are in urgent need of care.

g. The interventions targeted a wide range of population across the 09 districts selected.

h. Partners' ability to maintain a fair coverage in the implementation across all 09 districts, provides evidence of the non-discriminatory and do-no-harm approaches adopted

CHALLENGES

1. The procurement and distribution of medicines, medical equipment, and supplies played a critical role during the crisis to ensure uninterrupted services for crisis affected most vulnerable communities. A major challenge during the economic crisis was the evolving rules and regulations governing exports and imports in Sri Lanka, particularly those related to the importation of medicines, medical commodities, and other equipment. The National Medicines Regulatory Authority (NMRA) introduced new approval requirements for importing these essential items for health care centers, which impacted the humanitarian projects planned from 2023 onwards. These changes in NMRA regulations led to delays in obtaining the necessary approvals, resulting in significant setbacks in the timely importation, distribution, and delivery of essential items. To mitigate this challenge, a collaborative effort with the NMRA was initiated to clear the backlog, ensuring continued coordination and progress.

2. The Guidelines for *Clinical Management of Rape* developped by WHO, UNHCR, and UNFPA serve as an international standard for delivering ethical, survivor -centred, and life-saving health services to survivors of rape and intimate partner violence in an emergency setting. However, adapting this model to the national protocol posed contextual challenges for the Ministry of Health. As a result, the training could not be delivered within the expected timeframe. To address service gaps and improve the delivery model, a lessons-learned workshop was requested from the Ministry of Health. The training approach was refined based on the ministry's recommendation, ensuring a more effective and contextually appropriate implementation.

3. After the procurement process had already begun, UNFPA was informed of changes in national drug requirements, leading to prolonged clearance delays and medicines being held at the port for several months. This created significant storage challenges. To address the issue, the distribution strategy was adjusted to align with the updated national needs, and discrepancies were resolved through close consultations with focal points, ensuring an effective resolution and minimizing disruptions.

Lessons Learnt

1. **Alignment of Project Design with National and Country Priorities :** The programme design was well-aligned with the needs outlined in the HNP appeal and the country's priorities, contributing to the achievement of the UNSDCF outcomes simultaneously. This alignment enabled the project to meet targets across all three levels with a single initiative. Moving forward, adopting a similar approach in future project designs would be beneficial to ensure greater impact and coherence.

2. **Effective Partnerships with Government and Implementing Partners:**

   The project successfully forged strong partnerships with relevant government ministries responsible for sexual and reproductive health (SRH) and gender-based violence (GBV) prevention, and with established implementing partners with extensive field experience. This collaboration significantly enhanced the effectiveness of the project, demonstrating the critical role of robust partnerships in achieving objectives within the context of an ongoing crisis.

One of the best examples given could be collaboration made with the Family Planning Association of Sri Lanka (FPASL), the country's only government-approved family planning entity with extensive experience in the field. With FPASL both the Mobile clinic initiative and Maternity and Dignity kit distribution was launched. This initiative became a central component of the project's strategy, enabling the delivery of specialized SRH services to the most vulnerable women and girls of reproductive age in an effective and efficient manner through FPASL. Through this collaboration, FPASL was able to extend its mobile clinic services, ensuring that those who would otherwise have limited access to healthcare could benefit from essential family planning services. Besides the mobile clinics, the project supported the distribution of maternity and dignity kits. These distributions were accompanied by a series of awareness sessions that effectively disseminated critical information. Educational materials, such as leaflets, were tailored to the specific needs of different groups. For instance, pregnancy danger signs and signals for pregnant mothers were highlighted, along with SRH awareness for adolescent girls and women with disabilities. This approach ensured that the recipients not only received necessary supplies or services but also gained valuable knowledge to improve their health and well-being.This holistic approach, combining service delivery with education and awareness, proved to be effective in reaching marginalized populations and ensuring that they not only received support but also understood how to use it for their benefit. Similarly, all activities were launched in collaboration with the appropriate line ministries and implementing partners, ensuring that each initiative was effectively executed. This strategic alignment enhanced the overall impact of the project, as it enabled a more coordinated and efficient approach in reaching the set objectives. By working with key stakeholders, the project was able to leverage their expertise and resources, ensuring that interventions were tailored to the specific needs of the target communities. This collaborative approach not only increased the reach and effectiveness of the initiatives but also contributed to the efficiency of service delivery, ultimately driving better outcomes and a more sustainable impact on the affected populations.

3. **Efficient Use of Human and Financial Resources :**During the implementation of the project, both human and financial resources were utilized efficiently to maximize value for money. Both the budget and the activity progress was closely monitored, ensuring that progress was made within the given timeline with expected results.The capable project team effectively managed all aspects of the initiatives, including content, timeliness, and overall effectiveness. UNFPA Sri Lanka introduced a field staff modality to further enhance the delivery of project outcomes. However, the introduction of field staff alongside humanitarian interventions initially led to some coordination challenges between UNFPA staff and implementing partners, as this approach had not been used in the past. Both UNFPA and IPs faced difficulties in adapting to this new structure.This challenge was addressed in subsequent years, highlighting a key lesson learned: early and continuous coordination is essential for the successful integration of new modalities. By establishing clear communication channels and aligning expectations from the outset, future projects can avoid similar issues, ensuring smoother implementation and more effective collaboration between all stakeholders. This experience reinforced the importance of proactive planning and collaboration when introducing new structures into project workflows.

4. **Contextualizing Processes at the Community Level**

One of the key lessons learned was the importance of contextualizing the processes at the community level, particularly when a project initiative is focused on reaching women and girls with disabilities. In the beneficiary selection processes, it became evident that adopting feasible and practical methodologies to select them is essential. Effective approaches included reaching persons with disabilities through local authorities such as Grama Niladari or Social Service Officers, and personally connecting with immobile individuals or collaborating with organizations and Civil Society Organizations (CSOs) that work with people with disabilities (PWDs) in these areas. Through this the projects can reach more persons with disabilities.This experience highlighted that accessibility and communication barriers continue to impede the effective delivery of services to this vulnerable

group. By integrating community-based support systems and ensuring personalized outreach, these challenges can be mitigated, ensuring that women and girls with disabilities have equitable access to the services and resources they need. This lesson reinforces the importance of tailoring interventions to local contexts and leveraging existing community networks for more inclusive and effective service delivery.

5. **Ensure the timely onboarding of the project team** :During the initiation of the humanitarian project interventions, the initial implementations were managed by the development team until UNFPA completed the on-boarding of the dedicated team. Given the short-term nature of the intervention, which involved a significant number of diverse activities across different government entities, implementing partners (IPs), and 10 districts nationwide, it became clear that a dedicated team would bring more focus and ensure proper management of the activity implementation,challenges, risks and gaps. This would also foster better collaboration between all parties involved, resulting in a more effective and efficient implementation avoiding delays if some of the gaps emerged during the implementation of the project would have been avoided. For example, particularly concerning the importation of drugs, commodities, medical and non-medical items, and kits. On-boarding a dedicated team including finance and procurement will ensure the timeliness of achievements, mitigation of risks, address the challenges and ensure smoother and efficient project execution.

Best practices

1. The humanitarian response project utilized three distinct types of meetings, all aimed at ensuring the successful planning and implementation of initiatives. These meetings fostered open communication and collaboration among staff, management, line ministries, and implementing partners (IPs). They played a crucial role in ensuring that proper decisions were made on time, and that implementation gaps, issues, and risks were identified, discussed, and rectified promptly.

The three types of meetings were as follows:

- Humanitarian Programme Management Team Meetings
  This meeting brought together members of the CMT, the Development team, and the Humanitarian Project team weekly basis. The objective of these meetings was to review the progress of the project, both financial and physical including the M & E aspect (Indicator progress), and to address any gaps or issues related to project implementation. The focus was on laying out clear actions for the way forward, including determining *how*, *when*, and *who* would be responsible for addressing specific challenges.

- Humanitarian Field Staff Meetings
  These meetings were planned on a weekly basis and were aimed at discussing the progress of ongoing interventions at the field level. They also provided an opportunity to address any issues related to ongoing activities and to plan for the upcoming week. These meetings helped ensure that field operations were aligned with the overall project objectives and that any emerging challenges were addressed promptly, while implementing issues related to the field staff is addressed in a timely manner.

- Follow-Up Meetings with Implementing Partners (IPs)
  Follow-up meetings were organized with implementing partners based on the specific initiatives they were managing. These meetings focused on monitoring progress, ensuring targets were being met, and confirming that delivery timelines were adhered to. If any changes are required, this would be communicated,discussed and finalized during this meeting. The discussions also included reviewing any special documentation requirements

and ensuring that all processes were in line with project standards.

- Consultation Process with Line Ministries
  The consultation process with line ministries was initiated whenever a need arose, such as when adjustments to national plans were required or during ongoing negotiations. These consultations ensured that the project remained aligned with national priorities and regulations, allowing for smooth integration and coordination with government policies and any changes were accepted and agreed by both parties without interrupting the implementation of the project and reaching its outcomes

  The implementation of these meeting structures significantly contributed to the success of the humanitarian response project. The regular communication and coordination between relevant staff, management, line ministries, and IPs ensured that challenges were addressed in a timely manner, preventing delays and minimizing risks. Ultimately, this approach enhanced the overall effectiveness of the project by ensuring that all initiatives were well planned, executed, and monitored throughout the project cycle.

  By fostering collaboration, ensuring timely decision-making, and maintaining a focus on practical solutions, these meetings became an integral part of the project's success and are a valuable best practice for other humanitarian projects aiming to achieve effective and efficient outcomes.

2. With guidance from the Humanitarian Nexus Specialist, the project team successfully introduced a comprehensive tracking system that effectively monitored project indicators, activity progress, financial updates, and the status of international medical and non-medical items, including family planning (FP) medicines and commodities.This system was implemented shortly after the project team was onboarded, providing the team with a clear and real-time understanding of the progress across various activities. It enabled the team to closely track physical and financial progress, and the status of international procurements, on a daily basis. The outcome of the initiatives could be translated into following;

1. Real-Time Monitoring of Activities and Procurement: The tracking system allowed the team to monitor the status of all activities and procurement in real-time, which helped identify any delays or discrepancies early. It tracked the progress of project indicators and ensured that all activities, both financial and physical, were on schedule. This proactive monitoring approach enabled the team to maintain a firm grip on project progress and make timely adjustments when necessary.

2. Improved Coordination for Collaborative Activities: The system significantly improved coordination between UNFPA, line ministries, and implementing partners (IPs). By providing transparency and up-to-date information on activity progress and procurement status, the system facilitated more effective planning and execution of collaborative initiatives, such as mobile clinic activities. This real-time data ensured that these activities were implemented smoothly, with minimal last-minute adjustments.

3. Streamlined Reporting and Enhanced Transparency: One of the key advantages of the tracking system was its role in simplifying the reporting process. By ensuring that data was accurate and readily available, UNFPA was able to maintain a smooth and transparent reporting process. This system assured donors, the Resident coordinator's office (RCO), the Regional Office (RO), the Government of Sri Lanka (GOSL), and IPs of the integrity, compliance, and quality assurance aspects of the project's implementation.

4. Support for Effective Distribution and Compliance: The tracking system also facilitated precise and well-coordinated distribution planning. By tracking both procurement and activity progress in real-time, the

system enabled the project team to plan specific distributions efficiently, ensuring that resources were allocated and delivered on time, if any delays were communicated well to avoid any issues. Additionally, the system supported compliance with quality assurance protocols, ensuring that all project activities met the required standards.

The introduction of this comprehensive tracking system represents a best practice for project management in humanitarian response. It not only provided the project team with better oversight of activities, procurement, and financial progress, but it also enhanced coordination among stakeholders, ensuring that collaborative initiatives were executed effectively. By streamlining reporting processes and maintaining transparency, the system contributed significantly to the project's success, ensuring compliance and quality assurance. This approach is a valuable model for future humanitarian projects aiming for efficient, transparent, and effective implementation.

iv. Specific stroy

Case Study: Solar PV System at the Contraceptive Store, Family Health Bureau (FHB)

Background

In Sri Lanka, the Family Health Bureau (FHB), under the Ministry of Health, plays a crucial role in ensuring the availability and safe storage of family planning (FP) commodities to provide uninterrupted services to women and girls of reproductive age (15-49). These commodities, including contraceptives, must be stored under strict temperature controls to maintain their efficacy and safety. However, frequent disruptions in the country's electricity supply—caused by prolonged droughts, breakdowns at the Norochchole power plant, and the ongoing fuel crisis, which is compounded by the economic downturn—have led to power outages. As a result, the FHB anticipated blackouts and faced unsustainable increases in electricity bills for the unit.

Given the unpredictability of the power supply and the need to reduce costs, the Bureau sought alternative power sources to meet these requirements. Despite the increased maintenance costs and operational inefficiencies, it remained essential for the unit to maintain the required storage conditions for FP products.

Challenge

The Family Health Bureau (FHB) anticipated significant power failures due to the multifaceted economic crisis the country was facing. At the same time with the entire nation seeking ways to reduce consumption costs, maintaining reliable power became a critical concern. Without consistent electricity, ensuring the proper temperature for storing vital family planning (FP) commodities will become a logistical challenge for the unit. The reliance on backup generators and other alternative power solutions will add substantial financial strain, further exacerbating the situation. Additionally, during power failures, safeguarding the safety and efficacy of stored medications will become increasingly difficult, posing a serious threat to the stability of the family planning program across Sri Lanka. These challenges underscored the urgent need for a sustainable power solution to ensure uninterrupted services and maintain the integrity of FP commodities.

Solution: Solar PV System Installation

In response to this pressing issue, the **Reach Project** identified the need for a sustainable, long-term solution. After consultations with the Ministry of Health, it was decided that a solar photovoltaic (PV) system would be installed at the FHB contraceptive storage unit. This solar system was designed to provide uninterrupted electricity, ensuring that the storage conditions for FP commodities remained stable without relying on external, unreliable power sources.

The solar PV system was installed with the following specifications:

- **Inverter Capacity**: 50 kW
- **Solar Panels**: 90 panels, each with a 560-watt capacity
- **Average Monthly Power Production**: 5,745 kWh

Impact

The installation of the solar PV system had multiple positive outcomes:

1. **Cost Savings**: The system generated significant savings by reducing reliance on the national grid. The FHB now saves approximately **USD 700 per month** on electricity costs, amounting to **USD 8,400 annually**. This reduction in operational costs allows the FHB to allocate resources to other areas of need, supporting broader public health initiatives.

2. **Operational Stability**: The uninterrupted power supply ensures that FP contraceptives are stored at the correct temperature, safeguarding the efficacy and safety of these critical commodities. This stability is crucial for maintaining the continuity of family planning services across the country.

3. **Sustainability**: By adopting solar energy, the FHB has embraced a sustainable energy solution that reduces its carbon footprint and contributes to the global shift towards renewable energy. The solar PV system also aligns with Sri Lanka's commitment to reducing greenhouse gas emissions and promoting environmental sustainability.

4. **Economic and Social Benefits**: The savings generated through the solar PV system can be redirected to other essential public health priorities, thereby benefiting the broader healthcare system. Additionally, this initiative has raised awareness of sustainable energy practices within the Ministry of Health and among the wider public.

5. **Contribution to Sustainable Development Goals (SDGs)**: The solar PV system has made significant contributions to the achievement of **five United Nations SDGs**:

    - **SDG 7**: Affordable and Clean Energy
    - **SDG 3**: Good Health and Well-being
    - **SDG 9**: Industry, Innovation, and Infrastructure
    - **SDG 13**: Climate Action

- **SDG 17**: Partnerships for the Goals

Conclusion

The solar PV system installed at the FHB contraceptive storage unit represents a sustainable, cost-effective solution to a critical issue identified. By providing a reliable and environmentally friendly power source, this initiative has not only improved the operational efficiency of FHB but also contributed to the broader goals of economic savings, environmental sustainability, and enhanced public health delivery. This case highlights the potential for renewable energy to address operational challenges in the healthcare sector and the broader community, paving the way for future projects in other regions and sectors.

Pictures of the solar unit installed at FHB - Sri Lanka

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).

Interrupted power supply to the central contraceptive storage of FHB

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

By installing a solar unit to generate power and ensure uninterrupted power supply to the unit.

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

6. **Cost Savings**: The system generated significant savings by reducing reliance on the national grid. The FHB now saves approximately **USD 700 per month** on electricity costs, amounting to **USD 8,400 annually**. This reduction in operational costs allows the FHB to allocate resources to other areas of need, supporting broader public health initiatives.

7. **Operational Stability**: The uninterrupted power supply ensures that FP contraceptives are stored at the correct temperature, safeguarding the efficacy and safety of these critical commodities. This stability is crucial for maintaining the continuity of family planning services across the country.

8. **Sustainability**: By adopting solar energy, the FHB has embraced a sustainable energy solution that reduces its carbon footprint and contributes to the global shift towards renewable energy. The solar PV system also aligns with Sri Lanka's commitment to reducing greenhouse gas emissions and promoting environmental

sustainability.

9. **Economic and Social Benefits**: The savings generated through the solar PV system can be redirected to other essential public health priorities, thereby benefiting the broader healthcare system. Additionally, this initiative has raised awareness of sustainable energy practices within the Ministry of Health and among the wider public.

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

For most of the issues long term solutions are available, when innovations, efforts, effective partnerships and collaborations are in place.

Annexure 01

Section 01 : Project contribution to the Grand Bargain (GB) commitment

Outcome pillar 01 of the GB - Flexibility, Predictability, Transparency, and Tracking:

Throughout the implementation of the REACH project, flexibility emerged as a crucial strategy in ensuring that the project objectives were met, despite various challenges. For instance, delays in international procurement resulted in the late arrival of contraceptives, which temporarily postponed the launch of the mobile clinic initiative. However, the clinics were operationalized immediately upon arrival of the supplies, ultimately exceeding the set targets for this intervention. The preparatory ground work allowed for a swift launch once the commodities were received .

Similarly, kit distributions faced delays due to procurement challenges. However, implementing partners were kept well -informed through regular coordination meetings , which provided timely updates and guidance for rescheduling activities. To respond to recent flooding in six districts, a total of 1,500 Adolescent kits were prepositioned out of the of 3,000 AKs procured under the project. UNFPA maintained a robust kit distribution tracking mechanism, which emphasized the collection of disaggregated data, including gender and disability. Beneficiary selection was carried out in a transparent manner, in close collaborations with frontline government officers and in alignments with agreed criteria. Furthermore, community sensitization activities were carried out prior to the distributions of kits to ensure awareness and acceptance .

Changes in national medicine requirements were effectively managed through ongoing dialogue with the Ministry of Health, allowing the project to remain responsive to evolving needs. While the plans for mobile clinics, kit distributions, essential medicines and commodities and training on the Minimum Initial Service Package (MISP) and Mental Health and Psychosocial Support (MHPSS) had to be revised, the project remained aligned with its original objectives. This ability to adapt and recalibrate while staying focused on the overall goals, enabled the project to overachieve in almost all targets, demonstrating the project's flexibility in the face of challenges and the strategies adopted to work on the scenarios.

The real-time tracking system for the procurement of critical items—including medical and non-medical supplies, and family planning medicines and commodities—had a significant impact on the efficiency and effectiveness of project implementation. By identifying potential delays or discrepancies early, the system enabled timely decision-making and proactive coordination at the field level. This not only minimized disruptions but also ensured that key activities remained on schedule. It also allowed for swift communication with government entities and implementing partners (IPs), reinforcing alignment across all stakeholders. One of the most transformative aspects of the tracking system was its ability to streamline and enhance reporting. By providing accurate, comprehensive, and up-to-date data , the system strengthened transparency and accountability to key stakeholders, including donors, the Resident Coordinator’s Office (RCO), the Regional Office (RO), the Government of Sri Lanka (GoSL), and IPs. This transparency built trust and reinforced the project’s credibility, ensuring adherence to all compliance, integrity, and quality assurance standards.

Outcome pillar 01 of the GB - Equitable and Principled Partnerships

The project engaged two categories of partners: existing implementing partners and newly onboard organizations. All new partners underwent a micro-assessment process during their initial selection to ensure suitability and alignment with UNPA’s standards. Despite the diversity of partner profiles, including government stakeholders, all collaborations were built on mutual respect, shared common goals, particularly in the areas of SRHR and GBV, in alignment with UNFPA’s mandate.

Decision-making authority was equitably distributed among all partners, ensuring that each had an active role in shaping the project's direction. The needs of vulnerable women and girls were prioritized through a well-organized, transparent selection process that actively involved the community. The selection criteria were shared with UNFPA for feedback and verification to ensure alignment with national and international standards. This inclusive approach ensured that the project remained responsive to the specific needs of the target population.

Throughout the implementation process, strict adherence to standards and protocols to SRH, protection, and disability inclusion was consistently maintained. These principles were upheld across all levels of the partnership, ensuring that the project's interventions were not only effective but also ethical, respectful, and in line with international best practices. All IPs underwent the international training on PSEA and the feedback mechanism was established for all distributions, training programmes, awareness raisins through the initiation of hotline, complaint box mechanism, pre-post testing and review sessions.

The REACH project exemplified equitable and principled partnerships, where collaboration was built on mutual respect, shared responsibility, and a commitment to achieving sustainable, inclusive outcomes for the most vulnerable populations.

Outcome pillar 03 of the GB -Accountability and Inclusion

Throughout the implementation of the project, the principles of Accountability to Affected Populations (AAP) were consistently upheld, ensuring that all vulnerable groups were included as beneficiaries in every initiative. The selection of beneficiaries was guided by clear, transparent criteria and involved collaboration with key stakeholders, including government officials, public officers, community leaders, and other relevant actors. Selection committees were formed for specific activities such as Cash and Voucher Assistance (CVA) and kit distributions, ensuring that the process was participatory and inclusive.

In training initiatives, the project adhered to government protocols for selecting the most suitable and qualified staff, ensuring that staff selection was done based on the needs of the population served.

At the core of the project's approach was a strong focus on inclusion, particularly in ensuring the active participation of persons with disabilities and the promotion of gender equality. Both disability inclusion and gender sensitivity were prioritized in all activities, ensuring that the project remained accessible, fair, and responsive to the diverse needs of the affected populations. This approach helped to ensure that all groups, especially the most marginalized, were not only included but actively engaged throughout the project cycle.

Section 02 :

A. How was MEL data used in decision making? Collated disaggregate data and further strengthening of disability inclusion ? What type of M&E system is used ?

The real-time monitoring of physical, financial, procurement and results progress played a vital role in keeping the project on track and responsive to emerging challenges. A range of M&E tools supported this process, including trackers, review meetings, field visits, on- site monitoring and post distribution Monitoring. The entire UNFPA team -from field officer to Country representative- was actively engaged in monitoring efforts at various levels to ensure smooth operation and achieve the project objective. The dedicated M&E Analyst for the humanitarian response, under the supervision of the country office M&E analyst, ensured systematic results monitoring. This includes

identifyingidentifying human interest stories and lessons learned, good practices. All stemming from Results Based Monitoring (RBM) practices.

The introduction of the Humanitarian Programme Action Tracker which incorporates fields for gender and disability data, alongside dedicated tracking systems for kits and international procurements, significantly enhanced the timely monitoring of REACH Project's activities. These systems provided the project team with real-time data on financial progress, physical progress andand indicator achievements enabling continuous updates and informed- decision making to adjust project strategies and processes as needed. Thereby gender and disability were also ensured tracking through the project M&E system.

Monthly reporting by implementing partners and field staff ensured consistent updates on project progress and allowed for the timely resolution of challenges and discrepancies on a regular basis. Additionally, IPs were required to submit advance monthly plans, which facilitated proper coordination of travel and field-level engagement, ensuring alignment with the project's overall objectives. On a quarterly basis, all the partners submitted quarterly progress reports adhering to the UNFPA reporting guideline. These reports not only focused on results, activity progress, finance progress and gender and disability data but also placed particular emphasis on achievements and observations related to women and persons with disabilities, highlighting how the interventions addressed specific gender and disability gaps .

To foster collaboration and ensure timely decision-making, the project established three types of review meetings:

a) Humanitarian Management Meetings chaired by Country Representative

b) Project Field Team Meetings, led by Nexus Specialist

c) Meetings with IPs and line ministries, led by team leads

These meetings provided essential platforms for reviewing progress, addressing challenges, and discussing solutions, all informed by real-time data gathered through the tracking system.

On-site monitoring of Kit and CVA distribution by the UNFPA staff, along with post-distribution monitoring was carried out by hired third- party institutions that served both safe guards and as tools to assess the effectiveness of distributions.

Section 03: Risks and safeguards

To ensure the safeguarding of risks throughout the implementation of the REACH Project, the UNFPA Sri Lanka Country Office (CO) rigorously adhered to the globally established internal control framework of the United Nations Population Fund (UNFPA). This framework is designed to uphold integrity, accountability, efficiency, and compliance in all aspects of project execution and resource utilization. Every operational activity related to the project, including cash disbursements, procurements, payments, and recruitments, was processed in strict accordance with the UNFPA Policies and Procedures Manual (PPM) and subjected to the internal control mechanisms mandated by UNFPA's global standards.

During the project's duration, the CO implemented a robust system of internal control activities to ensure effective risk management and compliance with organizational policies. These measures were specifically designed to identify, mitigate, and manage potential risks at every stage of the project, including financial, operational, and programmatic risks.

Key Risk Management and Safeguard Measures:

1. Segregation of Duties:
To minimize the risk of fraud, errors, or conflicts of interest, duties were segregated to ensure that authorization, processing, and recording responsibilities were assigned to different personnel. This division of roles created built-in checks and balances within the operational processes.

2. Delegation of Authority (DoA):
In line with the UNFPA Policy and Procedures on Internal Control Framework (ICF), a clear delegation of authority was established. This ensured that decision-making powers were appropriately distributed, and critical activities such as approvals and financial transactions were carried out by authorized personnel only.

3. System-Based Controls and Workflow Approvals:
The use of the Quantum system provided automated controls, workflow approvals, and real-time data on all financial and procurement activities. This system facilitated transparency, traceability, and ensured compliance with UNFPA's standards, reducing the likelihood of discrepancies or non-compliance.

4. Pre- and Post-Transaction Review Mechanisms:
Mandatory pre- and post-reviews were implemented for all significant transactions. This review process ensured that all financial activities were aligned with the UNFPA Financial Rules and Regulations, reducing financial risks and ensuring resources were used effectively and in accordance with planned activities.

5. Robust Financial and Operational Monitoring:
The CO utilized the Harmonized Approach to Cash Transfers (HACT) framework to ensure robust monitoring of financial compliance and internal controls across all implementing partners (IPs). The HACT framework allowed for the identification of potential risks at the partner level and provided mechanisms for addressing these risks effectively.

6. Mechanisms for Monitoring Partner Compliance:
To ensure that financial and operational risks were effectively managed, the CO employed several monitoring mechanisms for IPs:

- **Micro Assessments:** These assessments were conducted before engaging new partners to evaluate their internal control environment and financial management capacity, as per HACT Framework guidelines.

- **Spot Checks:** Regular financial reviews were conducted to verify that partner expenditures were in compliance with agreed work plans and budgets. These spot checks were carried out for IPs such as FPASL, WDC, JSAC, ADT, and WVL during the year 2023 and 2024, who were part of REACH project implementation.
- **Programmatic Monitoring Visits:** Joint visits by the programme and operations teams were undertaken to assess implementation progress, validate results, and ensure that resources were being used appropriately and in alignment with project objectives.
- **Audits:** Annual or risk-based audits were conducted for partners that exceeded a certain financial threshold or presented identified risks. For example, financial audits were conducted for FPASL and WVL, who met the financial threshold of USD 500,000.
- **RIR**: This is conducted for all procurements including International to ensure the both quality and quantity aspects of the procurements UNFPA and partners make. Therefore, all the medical,non-medical items, FP contraceptives and kits have undergone the RIR process.

7. Monitoring Checklists and Reports:
Monitoring checklists were used as part of the quality assurance process to document findings, corrective actions, and follow-up measures. These reports helped ensure that any identified risks or deviations from planned activities were addressed in a timely and effective manner.

8. On-Site Monitoring and Post-Distribution Monitoring (PDM):
As part of the project's quality assurance mechanisms, all kit distributions were combined with on-site monitoring initiatives and post-distribution monitoring. PDM activities captured key insights on distribution activities carried out in 2023/24, providing a safeguard to verify the integrity and effectiveness of distributions.

9. Complaint and referral mechanism:

The Prevention of Sexual Exploitation and Abuse (PSEA) protocols were rigorously enforced across all initiatives, with all implementing partners (IPs) receiving training on PSEA protocols prior to onboarding. The continuous monitoring of PSEA practices ensured that the project upheld the highest standards of accountability and protection for all beneficiaries. A robust feedback mechanism was implemented across all activities, including the use of complaint and suggestion boxes by IPs. Additionally, separate hotlines were established by both IPs and UNFPA, allowing beneficiaries to choose the entity they felt most comfortable reporting to. These hotlines were available in both Sinhala and Tamil languages, ensuring accessibility for all. The hotline numbers were widely shared through IEC materials and displayed during distribution events. A QR code was also included in IEC materials, allowing individuals to submit feedback or complaints digitally. All calls to the hotlines were taken seriously, followed up on, and appropriate action was taken to address the issues raised.During the training programmes the forums were opened to comment and provide the feedback through training feedback forms and feedback sessions planned at the end of each programme programme. These were documented and action taken.

Risk Mapping and Mitigation:

Risk mapping and mitigation strategies were employed based on the project proposal. Potential risks were identified at both the IP and UNFPA levels, and well-prepared mitigatory measures were put in place to address them. The risks were continuously monitored, and proactive steps were taken to minimize their impact on project outcomes.

By integrating these risk management and safeguarding mechanisms into the project's operations, the UNFPA Sri Lanka Country Office ensured that the REACH Project was implemented with high standards of transparency, accountability, and compliance. This comprehensive approach to safeguarding and risk management not only ensured the effective use of resources but also protected the project from potential financial, operational, and programmatic risks, ultimately supporting the achievement of the project's humanitarian objectives.

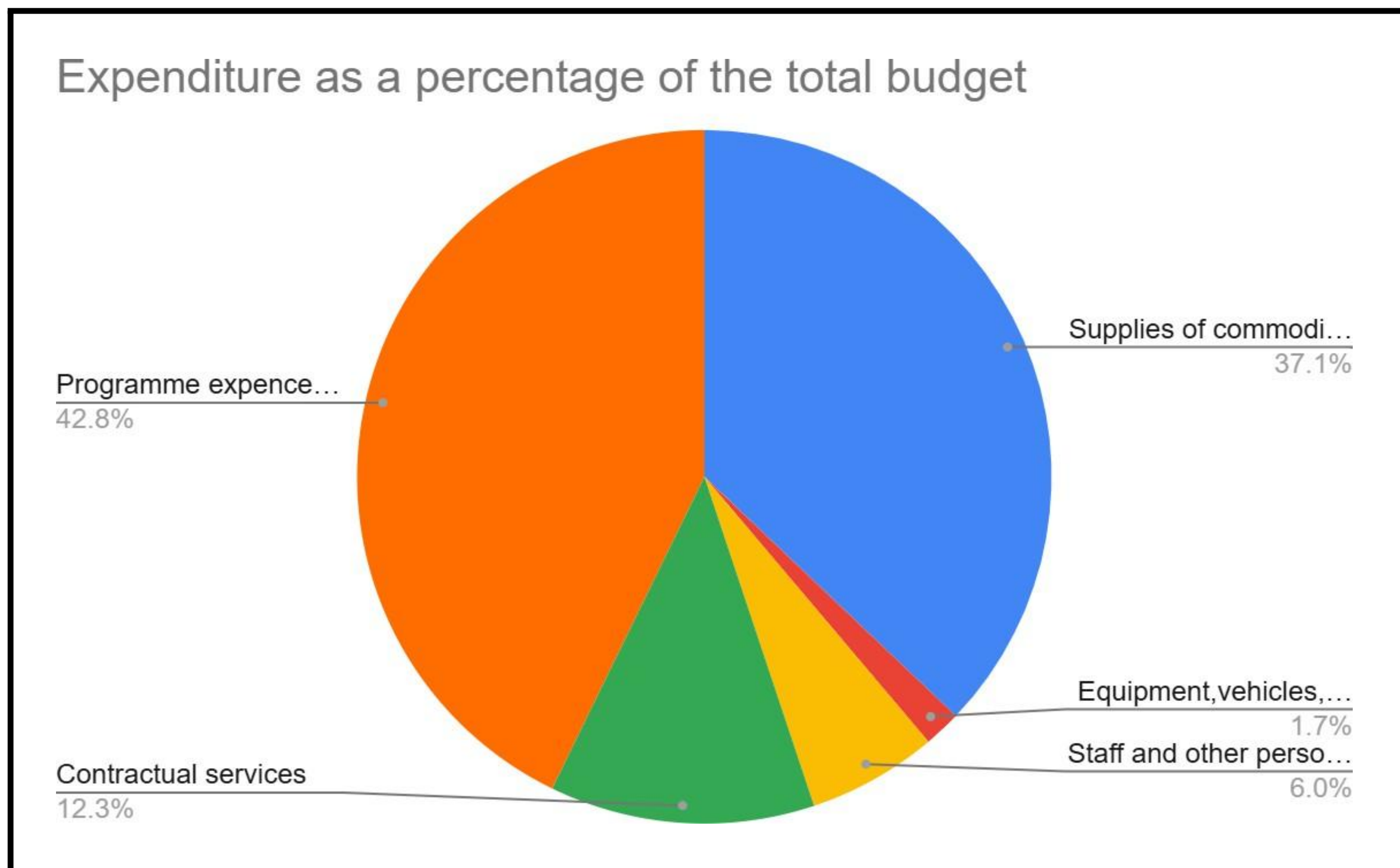
Annexure 2
ETE- Reach End of Term Evaluation Report

Annexure 3 - Analysis on value for money

Over a 22-month implementation period, the REACH Project strategically utilized a total budget of $6,219,590.82 to address critical challenges in sexual and reproductive health (SRH), gender-based violence (GBV), and to strengthen social cohesion among women, girls, and youth. The project directly impacted 913,777 individuals, while its broader influence extended to an estimated total of 2,319,343 beneficiaries including ones with the indirect impact. This

substantial reach underscores the project's effectiveness in creating meaningful, large-scale change in the lives of vulnerable populations.

With a total beneficiary reach—both direct and indirect—of 2,319,343 individuals, the REACH Project achieved an average implementation cost of approximately USD 2.68 per person (calculated by dividing the total budget by the total number of beneficiaries). This reflects a strong value-for-money outcome, demonstrating cost-effective delivery of impactful services across a large population base.



According to the pie chart, 37.1 percent of the funds were allocated to the supply of commodities and materials, while 1.7 percent was spent on equipment, vehicles, and related items. Expenditure on programme expenses and general operations accounted for 42.8 percent, and staff costs represented only 6% of the total budget. The unutilized portion of the funds was just 0.0025 percent, indicating an exceptionally high fund utilization rate of 99.9975% percent at the project level. This reflects strong financial management and effective deployment of resources.

This VfM assessment evaluates how efficiently and effectively these resources were used to achieve the stated goals and objectives, considering the project's impact, cost-effectiveness, and sustainability. By analyzing financial performance, resource allocation, and outcome achievement. This report highlights the overall value for money delivered by the REACH Project through below indicators.

a. Percentage of staff cost over the total project cost - 6 percent
b. Percentage of direct operating cost over the total project cost - 91.10 percent