



## Commitment Form for Countries

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Country:  Sri Lanka

☐ Objective:

To increase the percentage of eligible families\* who have their need for family planning satisfied with modern methods, from 74.2% (DHS 2016) to 79.0% by 2025.

*Please describe the specific financial, policy, and programmatic actions your country commits to taking to expand access to voluntary family planning by 2020:*

☐ Financial:

- 1) Ministry of Health, Nutrition and Indigenous Medicine will commit to make available adequate financial allocations for existing as well as new family planning interventions in order to cater to increasing demands.
- 2) Inclusion of a budget-line on Reproductive Health in the Government Budget in 2019.
- 3) Ministry of Health, Nutrition and Indigenous Medicine will commit to procure the required amounts of contraceptive commodities through the allocation for maternal and child health service commodities.

☐ Policy:

- 1) Family Planning Programme has been integrated with maternal and child health services since 1960's, and covered in the broader National Maternal and Child Health Policy of Sri Lanka. Ministry of Health, Nutrition and Indigenous Medicine is planning to develop a National Family Planning Strategy in 2018, in order to improve family planning performance, which is stagnant at present, as well as to address newly emerging issues and challenges. This will be achieved through a consultation process.
- 2) A multi-year costed implementation plan for the National Family Planning Programme will be drafted in 2018 through a consultation process.
- 3) Ministry of Health, Nutrition and Indigenous Medicine intends to engage the education sector in disseminating sexual and reproductive health education, including age appropriate family planning awareness, to adolescents, in order to address the issue of teenage pregnancies, which has been stagnant in the recent past.
- 4) The current policy of free family planning services in the government sector will continue for all temporary and permanent methods.
- 5) Wider access to family planning services will be achieved through engagement of the private sector through public private partnership.

❑ Programmatic:

Still a significant proportion of maternal deaths in Sri Lanka are associated with the unmet need for family planning. The proportion of maternal deaths due to septic abortions also remain unchanged, and available evidence suggests a high number of induced abortions taking place in the country.

Necessary interventions will be implemented to address the above issues, as well as to ensure the right of all reproductive age women for quality family planning services. This will include:

- Increasing service delivery points and improving facilities in them to meet the norms.
- Availability of a specially trained health care worker in every registered family planning clinic. Overall capacity building of family planning service providers will be achieved.
- Availability of updated guidelines and protocols on family planning for service providers and service delivery settings.
- Utilization of widespread private sector infrastructure networks in family planning service delivery.
- Utilization of advancements in information technology for service provision, as well as for monitoring and supervisions.
- Strengthening of post-partum and post-abortion family planning services.
- Focusing on special groups such as teenagers, women in higher age groups, working females etc. Service delivery points will be made youth friendly, and all temporary methods will be made accessible to them.
- Ensuring equity through focusing more on low performing areas.
- Ensuring availability and quality of contraceptive commodities.
- Promoting a rights based approach in family planning service delivery.
- Monitoring quality of care provided and continuous improvement of same.
- Introduction of new family planning methods to the National Programme, as and when necessary.

The progress of interventions will be assessed using following indicators:

- 1) Increase the percentage of eligible families who have their need for family planning satisfied with modern methods, from 74.2% (DHS 2016) to 79.0% by 2025.
- 2) Reduce the unmet need for family planning from 7.5% (DHS 2016) to 5.7% by 2025.
- 3) Increase the contraceptive Prevalence Rate (CPR) from 64.6% (DHS 2016) to 66.4% by 2025.
- 4) Increase the Prevalence Rate of Modern Methods (mCPR) from 53.6% (DHS 2016) to 57.2% by 2025.

**Please provide the following information:**

- ☐ Government department or office responsible for commitment:


Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka.

- ☐ Government point of contact for communication on this commitment:

Secretary,

Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka.

- ☐ Signature and date signed:

  
23/04/2018

**Janaka Sugathadasa**  
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\*Government of Sri Lanka currently tracks family planning data of eligible families, and the provision of FP services do not exclude clients by their marital status, age or gender.



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