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STRATEGIC PLAN
2016 - 2022

STRATEGIC PLAN (2016-2022)

The Family Planning Association of Sri Lanka

OCTOBER 30, 2015

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STRATEGY UNFOLDS . . .

2016 marks the dawn of a new strategic term for International Planned Parenthood Federation (IPPF). It also marks a new era for those of us who work in the development sector. We are about to witness the unfolding of Sustainable Development Goals (SDGs) in December, which will help chart our course for the next 15 years. Some of our colleagues who actively contributed to the process and participated in preceding meetings can look back with satisfaction to what has been achieved in crafting the document, rather than regret over what has been left out.

For the IPPF fraternity, planning future strategy had been a very fulfilling experience. The process ran over 15 months and commenced when IPPF floated an online survey for member associations (MAs) to respond, thereby eliciting views and priority areas from all regions. Armed with a snapshot of global Sexual and Reproductive Health and Rights (SRHR) requirements through this survey, the central office organized a series of consultative meetings with representations from all regions. All this culminated in a draft Strategic Plan which was debated, deliberated, amended and finally accepted.

The Global Gathering of IPPF held in Bangkok, last May, saw the launch of the Strategic Plan for 2016 – 2022, which captured in essence, all SRHR needs of the world in a single page. Understandably, achieving this was no mean task. Every single word is there for a reason, and all causes have been worded. Stemming from this frame, clear goals, targets and numerical indicators have been spelled out. Articulation of numeric targets is a novel feature, which will bind regions and MAs to achieve certain pre-determined results and make the Federation more results oriented.

As a dynamic, results-oriented Member Association of IPPF, FPA Sri Lanka will thrive in the face of challenges. Taking direction from the global strategic frame, we have set in motion a series of discussions on devising our own Strategic Plan for the period 2016 – 2021. As expected, this was a consensus-driven process between Volunteers and Staff which paved the way for a healthy debate on our future course. Consequently our Vision, Mission and Values have been revisited and refined, to portray a focused approach and clear direction.

More importantly, the development of the Strategic Plan was done, in close reflection of our country context in relation to Sexual and Reproductive Health and Rights. The unpredictability of the situation was heightened by the General Election which was held right in the middle of these discussions. It is very clear that what we can achieve in terms of advocacy and services will directly depend on the government's outlook on SRHR and we are optimistic on working with the newly appointed ministries harmoniously to this end.

We, the FPA Sri Lanka team, pledge our usual commitment and dedication to realize our strategic objectives during the next seven years.....

Introduction

The Family Planning Association (FPA Sri Lanka) is a Member Association of the International Planned Parenthood Federation (IPPF) which makes us part of a locally owned, globally connected civil society movement that provides and enables services, and champions Sexual and Reproductive Health and Rights for all, especially the underserved.

Established in 1953, FPA Sri Lanka serves as a non-governmental organization (NGO) that explores innovative and challenging processes of family planning in Sri Lanka. We are proud to be one of the most expansive and well known NGO's in the country that focuses on Family Planning, Sexual and Reproductive Health and Rights.

At FPA Sri Lanka, we believe that Sexual and Reproductive Health is a fundamental human right of every woman and man throughout her/his life cycle.

FPA Sri Lanka Strategic Plan 2016-2022

Strategic Plan 2016–2022 depicts a bold and aspirational path of what The Family Planning Association of Sri Lanka (FPA Sri Lanka) plans to achieve, and spells out how we will achieve it, over the next seven years. Our strategies are crafted in response to social, political and demographic national trends and are intended to address resultant social concerns. These include: the expectations and potential of the largest ever generation of young people; ongoing, significant social and economic inequalities, including discrimination against girls and women; and opposition that threaten the indisputable gains of delivering human rights. It is also guided by evaluations and analysis of our past and current work – strengths, weaknesses, capacities, resources and networks.

The new strategic plan was developed after a comprehensive situational analysis which included a review of the country context and priority needs. **(*Annexure 01:- Situational Analysis*)**. A comprehensive stakeholder analysis was conducted to identify possible actors, supportive groups and opposition groups to foresee future SRHR environment in the country. Stakeholder analysis will guide in designing and implementing all FPA Sri Lanka's future initiatives **(*Annexure 02:- Stakeholder Analysis*)**. All this led to a series of consultative meetings that were held with stakeholders at different levels to come-up with a realistic Strategic Plan to drive the organization during the next seven years.

FPA Sri Lanka's Strategic Plan sets priorities that will allow the Association to deliver an impactful Sexual and Reproductive Health and Rights (SRHR) movement over the next seven years. It will guide all functional units, Service Delivery Points (SDPs) and partners in formulating their own entity-specific strategies, based on their resources and will be tailored to serve the most marginalized groups in the local context **(*Annexure 03 :- Glossary of terms for FPA Sri Lanka strategic plan*)**.

Our Vision:

A country with access to Sexual and Reproductive Health as a right to all.

Our Mission:

To advocate Sexual and Reproductive Health Rights and provide services whilst maintaining sustainability and volunteerism to improve quality of life for all.

Core Values:

- ✓ **Passion**
  - We are passionate about what we do
- ✓ **Volunteerism**
  - We believe in the spirit of volunteerism as central to achieving our goals and ideals
- ✓ **Accountability**
  - We value participatory, consensus-oriented, accountable and transparent decision making
- ✓ **Diversity**
  - We believe in diversity and equality in extending our services to everyone who needs them
- ✓ **Inclusiveness**
  - We uphold social inclusion and non-discrimination

From Vision to Strategies:

Figure 1 describes the chain of results and programme logic for formulation of priority strategies 2016-2022


A country with access to Sexual and Reproductive Health as a right to all.
Sri Lanka Government Respects, Protects And Fulfills Sexual And Reproductive Rights And Gender Equality.
Galvanize Commitment And Secure Legislative, Policy And Practice Improvements.
Engage Women And Youth Leaders As Advocates For Change.
17.15 Million People To Act Freely On Their Sexual And Reproductive Health And Rights.
Enable Young People To Access Comprehensive Sexuality Education And Realize Their Sexual Rights.
Engage Champions Opinion- Formers And The Media To Promote Health, Choice And Rights.
A High Performing, Accountable And United Association
Enhance Operational Effectiveness And Double National Income.
Grow Our Volunteer And Activist Supporter Base
6.12 Million Quality Integrated Sexual And Reproductive Health Services Delivered
Enable Services Through Public And Private Health Providers.
Deliver Right-Based Services Including For Abortion Counselling & Hiv

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Objectives and Strategies[1]

PRIORITY OBJECTIVE ONE:

GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY AND PRACTICE IMPROVEMENTS.

The Government of Sri Lanka has made public statements in support of Sexual and Reproductive Health and Rights, and gender equality. Those commitments must be actioned through supportive legislation, policy and funding in order to achieve expected results. So, all citizens, community based organizations, and other actors must support the government to translate their commitments to tangible measures. National political leadership on Sexual and Reproductive Health must not only transform peoples' lives and benefit wider society, but should influence the actions of the government to realize its' objectives as well.

Strategies

FPA Sri Lanka will further invest in political advocacy at a provincial and national level. We will target key institutions, support and foster interested parliamentarians, engage with community and faith networks, and influence provincial and national processes. Leading collaborations within the civil society, FPA Sri Lanka will generate new political commitments and ensure that they are effectively implemented. FPA Sri Lanka will work on the following eight Advocacy Expected Results related to SRHR in the ensuing period. ***(Annexure 04:- Advocacy expected results, milestones and indicators)***

01) SRHR related provisions of the "Health of young persons' policy" are implemented at provincial level in six selected provinces.

02) Government of Sri Lanka commits to FP2020 with a pledge.

03) Abortions under statutory rape, incest and fetal abnormality conditions are legalized by passing an amendment to the current law on abortion (Penal code 303, 1883).

04) Statutory law is extended to include the rape of a male child.

05) The Ministry of Education includes Comprehensive Sexuality Education into the teacher training curriculum and takes measures to improve skills and capacity of teachers to confidently teach Comprehensive Sexuality Education in schools as a part of the school curriculum.

06) University of Colombo and University of Peradeniya include SRHR into the Bachelors / Master of Education curriculum and take measures to improve the skills and capacity of their graduates to confidently teach Comprehensive Sexuality Education in schools.

07) The National Action Plan to reduce Gender-Based Violence (GBV) is endorsed by the government of Sri Lanka with budget allocations in place.

[1] This section describes priority objectives, strategies, indicators and projections at organizational level. Please refer annexure 05 for operational breakdown of projections.

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[2]	Means of Verification[3]	Data collection tools and procedure	Baseline Value[4]	2022 Projection
Strategic positioning of SRHR in 5 policy initiatives and/ or legislation at Provincial and National Levels	1.1. Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA Sri Lanka played a lead role in advocating for the change by expected results that FPA Sri Lanka focuses on	ADV/IM/01	Copy of the legislative, Amendment or Policy (Table 5.5)	Chapter 5.6 and Annexure 36	0	5
	1.2. Number of provincial health plans incorporating costed activities to ensure universal access to Reproductive Health	ADV/OC/03	Approved provincial work plans and budget	Chapter 5.6 and Annexure 36	0	6
	1.3. Number of key decision makers and opinion leaders reached with sensitization programmes conducted by FPA Sri Lanka	ADV/OP/03	Annexure 21, 23, 28	Chapter 5.4 and Annexure 31.2, annexure 30.4	400	3842
	1.4. Number and percentage of key decision makers and opinion leaders who have participated in sensitization programmes and have agreed to support the Advocacy Expected Results that FPA Sri Lanka focuses on	ADV/OP/05	Annexure 32	Chapter 5.4 and Annexure 31.2, annexure 30.4	N/A	75%
The country is on track towards improving SRHR in Post 2015 commitments including those elaborated in the SDGs, ICPD and MPoA	1.5. The government sets localized targets for post 2015 commitments including those elaborated in the SDGs, ICPD and MPoA.	ADV/IM/02	Copy of the approved document	Chapter 5.6 and Annexure 36	N/A	1
	1.6. The government reviews the post 2015 achievements every 3 years of implementation	N/A	Copy of the review report	Chapter 5.6 and Annexure 36	N/A	2

[2] FPA Sri Lanka Core Indicator Reference Guide
[3] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[4] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE TWO:

ENGAGE WOMEN AND YOUTH LEADERS AS ADVOCATES FOR CHANGE.

The Sexual and Reproductive Health and Rights affect women and young people disproportionately, so it is important that they have the opportunity to be at the forefront of the efforts to secure policy and practice changes from governments. Women and young people can challenge social norms; mobilize their peers and communities to respect Sexual and Reproductive Rights; and demand the services required to exercise their rights.

Strategies

FPA Sri Lanka will strengthen its links with youth and women's organizations and provide pathways for women and young leaders, particularly girls in Sri Lanka

01) Partnerships with the Women's Bureau, Children and Women Bureau, Sri Lanka youth council, Women-in-Need, Sri Lanka Girl Guide Association, Ministry of women and child affairs to improve engagement of women and youth in SRHR

02) Establishment of a national level women's network representing all districts to advocate for legal and policy changes

03) Strengthen district level youth clubs and formation of a functioning national level youth network

04) Capacity building of women and youth leaders by providing exposure to national and international workshops and conferences on SRHR

05) Actively engage women parliamentarians with the SRHR agenda

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[5]	Means of Verification[6]	Data collection tools and procedure	Baseline Value[7]	2022 Projection
50 women/ youth leaders actively engaged in championing women's / youth rights supported by FPA Sri Lanka	2.1. Number of women/Youth leaders actively engaged in championing women's/ youths rights supported by FPA Sri Lanka.	N/A	Programmatic Records and Key Person Interviews	Volunteer, activist and champion data base.	0	50
	2.2. Number of women / youth networks that FPA Sri Lanka has formal partnerships with	N/A	Minutes of meetings MoUs / Agreements	Advocacy Partner Database	3	15

[5] FPA Sri Lanka Core Indicator Reference Guide
[6] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[7] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE THREE:

ENABLE YOUNG PEOPLE TO ACCESS COMPREHENSIVE SEXUALITY EDUCATION AND REALIZE THEIR SEXUAL RIGHTS.

We know that young people who are able to exercise their sexual rights, including by accessing services, have the potential to be agents of change by challenging prejudices and contributing to social cohesion and public health.

Strategies

FPA Sri Lanka will transit from a youth-friendly to a youth-centered organization by: prioritizing and scaling up Comprehensive Sexuality Education (CSE) – which seeks to equip young people with skills, knowledge and values to determine and enjoy their sexuality and protect their health; and focus on interventions for the most marginalized youth in Sri Lanka. Strategies will focus on,

01) Developing and pilot-testing a comprehensive set of guidelines and a curriculum to provide CSE for adolescents in different age groups by adopting the IPPF-CSE curriculum

02) Capacity building of FPA Sri Lanka's and partner organizations' staff to develop a pool of in-country CSE trainers

03) Establish a partnership with the Ministry of Education to conduct a pilot CSE project in selected schools (Rural and Urban) to develop an in-school CSE model for Sri Lanka

03) Formation of rural, out of school youth groups in the most underserved areas around FPA Sri Lanka SDPs and provide CSE

04) Provide CSE for most vulnerable youths (Ex:- MSM, FSW, BB, DU, garment sector workers, Plantation sector workers, etc.)

05) Implement a special CSE programme focusing on girls in the Ampara, Batticcaloa and Galle districts to address the issue of teenage pregnancy

06) Establish a partnership with the Sri Lanka youth council to provide CSE for out of school youth

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[8]	Means of Verification[9]	Data collection tools and procedure	Baseline Value[10]	2022 Projection
0.15 million young people completed a quality assured CSE programme (delivered by Member Association volunteers or staff) by type (in/out of school)	3.1. Number of young people that completed Comprehensive Sexuality Education (CSE) programmes delivered by FPA Sri Lanka	ADL/OP/06	Chapter 4.6 (Annexure 21, 22 23, 27, 28)	Chapter 4.4.2 and (Annexure 19, Annexure 28, 30.4)	7876 (Proxy Indicator)	149,000
	3.2. Number of Peer Educators, aged below 25 years, trained on SRH and deployed to provide community based services to youth peer groups	ADL/OP/05	Chapter 6.1 (Annexure 21, 22 23, 27, 28)	Chapter 6.1 and (Annexure 19, 30.4)	0	7,450
	3.3. Number of youth clubs that regularly conducted meetings and discussed SRH related issues	ADL/OP/10	NA	NA	2	7
75% of those who completed a CSE programme increase their SRHR knowledge and their ability to exercise their sexual rights	3.4. Percentage of those who completed the CSE programme and scored higher marks in the post test in comparison to the pre-test.	N/A	Chapter 4.6 (Annexure 27)	Chapter 4.4.2 and Annexure 30.4	N/A	N/A

[8] FPA Sri Lanka Core Indicator Reference Guide
[9] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[10] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE FOUR:

ENGAGE CHAMPIONS, OPINION- FORMERS AND THE MEDIA TO PROMOTE HEALTH, CHOICE AND RIGHTS.

The impetus for major change in favour of Sexual and Reproductive Health and Rights often stems from change in public attitudes and opinions. Mechanisms such as public campaigns are instrumental for raising awareness, promoting understanding and mobilizing public support.

Strategies

FPA Sri Lanka will implement public campaigns to raise awareness on Sexual and Reproductive Health and Rights issues and generate support, with integrated communications strategies and the involvement of public-figure champions, opinion leaders and media outlets. Key strategies include,

01) Development and implementation of a mass communication strategy and guideline for FPA Sri Lanka

02) Strengthening the social media interventions of FPA Sri Lanka through continuous improvements and close monitoring

03) Development of an interactive online public communication platform in the FPA Sri Lanka website / Happy life. Ex:- Online SRH courses

04) Conducting a series of electronic and print media campaigns to sensitize opinion leaders and general public

05) Development of a mechanism and conducting continuous campaigns on emerging issues related to SRH (Ex:- Abortion, Teenage pregnancy, Sub-fertility) using SMS and MMS

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[11]	Means of Verification[12]	Data collection tools and procedure	Baseline Value[13]	Projection by 2022
17 million people reached through multimedia channels (radio and traditional media , social media, website and mobile technology)	4.1. FPA Sri Lanka mass media communication strategy is in place and timely reviewed to cope with emerging external environmental needs.	ACC/OP/16	FPA Sri Lanka mass media communication strategy	Chapter 6.2 (Annexure 20)	0	2
	4.2. Estimated Number of people reached through multimedia channels	N/A	Chapter 4.4.5 and 4.4.6	Chapter 4.4.5, 4.4.6 and Annexure 31.10 (fields: A to J and L), Annexure 31.11 (fields: A to J and L)	N/A	17,000,000

[11] FPA Sri Lanka Core Indicator Reference Guide
[12] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[13] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE FIVE:

DELIVER RIGHTS-BASED SERVICES INCLUDING ABORTION COUNSELLING & HIV

Although the government of Sri Lanka provides medical service free of charge, most women, men and young people in all provinces still lack access to high quality, rights-based Sexual and Reproductive Health services. Poor quality of care contributes to low utilization of services, which exacerbates poor health and mortality related to sex, reproduction, HIV and reproductive cancers. People in humanitarian settings also face serious barriers to these services.

Strategies

FPA Sri Lanka will continue and scale up Sexual and Reproductive Health (SRH) service provision to develop a role model for rights based, gender sensitive SRH service provision in Sri Lanka. Strategies includes,

01) Strengthening and scaling-up the service provision through existing static clinics (07)

02) Development and adoption of a Standard Operational Procedure (SOP) manual for static, mobile and community based service provision

03) Implementation of a cost recovery model by applying user charges for selected service types at all FPA Sri Lanka static clinics

04) Development and implementation of a volunteer driven, demand generation mechanism for static clinics based on geographical mapping of existing clientele

05) Establishment of five new static clinics to cover all provinces of Sri Lanka

06) Development and implementation of an integrated outreach service provision model in the most under- served areas through mobile clinics and community based service provision

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[14]	Means of Verification[15]	Data collection tools and procedure	Baseline Value[16]	2022 Projection
6 million services including abortion counseling, HIV and Humanitarian Response services provided	5.1. Number of services provided disaggregated by age, by gender and by service type	ACC/OP/02	Chapter 3.8	Chapter 3	590,286	5,861,000
	5.2. Number of static clinics which provide at least 7 out of 8 services in the integrated package of essential services (IPES)	ACC/OP/13	Chapter 3.8	Chapter 3	1	6
	5.3. Percentage of clients who are poor, marginalized, socially excluded stigmatized and underserved	ACC/OP/03	Annexure 3 (Core indicator reference guide)	Chapter 3.2.6	86.90%	>90%
4.7 million of Couple Year Protection Generated	5.4. Total Couple Years of Protection (CYP) provided by SDPs and the Social Marketing Programme	ACC/OC/03	Chapter 3.8	Chapter 3	419,153	4,552,447
85% of FPA Sri Lanka's clients would recommend our services	5.5. Percentage of clients who are satisfied with FPA Sri Lanka services just after receiving the services from FPA Sri Lanka SDPs	N/A	Chapter 3.2.5	Chapter 3.2.5	96.42%	>95%
	5.6. Number and percentage of new clients registered at the static clinics by a recommendation of an old client	ACC/OP/09	N/A	Chapter 3.7.3 and Annexure 10	20.60%	>33%

[14] FPA Sri Lanka Core Indicator Reference Guide
[15] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[16] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE SIX:

ENABLE SERVICES THROUGH PUBLIC AND PRIVATE HEALTH PROVIDERS.

With an increasing number of health providers offering Sexual and Reproductive Health services, FPA Sri Lanka has a distinct role to play in providing technical assistance. FPA Sri Lanka can ensure that services provided by other service providers are responsive to the local community, are client-centered to provide rights-based, supportive care to all.

Strategies

FPA Sri Lanka will develop private and public partnerships to support SRH service provision through its Associate Clinics by providing financial and technical support. Strategies includes,

01) Development and implementation of programmatic guidelines for Associated Clinics to streamline and expand service provision

02) Development of Associated Clinic service statistic module in the M&E Information Management System (MEIMS) to meet data requirements highlighted in the M&E Standard Operational Procedure Manual

03) Improvement of the quality and scale of the service provision in existing Associated Clinics

04) Exploration of opportunities and establishment of new Associated Clinics (AC) in partnership with the Board of Investment (BoI), garment factories, Community Based Organizations (CBOs) and government institutions

05) Development and implementation of annual quality of care action plans to improve the quality of service provision at Associated Clinics

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[17]	Means of Verification[18]	Data collection tools and procedure	Baseline Value[19]	2022 Projection
0.12 Million of Services provided by partners	6.1. Number of SDPs supported by FPA Sri Lanka with functioning public-private partnership mechanisms in place for ensuring universal access to Reproductive Health	ACC/OP/05	Support documents maintained at the SDP as described in the indicator definition	Onsite verification and Key person interviews	0	7
	6.2. Number of Services provided through FPA Sri Lanka's Associated Clinics disaggregated by age and gender	N/A	Chapter 3.8 (Annexure 10,Anexure 11)	Chapter 3.4	7864	1,180,000

[17] FPA Sri Lanka Core Indicator Reference Guide
[18] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[19] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE SEVEN:

ENHANCE OPERATIONAL EFFECTIVENESS AND DOUBLE ORGANIZATIONAL INCOME.

FPA Sri Lanka is committed to making the best use of its resources and has an ethical obligation to be flexible and responsive to the changing political and economic situation of the country. To maximize the number of people we can serve, we need to increase our operational effectiveness. We must remain relevant, responsible and efficient in how we seek out funding, translate it into development outcomes and sustain services to meet demand in the long term.

System Strengthening Strategies

FPA Sri Lanka would focus on strengthening the following systems and procedures to enhance operational effectiveness and accountability of the organization.

01) Implementation of the new ERP system (SAGE) covering all functions; finance, procurement and logistics

02) Implementation of the sales force automation system to replace current system of manual recording and reporting

03) Strengthening the existing M&E Information Management System (MEIMS) to meet requirements of the new strategic plan

Resource Mobilization Strategies

The organizational Resource Mobilization strategy will involve **an internal task force** co-opting members from different disciplines of the organization, supporting the division embarking on a RM initiative. Due to a diverse range of RM activities operative at FPA Sri Lanka, a separate RM unit is not feasible to be set up. New RM strategies for this period would include:

01) Both Organic and non-organic growth of the Social Marketing Programme by implementing new marketing strategies

02) Expansion of clinical services of the static clinics to transform them into income generating entities

03) Expand the donor base by exploring new funding opportunities at national as well as international level, while maintaining current donor funded restricted projects

04) A separate initiative to develop and offer training infra-structure and services for a fee, will increase the income of FPA Sri Lanka

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[20]	Means of Verification[21]	Data collection tools and procedure	Baseline Value[22]	2022 Projection
New and up-to-date systems are in place that are demonstrated to enhance performance efficiency effectiveness and accountability in FPA Sri Lanka, its SDPs and projects.	7.1. New financial system (SAGE) is implemented at FPA Sri Lanka with 100% coverage of all geographical locations and functions (Procurement, finance and stores).	N/A	Manual System is replaced with the electronic system	Key Person Interviews	0	1
	7.2. Sales force automation is implemented with 100% coverage of all geographical locations and functions (Sales and Recoveries)	N/A	Manual System is replaced with the electronic system	Key Person Interviews	0	1
	7.3. FPA Sri Lanka M&E system is strengthened to meet the requirements of the new strategic plan	N/A	Manual System is replaced with the electronic system	Key Person Interviews	0	1
FPA Sri Lanka income generated from national sources (clinic fees/ local fundraising/ social marketing etc.) is approximately doubled to $ 44 million.	7.4. Total income generated from national sources (local fund racing/ SMP/Clinic fee) in LKR		Chapter 6.8.3 and 6.9	Chapter 6.8.3 and 6.9	481,349,290	5,023,307,327
	7.5. Total income (including locally generated & international) reported in the annual financial report in LKR.	N/A	Chapter 6.8.3	Chapter 6.8.3	605,519,560	6,319,134,371
	7.6. Percentage increase of cost recovery ratio of FPA Sri Lanka static clinics compared to 2014	OI / 08	Chapter 6.8.3 and 6.9	Chapter 6.8.3 and 6.9	CFH=20%, Other SDPs=0%	CFH=32%, Other SDPs=12%

[20] FPA Sri Lanka Core Indicator Reference Guide
[21] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[22] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

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PRIORITY OBJECTIVE EIGHT:

GROW OUR VOLUNTEER AND ACTIVIST SUPPORTER BASE.

Our work is both demanded and delivered by communities: this groundswell of grass-root support gives legitimacy and is the foundation of our political advocacy. Opposition groups, a vocal minority in many places, threaten the gains that the Sexual and Reproductive Health and Rights movement has achieved. Hence a need to grow and lead the volunteer and activist supporter base for Sexual and Reproductive Health and Rights at local levels to present a clear, alternative voice to groups that do not support Sexual and Reproductive Rights.

Strategies

Aligning with its vision, mission and core values, FPA Sri Lanka will strongly focus on expanding its volunteer base to create a volunteer- driven programme at all levels. Strategies include;

01) Attracting professionals and experts in relevant fields as volunteers to contribute to FPA Sri Lanka activities

02) Development of district level volunteer committees which include key professionals and officials attached to stakeholder bodies in operational areas of FPA Sri Lanka SDPs

03) Strengthening grass- root level volunteer youth clubs and establishment of a mechanism to elicit a pool of national level youth volunteers

04) Formation of grass-root level volunteer women groups to support FPA Sri Lanka projects and activities

05) Expansion of a community based service provision and peer education at grass-root level, through FPA Sri Lanka volunteers attached to SDPs and projects

06) Development and implementation of a volunteer database to track volunteer contribution towards FPA Sri Lanka activities

07) Development of FPA Sri Lanka strategies, guidelines and procedures to strengthen social media interventions

Monitoring and Evaluation Plan

Expected Results	Objectively Verifiable Indicators	Indicator Reference[23]	Means of Verification[24]	Data collection tools and procedure	Baseline Value[25]	2022 Projection
25000 FPA Sri Lanka volunteers mobilized to support FPA Sri Lanka vision and mission in the country.	8.1. Number of FPA Sri Lanka volunteers mobilized to support FPA Sri Lanka vision and mission in Sri Lanka	N/A	Registration forms, Registration forms, Documented evidence for active participation	Volunteer, activist and champion data base.	350	25000
37500 online activists mobilized for collective action on SRHR issues	8.2. Number of online activists mobilized for collective action on SRHR issues.	N/A	Registration forms, Registration forms, Documented evidence for active participation	Volunteer, activist and champion data base.	N/A	37500

[23] FPA Sri Lanka Core Indicator Reference Guide
[24] Reference to FPA Sri Lanka Monitoring and Evaluation Procedure Manual
[25] Source:- FPA Sri Lanka Programmatic and Financial Data - 2014

Annexures

Annexure 01:- *Situational Analysis*

01) Country Information and Trends

The purpose of this first section is to capture general (i.e. not SRHR-related) macro political, economic and social information for the country that is relevant to FPA Sri Lanka's work which may:

- Impact FPA Sri Lanka functioning as a civil society organization,
- Need to be influenced for greater impact of initiatives that FPA Sri Lanka proposes to undertake as part of our strategic plan
- Determine our areas/ strategies (in terms of geographies/ communities/ groups/ stakeholders, etc to work in/with) in programming

Political Environment	
What level of political space is available to civil society organisations at the national, regional and local levels?	Limited but increasing trend in providing a political space. More influence at local level. Transient period, situation might change. Regional and local level more conducive .Over the last 2 decades, the role of civil society has got gradually undermined.
What are the main challenges for civil society organisations in this environment?	Low bargaining power, resistances and threats posed by religious and cultural fundamentalists, legal environment not supportive for civil society activism, negative perceptions held by public on NGOs.
What are the main opportunities for civil society organisations in this environment?	Emerging progressive policies and enhancing acceptance, high literacy and local expertise, advocating for non-sensitive areas such as child protection, and HIV is relatively easy.
Is the opposition to SRHR gaining greater or lesser political support?	Presently, opposition is declining but no stability assured. It is difficult to predict the political support for the rights agenda in the immediate future. Can vary based on individual views at leadership level.

Economic Information	
How fairly is wealth distributed?	In-equal distribution of wealth, disparities were increasing over the last decade. Attempts are being made to bridge the gap. Health and education services are given free.
What regional income disparities exist?	Regional disparities are high. Rural sector depending on a very low income. Informal sector does not enjoy guaranteed basic income. High level employees in the private sector enjoy very high income levels. Wide fluctuations in income experienced by the business/agricultural sector .

Economic Information	
What is the level of unemployment?	4.4%
How are economic indicators forecast to change in the next five years? Health seeking behaviour in terms of expenditure on health (govt. and household expenditure on health)	GDP expected to grow at 6% average in the next few years. Per capita income rests around Rs. 4000/ per month. Free provision of health services for all. Funding for health programmes likely to decline as the country entered the middle income group. Government will have to increase the budget for health in order to sustain the programme. Health seeking behaviour through private channels is on the rise with 60% out of pocket expenditure being recorded.

Social Information	
What are the most significant population challenges faced in the country (fertility rates, in particular adolescent fertility rate, migration, urban / rural mix)?	Escalation of TFR from 1.9 to 2.4 in the last few years, largely ignored by policy makers Aging population 25% to be over 60 by 2050. Brain drain taking skilled youth away from the country. Estimated 2 million (10%) are external migrant workers Tail-end of the demographic bonus which was not fully leveraged
What proportion of the population is aged between 10-24 years old and how is this predicted to alter in the next ten years?	28% Likely to decrease at the end of the demographic bonus
What proportion of the population is over 60 years old and how is this predicted to alter in the next ten years?	11.5% Likely to double by 2050
What is the country's gender inequality index ranking?	92/186
What is the country's religious and ethnic composition?	Sinhala Tamil Moor Burgher Other Buddhist Hindu Muslim Christian Other
What type of ethnic and/or religious discrimination exists in the country?	The ethnic /religion minority discrimination led to a protracted war in the last few decades. After the war, despite attempts for reconciliation, racial/religious harmony undercurrents of discrimination are felt.
What social groups are most excluded / discriminated against?	Poor and marginalized population in the remote areas are mostly vulnerable

02) **SRHR in the country**

The purpose of this template is to capture relevant information regarding SRHR in the country. It is organised into policy environment, service provision and civil society activity.

Policy environment	
What relevant international and regional treaties and conventions have been signed?	
What legislation / policy exists regarding: • equality and non-discrimination • access to safe abortion • marriage and right to choose partner • homosexuality and same sex unions • child adoption, including for LGBT and single people • gender equality • youth empowerment • HIV/ AIDS • Access to Sexuality Education, FP service, • Access to service for youth in general	 Y N Y N N Y Y Y Y Y
What policies and programmes are in place to address diversity, vulnerability and exclusion (e.g. refugees and IDPs, disabled, victims of rape and sexual abuse, ethnic minorities, victims of trafficking, sex workers, LGBT)?	No
To what extent is policy and legislation applied in practice and challenges for application of policies?	Low level of application and practice in relation to most policies
What legislation / policy is currently under discussion, or has the potential to be introduced in the next five years?	Repealing of Vagrants Ordinance Inclusion of gender in to the constitution Interest from multi-stakeholder groups on CSE implementation Strategic Plan for GBV
What SRHR issues have the biggest potential for engaging policy-makers in the next five years?	Gender, GBV,

Service Provision	
Which organisations (national/local government, private sector, civil society organisations) are responsible for providing SRH services? To what extent has this altered over the last five years? What challenges and opportunities does this bring for us? What is MA's contribution to the national level?	All three sectors Expansion of service provision experienced in all 3 sectors with an exponential increase in the private sector
To what extent are our services integrated?	Mostly integrated
To what extent are our services rights-based in providing FP, abortion, STI/RTI, HIV and MCH services?	Services provided except abortion services
What are the key gaps in service provision that we feel we could fill?	FP, Pap Smears, Youth services and PMSUSS reach at national level have gaps which can be filled
What is the level of quality of our services?	Varies from SDP to SDP and not consistent among all service providers. Guideline on minimum standards will be set and met
Are services targeted at key populations; youth, GBV, LGBTI etc?	Yes
What role could we play in enabling service provision including aspects of integrated services, quality, targeting key populations etc?	Enhance the present service provision to be more inclusive

Civil Society Activity	
To what extent are civil society organisations engaged in SRHR issues currently?	Two organizations are involved in service provision at a relatively low level – On related activities and advocacy around 10 CSO s are working
What coalitions, alliances and partnerships exist for moving the SRHR agenda forward?	Adequate partnerships and multi-lateral and bi-laterals, government and CSO
On which SRHR-related issues are civil society organisations most likely to coalesce?	CSE and SGBV

Annexure 02:- Stakeholder Analysis

No	Name of the Organization	Service /Advocacy they provided	Target population	Location of Programmes	Key strengths in their Work/approach	Overlap with FPA Sri Lanka programme
01	Ministry of Health/ Department of Health	All SRHR services and commodities provided free	All segments of population	Island wide universal coverage Multiple mechanisms for reaching including PHM coverage	Policy maker, owner of the national MCH programme, custodian of health budget, skilled workforce, largely self-funded Long standing, wide-spread infra-structure and systems	Distribution of commodities to a segment may not overlap with MA's SMP. Can induce usage but continuation through other channels, Service delivery of SDPs can overlap that of the MCH clinics, hence need careful coordination.
02	Population services Lanka	Advocacy and Family Planning/SRH services / Marketing of contraceptives	Reproductive health age group	Island wide SM service delivery confined to some districts	Internationally affiliated – MSI - Flexibility in decision making held by management Headed by a retired health chief Own property and clinics Popular brand of condoms with the next highest market share	SM is a competitor Mobile clinics for service delivery Service mix is identical
03	Community Development Service	Migrant workers focused Family Planning/SRH	All segments of the population	Western Province	……	
04	Plan International Sri Lanka	Advocacy, youth and children, community development and SRH services	All segments	Selected districts	Affiliated to Plan International. A very good recognition (local and international)	Supportive

No	Name of the Organization	Service /Advocacy they provided	Target population	Location of Programmes	Key strengths in their Work/approach	Overlap with FPA Sri Lanka programme
05	Sarvodaya movement	Advocacy and community development, GBV, Women's empowerment	All segments	Island wide	Local and international recognition, strong grass root level volunteer base. Highest recognition from the public. Wider scope of involvement.	Complementary role to be played in joint programmes.
06	Care International	Poverty elevation, SRHR, community development, and gender	All segments	Selected districts	International and local recognition.	Advocacy areas related to GBV and Gender and masculinities
07	Child Fund	Child rights and health and nutrition	All segments	Selected districts	INGOS	Supportive
08	World Vision	Community development and poverty alleviation, HIV/AIDS	All segments	Selected districts	INGOS	Supportive
09	Alliance Lanka	Advocacy and HIV/AIDS	PLIHIV	Selected districts	Strong support from CBOs	Partnership opportunities.
10	Plantation Human Development Trust	Community development and SRH Services in estate sector	Estate community	Selected Estates	Strong support from Government.	Already in partnership.
11	CENWOR	Research in women	Women	Colombo based	Repository of data on women and research	Supportive
12	National Youth Service Council	Youth focus activities	Youth population	Island wide	State run national organization.	Supportive
13	Community Strengthen Development Foundation(CSDF)	SRH/HIVAIDS	Sex workers	Western province	Network of sex workers as members.	Supportive
14	Sri Lanka Red Cross	Humanitarian Aid	All segments	Island wide	Community presence	Supportive

No	Name of the Organization	Service /Advocacy they provided	Target population	Location of Programmes	Key strengths in their Work/approach	Overlap with FPA Sri Lanka programme
15	Equal ground	Human Rights (LGBTIQ)	LGBTIQ community	Colombo based province	Strong donor supportive. Recognition from international interested?groups.	Supportive
16	Grassrooted	Adolescents and youth	Youth	Western province	Capacity and membership	Supportive
17	Lanka +	HIV/AIDS and Rights	PLHIV	For their membership		Supportive
18	Saviya Development Foundation	Women's empowerment and community development	All segments	Southern Province	Recognized regional NGO. Developed capacity and strong donor support from the private sector and the banking sector.	Supportive
19	Positive hope alliance	HIV/AIDS	PLHIV	Island Wide		
20	Positive women Net work	HIV/AIDS	PLHIV	Island wide		
21	Women and Media Collective	Women's right and gender	Women, Migrant and SRHR	Colombo based	Strong international/local partnerships	Supportive

Annexure 03:- Glossary of terms for FPA Sri Lanka strategic plan

01) Outcome 01:-

SRI LANKA GOVERNMENT RESPECTS, PROTECTS AND FULFILLS SEXUAL AND REPRODUCTIVE RIGHTS AND GENDER EQUALITY.

Champions: Champions can be identified as 'friends in high places' or 'allies' or 'insiders'. Champions are prepared to be either publicly identified with your issue or to guide you on how to influence decision-making. Champions are those that support you and are in a position to effect change. Champions do not necessarily have to be high profile but you need to be sure they are willing to speak to decision makers on our issues. Champions can simultaneously be partners, advocacy targets, resource people or gatekeepers.

Gender equality: means equality of opportunity for women, men and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.

Reproductive health: is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.

Reproductive rights: these rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of Sexual and Reproductive Health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

Sexual rights: the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including Sexual and Reproductive Health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

02) **Outcome 02:-**

17.15 MILLION PEOPLE TO ACT FREELY ON THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

Adolescents/ Young People: Adolescents: 10–19 years, Young People: 10-24 years

Comprehensive Sexuality Education (CSE): seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values. CSE can be delivered both in and out of school settings.

Sexuality: the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals. Its dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

03) **Outcome 03:-**

6.12 MILLION QUALITY INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES DELIVERED

Deliver services: these are services directly provided by an IPPF Member Association. The service delivery channels can include static clinics, outreach clinics, mobile clinics and community level workforce (community based distribution). IPPF staff/ volunteers will provide the services.

Enable services: these are services not directly provided by an IPPF Member Association. It reflects the role the Member Association plays in supporting others- both public and private -providers to deliver quality and integrated Sexual and Reproductive Health services. This includes training of service providers by our Member Associations, developing school curricula etc. IPPF Associated clinics are included within this definition. An Associated clinic is defined as being either clinic based (a regular, permanent location providing SRH services by trained doctors, clinicians and / or professional counsellors) or non-clinic based (a channel of distribution that does not provide clinic based services but distributes contraceptives and other SRH commodities provided by the Member Association), belonging to private individuals, organizations or the public sector, providing Sexual and Reproductive Health services by skilled health workers. An Associated Clinic is not managed by our Member Association and services are provided by the Associated Clinic staff, not by Member Association staff/ volunteers. Member Associations have a written agreement with the Associated Clinic. Quality improvement and quality assurance services must be in place.

Integrated Sexual and Reproductive Health services: are services offered and delivered to clients within an overall package that ensures the needs of the client are addressed. The package of SRH services include: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/ reproductive tract infections (RTIs), HIV, gynecology, prenatal care, and gender-based violence.

Marginalized: these are people who are wholly or partially excluded from full participation in the society in which they live, and have not benefited from education, employment or other opportunities because of their culture, language, religion, gender, education, migrant status, disability or other factor.

Poor: people living below the national poverty line.

Quality: of care in IPPF means the delivery of services in a way that addresses the rights of clients as well as the needs of providers. Clients have the right to information and Sexual and Reproductive Health services. They have the right to choice, safety, privacy, confidentiality, dignity and comfort when receiving services, continuity of care, and opinion. Providers also have certain needs that must be met to enable and empower them to provide quality services. These include training, information, adequate physical and organizational infrastructure, supplies, guidance, respect from clients and managers, encouragement from supervisors, feedback concerning their performance, and freedom to express their opinions concerning the quality of services they provide.

Under-served: are people who are not normally or adequately reached by Sexual and Reproductive Health programs due to lack of political will and/or institutional capacity. This includes people who are wholly or partially excluded from full participation in the society in which they live because of stigma and discrimination. For example, people living in rural or remote areas, internally displaced people or young unmarried people. In most countries across the world, young people have a higher unmet need for Sexual and Reproductive Health services compared to adults, and are therefore categorized as under-served.

04) Outcome 04:-

A HIGH PERFORMING, ACCOUNTABLE AND UNITED ASSOCIATION

Accountability: the obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. A government has accountability for decisions and laws affecting its citizens; an individual has accountability for acts and behaviors. As an IPPF value, we believe in accountability as a cornerstone of trust which is demonstrated through high performance, ethical standards and transparency.

Activist: a person **who** believes strongly **in** political **or** social change **and takes part in activities to try and make this happen including marches, protests, on-line petitions etc**. In IPPF our activists engage in Sexual and Reproductive Health and Rights issues as these are also aligned to broader political and / or social change they wish to see occur.

Strategic Framework: setting out the strategic direction of the Federation for the specified period. It should be developed by volunteers and staff in a consultative and participatory manner, taking into account the differing priorities at the global, regional and country levels. It should speak to the global relevance of the Federation's role whilst allowing each Member Association to identify their contribution to the Mission, goals and objectives. Finally it should be approved by the IPPF Governing Council.

Social enterprise: social enterprises deliver on the double bottom line – financial return as well as social return and occupy the middle ground between government and businesses. Social enterprises should be more efficient than government, more financially sustainable than not-for-profits and more socially focused than businesses. In the context of IPPF, social enterprises must have: a common good, address specific needs in Sexual and Reproductive Health, must generate revenue in the long run, will utilize diverse business formats tailored to the opportunity and can work at national or multinational levels

Volunteer: in IPPF a volunteer shares the Federation's mission, vision and values and offers his or her time, knowledge, skills and experience free of charge to a Member Association. Volunteers do so with the aim of making a difference to their community and improving the Sexual and Reproductive Health and well-being of the people the Association exists to serve. Most volunteers pay a membership subscription to the Member Association allowing them to participate in the democratic functioning of the organization, but some will contribute their time and ideas without wishing to become a member.

Annexure 05:- Annual Projection

Objectively Verifiable Indicators	Baseline Value (Source:- 2014 Programmatic and Financial Data)	Annual Projection (Non Cumulative)							Cumulative Projection by end of 2022
		2016	2017	2018	2019	2020	2021	2022	
1.1. Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA Sri Lanka played a lead role for the change by expected result that FPA Sri Lanka focuses on	0	1	1	0	1	1	0	1	5
1.2. Number of provincial health plans incorporating costed activities to ensure universal access to Reproductive Health	0	1	1	2	1	1	0	0	6
1.3. Number of key decision makers and opinion leaders reached with sensitization programmes conducted by FPA Sri Lanka	400	440	484	532	586	600	600	600	3,842
1.4. Number and percentage of key decision makers and opinion leaders who have participated in sensitization programs and have agreed to support the Advocacy Expected Results that FPA Sri Lanka focuses on	N/A	50%	60%	70%	75%	75%	75%	75%	75%
1.5. The government sets localized targets for post 2015 commitments including those elaborated in SDGs, ICPD and MPoA.	N/A	0	1	0	0	0	0	0	1
1.6. The government reviews the post 2015 achievements every 3 years of implementation	N/A	0	0	1	0	0	1	0	2
2.1. Number of women/Youth leaders actively engaged in championing women's/ youths rights supported by FPA Sri Lanka.	N/A	5	5	6	7	8	9	10	50
3.1. Number of young people who have completed Comprehensive Sexuality Education (CSE) programmes delivered by FPA Sri Lanka	7876 (Proxy Indicator)	11,000	13,000	16,000	20,000	24,000	29,000	36,000	149,000
3.2. Number of Peer Educators aged below 25 years trained on SRH and deployed to provide community based services to youth peer groups	0	550	650	800	1,000	1,200	1,450	1,800	7,450
3.3. Number of youth clubs that regularly conducted meetings and discussed SRH related issues		1	1	1	2	2			7
3.4. Percentage of those who completed CSE that Scored higher marks in the post test in comparision to the pre-test.	N/A	>40%	>45%	>50%	>55%	>60%	>70%	>75%	>75%
4.1. FPA Sri Lanka mass media communication strategy is in place and is timely reviewed to cope with emerging external environmental needs.	0	0	1	0	0	1	0	0	2
4.2. Estimated Number of people reached through multimedia channels	N/A	1,800,000	2,000,000	2,200,000	2,400,000	2,600,000	2,900,000	3,100,000	17,000,000
5.1. Number of services provided disaggregated by age, by gender and by service type	590,286	620,000	693,000	768,000	816,000	864,000	1,000,000	1,100,000	5,861,000
5.2. Number of static clinics which provide at least 7 out of 8 services in the integrated package of essential services (IPES)	1	2	3	5	6	6	6	6	6
5.3. Percentage of clients who are poor,marginalized,socially excluded stigmatize and underserved	86.90%	>85%	>90%	>90%	>90%	>90%	>90%	>90%	>90%
5.4. Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme	419,153	441,420	468,422	552,588	700,041	740,000	800,000	850,000	4,552,471
5.5. Percentage of clients who are satisfied with FPA Sri Lanka services just after receiving the services from FPA Sri Lanka SDPs	96.42%	>85%	>90%	>95%	>95%	>95%	>95%	>95%	>95%
5.6. Number and percentage of new clients registered at the static clinics by a recommendation of an old client	20.60%	>25%	>30%	>33%	>33%	>33%	>33%	>33%	>33%
6.1. Number of Services provided through FPA Sri Lanka's Associated Clinics disagregated by age and gender	7,864	100,000	110,000	140,000	160,000	190,000	220,000	260,000	1,180,000
6.2. Number of SDPs supported by FPA Sri Lanka with functioning public private partnership mechanism is in place for ensuring universal access to reproductive health	0	1	1	1	1	1	1	1	7
7.1. New financial system (SAGE) is implemented at FPA Sri Lanka with 100% coverage of all geographical locations and functions (Procument, Finance and Stores).	0		1						1
7.2. Sales force automation is implemented with 100% coverage of all geographical locations and functions (Sales and Recoveries)	0		1						1
7.3. FPA Sri Lanka M&E system is strengthened to meet the requiremets of the new strateegic plan	0			1					1
7.4. Total income (including locally generated & international) reported in annual financial report in LKR.	605,519,560	666,071,516	732,678,668	805,946,534	886,541,188	975,195,307	1,072,714,837	1,179,986,321	6,319,134,371
7.5. Total income generated from national sources (local fund racing/SMP/Clinic fee) in LKR	481,349,290	529,484,219	582,432,641	640,675,905	704,743,495	775,217,845	852,739,630	938,013,592	5,023,307,327
7.6. Percentage increase of cost recovery ratio of FPA Sri Lanka static clinics compared to 2014	CFH=20%, Other SDPs=0%	2%	3%	5%	7%	10%	11%	12%	CFH=32%, Other SDPs=12%
8.1. Number of FPA Sri Lanka volunteers mobilized to support FPA Sri Lanka vision and mission in Sri Lanka	N/A	2500	5000	8750	12500	16250	20000	25000	25000
8.2. Number of online activists mobilized for collective action on SRHR issues.	N/A								37500

Annexure 06:- Operational Allocation of targets

Objectively Verifiable Indicators	Cumulative Projection by end of 2022	Operational Breakdown of Cumulative Projections			
		Medical Unit	Outreach Unit	Advocacy Unit	SMP Unit
1.1. Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA Sri Lanka played a lead role for the change by expected result that FPA Sri Lanka focuses on	5			5	
1.2. Number of provincial health plans incorporating costed activities to ensure universal access to Reproductive Health	6			6	
1.3. Number of key decision makers and opinion leaders reached with sensitization programmes conducted by FPA Sri Lanka	3,842			3,842	
1.4. Number and percentage of key decision makers and opinion leaders who have participated in sensitization programs and have agreed to support the Advocacy Expected Results that FPA Sri Lanka focuses on	75%			75%	
1.5. The government sets localized targets for post 2015 commitments including those elaborated in SDGs, ICPD and MPoA.	1			1	
1.6. The government reviews the post 2015 achievements every 3 years of implementation	2			2	
2.1. Number of women/Youth leaders actively engaged in championing women's/ youths rights supported by FPA Sri Lanka.	50			50	
3.1. Number of young people who have completed Comprehensive Sexuality Education (CSE) programmes delivered by FPA Sri Lanka	149,000	44700	104300		
3.2. Number of Peer Educators aged below 25 years trained on SRH and deployed to provide community based services to youth peer groups	7,450	2235	5215		
3.3. Number of youth clubs that regularly conducted meetings and discussed SRH related issues	7	0	7		
3.4. Percentage of those who completed CSE that Scored higher marks in the post test in comparision to the pre-test.	>75%	>75%	>75%		
4.1. FPA Sri Lanka mass media communication strategy is in place and is timely reviewed to cope with emerging external environmental needs.	2			2	
4.2. Estimated Number of people reached through multimedia channels	17,000,000	3,400,000	3,400,000	10,200,000	
5.1. Number of services provided disaggregated by age, by gender and by service type	5,861,000	1,054,980	4,219,920		
5.2. Number of static clinics which provide at least 7 out of 8 services in the integrated package of essential services (IPES)	6	1	6		
5.3. Percentage of clients who are poor,marginalized,socially excluded stigmatize and underserved	>90%	>90%	>90%		
5.4. Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme	4,552,471				4,097,224
5.5. Percentage of clients who are satisfied with FPA Sri Lanka services just after receiving the services from FPA Sri Lanka SDPs	>95%	>95%	>95%		
5.6. Number and percentage of new clients registered at the static clinics by a recommendation of an old client	>33%	>33%	>33%		
6.1. Number of Services provided through FPA Sri Lanka's Associated Clinics disagregated by age and gender	1,180,000	354,000	826,000		
6.2. Number of SDPs supported by FPA Sri Lanka with functioning public private partnership mechanism is in place for ensuring universal access to reproductive health	7	1	6		
7.1. New financial system (SAGE) is implemented at FPA Sri Lanka with 100% coverage of all geographical locations and functions (Procument, Finance and Stores).	1				
7.2. Sales force automation is implemented with 100% coverage of all geographical locations and functions (Sales and Recoveries)	1				1
7.3. FPA Sri Lanka M&E system is strengthened to meet the requiremets of the new strateegic plan	1				
7.4. Total income (including locally generated & international) reported in annual financial report in LKR.	6,319,134,371				
7.5. Total income generated from national sources (local fund racing/SMP/Clinic fee) in LKR	5,023,307,327	50,233,073	37,674,805		4,809,816,766
7.6. Percentage increase of cost recovery ratio of FPA Sri Lanka static clinics compared to 2014	CFH=32%, Other SDPs=12%	32%	12%		
8.1. Number of FPA Sri Lanka volunteers mobilized to support FPA Sri Lanka vision and mission in Sri Lanka	25000	1000	20000	1000	
8.2. Number of online activists mobilized for collective action on SRHR issues.	37500			37500	

Objectively Verifiable Indicators	Cumulative Projection by end of 2022	Operational Breakdown of Cumulative Projections				
		GFATM Projects	Finance Unit	M&E Unit	Governance Unit	Chinthana Centre
1.1. Number of successful policy initiatives and/or positive legislative changes recorded in the country in which FPA Sri Lanka played a lead role for the change by expected result that FPA Sri Lanka focuses on	5					
1.2. Number of provincial health plans incorporating costed activities to ensure universal access to Reproductive Health	6					
1.3. Number of key decision makers and opinion leaders reached with sensitization programmes conducted by FPA Sri Lanka	3,842					
1.4. Number and percentage of key decision makers and opinion leaders who have participated in sensitization programs and have agreed to support the Advocacy Expected Results that FPA Sri Lanka focuses on	75%					
1.5. The government sets localized targets for post 2015 commitments including those elaborated in SDGs, ICPD and MPoA.	1					
1.6. The government reviews the post 2015 achievements every 3 years of implementation	2					
2.1. Number of women/Youth leaders actively engaged in championing women's/ youths rights supported by FPA Sri Lanka.	50					
3.1. Number of young people who have completed Comprehensive Sexuality Education (CSE) programmes delivered by FPA Sri Lanka	149,000					
3.2. Number of Peer Educators aged below 25 years trained on SRH and deployed to provide community based services to youth peer groups	7,450					
3.3. Number of youth clubs that regularly conducted meetings and discussed SRH related issues	7					
3.4. Percentage of those who completed CSE that Scored higher marks in the post test in comparision to the pre-test.	>75%					
4.1. FPA Sri Lanka mass media communication strategy is in place and is timely reviewed to cope with emerging external environmental needs.	2					
4.2. Estimated Number of people reached through multimedia channels	17,000,000					
5.1. Number of services provided disaggregated by age, by gender and by service type	5,861,000	586,100				
5.2. Number of static clinics which provide at least 7 out of 8 services in the integrated package of essential services (IPES)	6					
5.3. Percentage of clients who are poor,marginalized,socially excluded stigmatize and underserved	>90%	>90%				
5.4. Total Couple Years of Protection (CYP) provided by SDPs and Social Marketing Programme	4,552,471					
5.5. Percentage of clients who are satisfied with FPA Sri Lanka services just after receiving the services from FPA Sri Lanka SDPs	>95%					
5.6. Number and percentage of new clients registered at the static clinics by a recommendation of an old client	>33%					
6.1. Number of Services provided through FPA Sri Lanka's Associated Clinics disagregated by age and gender	1,180,000					
6.2. Number of SDPs supported by FPA Sri Lanka with functioning public private partnership mechanism is in place for ensuring universal access to reproductive health	7					
7.1. New financial system (SAGE) is implemented at FPA Sri Lanka with 100% coverage of all geographical locations and functions (Procument, Finance and Stores).	1		1			
7.2. Sales force automation is implemented with 100% coverage of all geographical locations and functions (Sales and Recoveries)	1					
7.3. FPA Sri Lanka M&E system is strengthened to meet the requiremets of the new strateegic plan	1			1		
7.4. Total income (including locally generated & international) reported in annual financial report in LKR.	6,319,134,371		6,319,134,371			
7.5. Total income generated from national sources (local fund racing/SMP/Clinic fee) in LKR	5,023,307,327					125,582,683
7.6. Percentage increase of cost recovery ratio of FPA Sri Lanka static clinics compared to 2014	CFH=32%, Other SDPs=12%					
8.1. Number of FPA Sri Lanka volunteers mobilized to support FPA Sri Lanka vision and mission in Sri Lanka	25000	2000			1000	
8.2. Number of online activists mobilized for collective action on SRHR issues.	37500					

enriching relationships

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