## Annex I: Sri Lanka - Consolidated Results Report at December 2011

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<th>Key results Expected</th>
<th>Key Progress Indicators</th>
<th>Description of Result Achieved</th>
<th>Constraints and facilitating factors</th>
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<td><strong>1.1</strong> The percentage of children not completing their compulsory school years is reduced to 15% in UN focus districts (Baseline: 2-4% of children not completing compulsory education in UN focus districts)</td>
<td>1.1.1. Net enrollment rates of girls and boys Gross enrollment rates(2010) Male: 85%; Female: 84%; Total: 84% Gross enrollment rates(2010) Male: 83%; Female: 81%; Total: 82%</td>
<td>1.1.1 Net enrolment rate of UN supported focus districts have been increased progressively according to the internal findings. The reinvigoration of 1,064 school attendance committees resulted in tracking 14,000 out-of-school children in 11 districts. Furthermore, more than 1,400 schools (11 per cent) adopted the Child-Friendly School approach, while government strategies for inclusive education were strengthened between 2008 and 2010 with UNICEF support to ensure improved compulsory enrolment and completion trends</td>
<td>There are limitations in calculating net enrolment rates, survival rates until the Population Census of 2012 is completed as an accurate denominator is not available.</td>
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<td>1.2. Disparities in obtaining essential learning competencies between highest performing and UN focus districts is reduced by 10% from 2004 levels (Baseline: Grade 4, 34% for first language; 33% for mathematics, 2004)</td>
<td>1.1.2. Primary Survival rates for girls and boys by grade in United Nations focus districts Survival rates (2009) Male: 99% ; Female: 100%; Total:100% (2007) Male: 98% ; Female: 97%; Total: 97%</td>
<td>1.1.2 Survival rate to primary education has increased overall across the country. Over 600 out of school girls and boys in plantation district received accessibility for Basic Literacy Classes during 2011</td>
<td>Study on Out of School Children was conducted and is ready to advocate policy makers. National level examination results during the reporting years have (Grade 5 Scholarship examination) indicate a considerable improvement in project schools.</td>
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<td>1.3. Children affected by emergencies continue their education with minimal disruption.</td>
<td>1.1.3 School drop out rates 22% (2006) to 2% in 2010</td>
<td>1.1.3 The overall reduction in school drop out rates is observed for the compulsory age of 14 years. Over 80% of project schools are maintaining more than 80% attendance in compulsory education grades. School based attendance committees (SAC) are effectively functioning in over 80% of project schools and they facilitate in identifying nearly 5000 Out of School Children during 2011. Over 40% of identified children have been reintegrated to formal education system by the SACs directly.</td>
<td>Although School drop out rates have reduced, former conflict affected areas required additional support which is currently being provided.</td>
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### Description of Result Achieved

- **1.1.1 Net enrolment rate of UN supported focus districts have been increased progressively according to the internal findings.**

- **1.1.2 Survival rate to primary education has increased overall across the country.**

- **1.1.3 The overall reduction in school drop out rates is observed for the compulsory age of 14 years.**

### Constraints and facilitating factors

- There are limitations in calculating net enrolment rates, survival rates until the Population Census of 2012 is completed as an accurate denominator is not available.

- Study on Out of School Children was conducted and is ready to advocate policy makers. National level examination results during the reporting years have (Grade 5 Scholarship examination) indicate a considerable improvement in project schools.

- Although School drop out rates have reduced, former conflict affected areas required additional support which is currently being provided.
| 2.1. Prevalence of underweight children under five is less than 19% by 2015 in UN focus districts (baseline: 2004 subnational household surveys). | 2.1.1. % of girls and boys under three with growth faltering:  
Underweight reduced from 26% (DHS 2007) to 20.4% (MRI 2010)  
2.1.2. % of infants exclusively breastfed for 6 months  
Exclusive breast feeding increased from 53.5% (DHS 2000) to 76% (DHS 2007)  
2.1.3. Incidence of low birth weight  
Incidence of LBW reduced from 20.4% (DHS 2007) to 19.2% (MRI 2010). | Advocacy by UNICEF led to establishment of the National Nutrition council chaired by the HE the President of Sri Lanka.  
Various approaches adopted to reduce under-nutrition including implementation of Integrated Nutrition Program (INP).  
In addition to extensive awareness creation the training of health care providers on Infant and Young Child Feeding (IYCF) has contributed significantly to achieve these results in Exclusive Breast feeding.  
A recent initiative of Multi sector approach to under-nutrition was launched on a pilot basis in two districts with the highest level of under-nutrition as models for testing and replication with the concurrence of the National Nutrition Council. Initial response from non-health sectors towards implementing the model is encouraging. | The Integrated Nutrition Programme (INP) implemented provided comprehensive nutrition intervention package. The 2009 humanitarian emergency slowed down expansion |
| 2.2. Maternity wards of all hospitals in UN focus districts are providing emergency obstetric care (EmOC) services and neonatal resuscitation (baseline: to be established in 2007). | 2.2.1 % of (EmOC) facilities providing neonatal resuscitation services  
98% of deliveries take place in hospitals equipped with required service hence all women and neonates receive EmOC and neonatal services.  
An antenatal package with integrated PMTCT developed and pilot tested in two districts, in addition pregnancy record has been revised in line with antenatal care package. | Due to large scale humanitarian emergency response in 2009, most of the regular activities slowed down in certain areas of the country  
Low coverage in rubella and pentavalent vaccination programme was addressed through consultative meetings and extensive island-wide risk communication and media campaign. The concept of the campaign later won prestigious EFFIE award for one of the best health intervention. | |
| 2.3 Capacities of health system are strengthened to respond to health and nutrition in emergencies. | 2.3.1. % of vacancies in key health worker categories  
There has been a significant decrease in the vacancies, especially of Public Health Midwives.  
2.3.2 % of severely wasted children in affected areas benefitting from nutritional rehabilitation | UNICEF provided interim support for filling 100 vacant positions of PHMs by Rural Health Assistants in northern and eastern province as part of emergency support. This number has been reduced to 45 and soon all vacant positions will be filled once the trainees PHMs complete the required training. In addition UNICEF has contributed significantly in enhancing the knowledge and skills of health care providers through various training programs.  
Nutrition Rehabilitation Program (NRP) and Comprehensive Primary Health care services implemented | Main constraints for the implementation of the emergency health and nutrition response were limited human resources and restricted access to IDP sites. However, they were overcome through partnership with the national NGO Sarvodaya and negotiations with army and competent authorities, assisted by national and local health authorities. |
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<th>Prevalence of Acute malnutrition brought down from 35.6% (July 2009) to 13% (Dec 2009).</th>
<th>in IDP camps and in resettled areas helped maintain universal access to health and nutrition services. The significant achievements mostly are attributed to the close cooperation between partners and lead role by ministry of health and technical, financial and logistic support by UNICEF.</th>
<th>Coordination of different government institutions and NGOs that are with different mandates and interest was challenging. However, monthly coordination meetings were continued with the participation of majority of the sector partners.</th>
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<td><strong>2.4.</strong> The National Water Supply and Drainage Board has developed environmentally sustainable solutions to water supply and sanitation, including a water quality surveillance system for rural areas.</td>
<td><strong>2.4.1.</strong> Mechanism for establishment of SWAp in place.</td>
<td>Limited access to the North and the East during 2008 and 2009 hampered country wide approach for WQS</td>
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<td><strong>2.4.2.</strong> Formalized process of donor and sector coordination</td>
<td>Current national coverage data released which excluded conflict affected N&amp;E districts these figures have been used for many develop proposals including setting MDG targets. Thus the indicator to be on track. However, ones data from north and East incorporated there is a tendency of national figures going backwards which is yet to be published.</td>
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<td><strong>2.4.3.</strong> Systematic mechanism of consultation with rights holders</td>
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2.5. Selected internally displaced person (IDP) resettlement schemes have environmentally sustainable water supply and sanitation.

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<th>2.5.1. % of resettled IDP families which have access to safe drinking water supply and adequate basic sanitation facilities</th>
<th>2.5.1 Approximately 40% of resettled 270,000 IDP families gained access to safe drinking water supply and adequate basic sanitation facilities. Together with the Government and other stakeholder provided water and sanitation to nearly 275,00 displaced from the end of the conflict located in selected welfare centres and continued in the resettlement stage that resulted in an increase of safe water coverage by 8.45 per cent.</th>
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<td>Poor condition of roads hampered the provision of water supply services and the construction of sanitation facilities. Distances to available resources, such as source water and construction materials, were initially high in return areas thus resulting in additional costs. Security concerns in the post conflict phase, resulted in only a few implementing partners operating on the ground thus limited the speed and capacity in implementing planned activities. Lack of suitable skilled workers in the resettlement areas of north and the east. It was overcome through mobilization of contractors and skill workers from other districts. Limited access to some parts in the north due to pending mine clearance.</td>
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2.6. Emergency preparedness and response activities for provision of water and sanitation to affected communities are coordinated and implemented.

| 2.6.1. % of IDP families which have access to safe drinking water supply and adequate basic sanitation facilities (disaggregated by gender and wealth quintiles) | 2.6.1 Effective cluster coordination contributed to ensure safe and adequate water and sanitation facilities including hygiene education in line with Sphere standards. This resulted in zero outbreaks of communicable water or sanitation related diseases for IDPs in camps and return areas. Up to 80% conflict-affected and resettled IDPs, particularly children and women gained access to improved water, sanitation and hygiene facilities, according to the Sphere standards. Care, maintenance and monitoring of WASH facilities in 43 IDP camps in the north and the east including Manik farm was ensured |
| 80% IDPs gained access to safe drinking water & adequate sanitation | The overcrowding of the camps resulted in the unavailability of space for the construction of additional toilets and bathing spaces in IDP camps. Limited interaction between government and the supporting agencies at the initial onset of the response impeded early commencement of much needed water and sanitation services. Frequent changes in the guidelines made it very difficult and challenging to proceed at a faster pace with the construction of toilets and bathing places. |

3.1. Children’s rights are reflected in national legislation according to commitments made under United Nations conventions and treaties (baseline: Children and Young Persons Ordinance, 1939).

| 3.1.1. Amended legislation and policy addressing child rights | 3.1.1The amendments to the CYPO re definition of the child is compliant with the CRC. The amendment of the Mediation Board Acts includes the opportunity for mediation regarding minor offenses committed by children. 3.1.2 Continuous advocacy and lobbying for the signing and ratification of the Ottawa Treaty has created a positive environment. |
| Child & Young Persons Ordinance (CYPO) draft amendments submitted to cabinet; proposals back with MOJ for second round of amendments; Mediation Boards Act Amended to include petty theft for Mediation and not prosecution. | The Ministry of Child Development & Women’s Affairs (MCD&WA) and the Ministry of Justice (MOJ) needs to act in coordination to get the CYPO amendments passed jointly. Sri Lanka has still not yet sign and ratified the Ottawa Treaty but a current positive environment has emerged for ratification by 2012. Deed of Commitment (for non-State actors- LTTE) became redundant due to the |
- Anti-Personnel Mine Ban Convention (Ottawa Treaty) and Deed of Commitment have not been signed.

3.2. Children’s and women’s access to social and legal justice is improved through preventive and protective mechanisms (baseline: number of cases of abuse of girls and boys referred to District Child Development Committees, number of cases of girls and boys in contact with the law referred to the Committee on Women and Development of police, number of girls and boys in remand homes/detention, number of girls and boys in voluntary homes).

| 3.2.1. | % change in referrals to DCDC and the Committee on Women and Development of police |
| Referrals between Probation and Police in Batticaloa in 2007 30%, 2008 40%, 2009 61% and 2010 74% |
| 2% reduction of total children in registered institutions (13,349 in 2008, 12,608 in 2009 and 13,204 (5,745 boys, 7,459 girls) in 2010). |

3.2.2. % change in girls and boys in institutions

3.2.3. Number of girls and boys in remand homes/detention

A reduction is observed from a total 2,059 in 2007, 2,239 in 2008, 2,234 in 2009 and 2062 in 2010 (538 girls and 1524 boys).

3.3. Children are better protected from under-age recruitment and other grave child rights violations related to conflict (baseline: number of girls and boys recruited)

| 3.3.1. | Increase in number of girls and boys released and reintegrated |

3.3.2. Decrease in number of girl and boy mine/unexploded ordnance casualties

In 2008; 6 casualties were reported (65 per cent reduction compared with 2007). In 2009, 29 casualties (there was an increase of 4.5 times.). During 2010, 47 casualties (42 per cent increase compared year 2009).

3.3.3. As a result of continuous Mine Risk Education (MRE) in the Northern and Eastern Province in communities, schools and for returned refugees the understanding of the threat of mines/explosive remnants of war (ERW) has increased. MRE continued to be conducted in the eight target districts reaching an estimated one million audience.

end of the conflict in 2009.

Confidence and language issues affect referrals between DCDC and Women and Children Desks

Government is now prioritising family based care and started FTR of children in institutional care. The gate keeping mechanisms put in place have prevented family separation and institutionalisation of children. Prevention still remains a challenge due to various other social economic factors.
### 3.3.3 Number of community-based Mine Action Groups

By 2011, 112 Community-based Mine Action Groups active. 3.3.4 Improved access for girls and boys to psychosocial services through schools and community interventions:

### 3.3.3 UNICEF supported Community Based Mine Action Groups are actively involved in village mine action mapping and planning.

### 3.3.4 Community Based Structures (CBSs), such as Child Friendly Spaces, Safe Play Areas, Children’s Clubs and Village Child Rights Monitoring Committees (VCRMC), linked to divisional level authorities, continued to provide the much required platform for child rights awareness, child protection monitoring and referrals to appropriate services including counselling support.

### Lack of community participation in return areas.

### Lack of trained service providers and need for greater access for needy women and children.

### 4.1 All HIV-positive women have access to prevention of mother-to-child transmission (PMTCT) (baseline: currently available in 1 Medical Officer Health area).

#### 4.1.1 % of identified HIV positive women who accessed PMTCT + services
- An antenatal package with integrated PMTCT developed and pilot tested in two districts. In addition, a pregnancy record has been revised in line with antenatal care package.
- Universal screening for HIV/AIDS will be pilot tested in 2 selected districts. PMTCT is a priority area of National HIV/AIDS policy 2011.

#### 4.1.2 % of estimated most-at-risk adolescents who received targeted comprehensive HIV prevention services (information, skills, outreach services).

### A policy document for elimination of Paediatric HIV and congenital syphilis developed following adaptation of the recommendations of the 8th Asia Pacific task Force Meeting on PMTCT.

### Capacity building of national programme managers by supporting the participation of 8th Asia Pacific task force meeting on PMTCT in and programming for vulnerable adolescents and on Children affected by HIV/AIDS.

### Life skill training for adolescents in and out of school was targeted to cater to the needs of this group.

### Sri Lanka remain a low prevalence country, however, the Ministry of Health has undertaken advocacy to maintain the low levels considering the increase in tourism as well as overseas employees from Sri Lanka.

### 4.2 National prevention strategy for adolescents most at risk approved and implemented (baseline: no current strategy).

#### 4.2.1 % of identified HIV positive women who accessed PMTCT + services
- An antenatal package with integrated PMTCT developed and pilot tested in two districts. In addition, a pregnancy record has been revised in line with antenatal care package.
- Universal screening for HIV/AIDS will be piloted in 2 selected districts. PMTCT is a priority area of National HIV/AIDS policy 2011.

### 4.2.2 % of estimated most-at-risk adolescents who received targeted comprehensive HIV prevention services (information, skills, outreach services).

### 5.1 The capacity of national institutions, at the central and local level, to collect, update, analyse and manage appropriate socioeconomic-related data is strengthened and data are effectively utilized to inform sector interventions

#### 5.1.1 Baseline survey in selected divisions carried out
- Achieved, data on key indicators are available

#### 5.1.2 Data available for key programme areas for planning and monitoring, in particular for children, conflict and poverty

### The initial setting up the monitoring mechanism was readjusted to cater to the then conflict situation and monitoring of the IDPs and the welfare centre status.

### All programme provided training to partners to strengthen monitoring capacities towards quality data collection and feedback mechanism. However, further strengthening is required.

### 5.1.3 The Child Poverty and Well Being study together with
| 5.1.3. Comprehensive situation analysis prepared. | The Situation analysis was the child poverty and well-being study that provided the information and is continuously updated as new information is generated through different sources. | The preliminary Child Budget Study provided to evidence based decision-making towards assist the more disadvantaged areas and children. |

| 5.2. Effective strategies to advance peaceful coexistence, social cohesion and reconciliation built into all UNICEF programmes | 5.2.1. Peace confidence index | -All programmes have included interventions to achieve equity in service delivery and resource allocation. | The interventions in all programmes contribute to achieving this result as the programme seeks to address the needs of the disadvantaged children, in particular, in the country. All also catered to the host communities whilst catering to the needs of the IDPs to maintain social cohesion and maintain do no harm principle. | A peace confidence index was not developed as with the end of the conflict the need no longer existed. The emphasis also shifted to ensuring provision of basic facilities to the IDPs, vulnerable and the underserved. |