

# Sri Lanka Complex Emergency

## Needs Assessment Report

October 2022



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## Abbreviations

<b>CVA</b>	Cash and Voucher Assistance
<b>DOJF</b>	Disability Organizations Joint Front
<b>FAO</b>	Food and Agriculture Organisation (UN)
<b>FGDs</b>	Focus Group Discussions
<b>ICRC</b>	International Committee of the Red Cross
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>IOM</b>	International Organization for Migration
<b>KIIs</b>	Key Informant Interviews
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Transgender, Queer
<b>LKR</b>	Sri Lankan Rupee
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NCPA</b>	National Child Protection Authority
<b>PLWD</b>	People Living with Disability
<b>PSS</b>	Psychosocial Support
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SLRCS</b>	Sri Lanka Red Cross Society
<b>UN OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>UNOHR</b>	United Nations Human Rights Office
<b>USD</b>	US Dollars
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme

## 1 Executive summary

### 1.1 Background and context

Sri Lanka saw consistent economic growth in the years that followed the end of the civil conflict in 2009, with the return of internally displaced persons and fewer people living in extreme poverty, demining, major infrastructural investments, the expansion of agriculture and fishing livelihoods, and further development of the tourism sector. The COVID-19 pandemic and other external factors, a weakened tourism sector, and a fiscal deficit have since caused the value of the Sri Lankan rupee to decline. In May 2022, the government defaulted on debt payments, became unable to import necessities such as fuel, and inflation rates spiked, triggering a range of impacts.

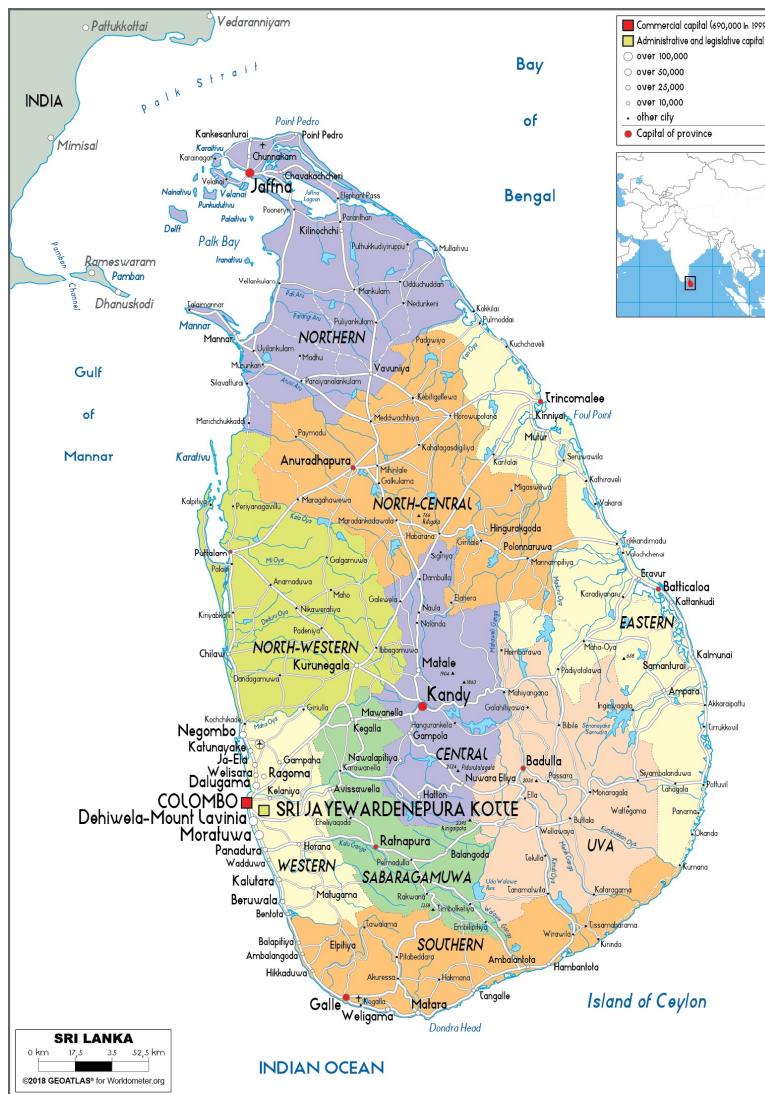


Figure 1 Map of Sri Lanka

Food security and livelihoods have suffered directly because of the economic crisis, while access and availability of basic services such as education and healthcare, including hospital maternity care, and sexual and reproductive health services have been disrupted. Notably, in addition to the impact on education, child protection risks have risen. A serious decline in domestic agricultural output brought on by an unsuccessful agricultural transition to organic farming has deepened the crisis.

Unless critically damaged systems, services and facilities (crucially, the agriculture and fishing, health and social care, and education sectors) are urgently restored, it is likely that those who are already vulnerable will be pushed further down a pathway towards destitution. Householders and families across the country are already employing negative coping strategies, such as reducing meals, postponing medical care, taking children out of school and employing children to provide income, and depleting and selling their assets. People are now more often becoming the victims or perpetrators of crime and theft, people are migrating in search of employment, human trafficking is said to have increased, and families are breaking up.

**At least 5.7 million people (or 26 per cent of the population) require humanitarian assistance now.\* Without immediate humanitarian assistance, and ‘upstream’ interventions to address the fragility of systems, services and facilities, this number will multiply, and the consequences will deepen.**

### 1.2 The assessment

This assessment offers insights into the humanitarian impacts of the crisis, primarily in the fields of food security and livelihoods, health and protection, and related areas at the community level, to help with strategic priorities, in line with the concerns of the International Red Cross and Red Crescent Movement (the Movement).

This assessment report includes an analysis and recommendations based on a face-to-face household-level survey of 2,871 respondents in 11 districts across nine provinces, a separate case study of 300 households from 10 estates in Nuwara Eliya, 24 focus group discussions (FGDs), 15 key informant interviews (KIIs), and an anticipatory analysis, framed by extensive secondary data.<sup>†</sup>

### 1.3 Humanitarian impact

At the community and family level, the macroeconomic collapse in Sri Lanka has translated into a complex humanitarian emergency, as millions of people are increasingly suffering, with severe shortages of food, fuel, cooking gas, medicine and other essentials.

*The assessment found that household purchasing power is constrained by food inflation and that disruptions to livelihoods and food insecurity have increased, raising worries about malnutrition. People are suffering from poorer health because the healthcare system has become compromised. Household economic stresses have resulted in rising concerns over basic needs and protection for the most vulnerable (such as those already living below the poverty line, people with disability, and marginalised people).*

- Ninety-six per cent of households in the survey overall have been affected by the current crisis.
- The three main priority needs at the household level concern food, health and livelihoods.
- Other major priorities include psychological well-being and the education of children.

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\* All facts, figures and secondary sources are referenced in the main body of text. Assessment findings and recommendations appear in italics and boxes in this Executive Summary.

† The survey involved a multi-stage stratified sampling methodology, which ensures that the survey is representative of the situation in both urban and rural contexts at the district level, with a high degree of precision, for those districts that were surveyed. The focus group discussions, key informant interviews and the predictive analysis were used to triangulate and verify the findings of the survey, and provide further insights into the prevailing situation. A separate 421-page annex contains detailed results from the multi-sector survey stratified by urban/rural/estate at the district level and by demographics, and is of relevance for operational planning.

### 1.3.1 Food security, nutrition and livelihoods

Income is reported to have stopped for 11 per cent of households and decreased for 62 per cent because of the crisis, with more than 85 per cent adopting coping mechanisms. Fuel shortages continue to affect those in the transportation, fishing, and agriculture industries. Around 30 per cent of the labour force is directly involved in agricultural activities, making this group vulnerable to fuel and fertilizer shortages.

Food inflation has now reached an all-time high of 83 per cent, with at least 4.9 million people facing food insecurity. It is estimated that only 24 per cent of the land usually used for paddy has been prepared for the next growing season and the food security situation is predicted to worsen from October 2022 to February 2023. Domestic production is now lacking but neither does the country have enough foreign currency to import sufficient food.

Pre-existing levels of undernutrition and wasting among children under five years are worrisome. Distribution of the country's staple nutritional supplement for pregnant and lactating women and children with acute malnutrition was suspended in November 2021. The budget for school meals was cut by two-thirds in January 2022. In schools that still provide lunches, portion size and protein content have been significantly reduced, and families are generally finding it more difficult to feed their children because of food inflation and loss of livelihoods.

*The assessment confirms that effects on food security, nutrition and livelihoods are widespread, affecting all types of households in both rural and urban settings, but especially those whose primary source of income is fishing or agriculture, those in the estates, and those with existing vulnerabilities.*

- Approximately four in every five estate households, two-thirds of rural households and over half of urban households in the survey have debt due to the current crisis.
- More than four in every five households had significantly worsened access to food because of the crisis. Those with a main income from fishing, households with children, and households with pregnant women were the most affected.
- Among households with worse access to food, the increased cost of food was foremost; one in four cited reduced income and over half cited lack of food available in the local market. Lack of food in the local market is indicative of systemic collapse and undermines the effectiveness of household-level assistance.
- More than half of households were consuming 'much less' animal products (e.g., meat, fish, milk, and egg) since the crisis started. Around one in ten households has stopped eating animal products. Protein energy malnutrition is a possible consequence.
- Focus groups and key informants were particularly concerned about the negative future impact of the crisis on the agriculture sector, including the inability to maintain productive cultivation both over the next season, and in the longer-term, with consequent increases in debt, poverty, malnutrition and migration, as well as wider implications for society.
- The loss of livelihoods is also highlighted – particularly that of skilled, unskilled and self-employed workers with reduced daily and monthly earnings. Members of fishing communities and key informants noted that many boats have been withdrawn from fishing because of fuel shortages and high prices, and those previously engaged in fishing are looking for alternative livelihoods.

### 1.3.2 Health

Sri Lanka's healthcare system is in danger of collapse due to a lack of medicines, medical disposables and ongoing power outages that affect both emergency and routine health services. Fuel shortages have impacted transport (e.g., medical staff, patients and ambulances). For women, the disruption of reproductive health services has fatal consequences. Routine surgeries have been cancelled, and blood transfusion services have been curtailed by a shortage of consumables.

*The assessment confirms concerns about the breakdown in health services because of the crisis, and suggests that predicted consequences will affect nearly every aspect of health.*

- Most of the households in the survey reported worse overall health in September 2022 compared to January 2022. In estates, almost three in every four households report worse health. These findings were corroborated by FGDs, where concerns for 2023 frequently included an increase in mortality and worsening health.
- Almost one-third of households reported that they could not access one or more needed healthcare services in the last three months. Due to the crisis, routine clinics were either reduced in their frequency or discontinued, and transport difficulties compounded the situation.
- In the household survey, over one in ten households stated that pregnant women could not access hospital delivery services. In the estates, this was much higher. Many FGDs mentioned that ambulance services were limited or non-existent due to fuel shortages and alternative modes of transport being too expensive. Significant proportions of households with pregnant women could not access antenatal or postnatal care, including over half of estate households with pregnant women who could not access postnatal care.
- In the estate survey population, approximately one-third could not access child immunization or COVID-19 immunization. Key informants from the health sector stated that due to frequent power interruptions, maintenance of the cold chain of vaccines was difficult.
- Nearly one-third of the households that needed treatment for non-communicable diseases and mental illness were unable to access services. Treatment for chronic illnesses such as diabetes and heart conditions, postponement of major surgery and minor surgery were also among the services with which the survey respondents had difficulties.
- Key informants noted that the health-seeking practices of the estate population were poor even before the crisis, but it has further deteriorated now due to the severe lack of medicines in the estate healthcare centres.
- FGDs also highlighted concerns regarding medicine availability and cost and that this would result in an increase in deaths, a general decline in population health, and an increase in communicable disease outbreaks.

### 1.3.3 Protection, gender and inclusion

Complex crises typically result in the breakdown of protective social norms and family structures, the overburdening of support services, and physical and psychological tolls from the unpredictable environment, further marginalising vulnerable populations and endangering lives.

*The assessment confirms perceptions of an increase in domestic violence, sexual and gender-based violence, and serious child protection incidents, while the ability of government agencies to respond is understood to be severely constrained. The welfare and safety of children who are left behind while their parents go to work are in doubt, and there are concerns that parents are increasingly placing their children in institutions.*

- Across all three sectors in which the household survey was conducted, the vast majority perceived that overall security and safety has worsened since January 2022. This was also identified by FGDs as the primary concern. The secondary concern was violence against women and children. Many households believed that their physical safety and security will deteriorate in the next three to six months if their immediate needs are not met.
- Most of the survey households thought that there is an increased risk for sexual and gender-based violence (SGBV), especially for adult women and adolescent girls aged 12-18 years and children. A significant proportion of the households reported that domestic violence was one of the more immediate probable impacts if their immediate needs are not met and there are fears that the incidence of SGBV will continue to rise.
- Around one in seven households surveyed was female-headed. The assessment showed that their access to treatment of non-communicable diseases, antenatal and natal services was significantly restricted.
- In five of the 11 districts that were surveyed and in the estate sector, a high proportion of households perceived there was an increased risk of early marriage for girls less than 18 years old. In some districts, respondents stated that they would consider early marriage if the situation worsened.
- One-third of the households stated that their children's education was severely affected due to the current crisis – inability to afford the high costs associated with transport, school supplies and the discontinuing of meals provided at some schools (especially the estate sector). In some districts, up to one in seven households have already stopped their children from attending school. Overall, one in ten households surveyed admitted their children will have to drop out of school if the situation worsens. There was generally considered to be a major concern than requires urgent intervention.
- Almost half of the households surveyed had at least one member or occupant that had some form of disability. Considering the special requirements of people living with disability (PLWD), the impact of the current crisis is likely to be a major challenge for PLWD and their caregivers.

### 1.3.4 Anticipatory analysis

Most of the future concerns identified through the KIIs, FGDs and the survey are related to food security, nutrition, livelihoods and financial sustainability, health, and protection. This largely corresponds with the needs and priorities highlighted by the secondary and open sources analysis done within this assessment.

*The anticipatory analysis predicts that in the absence of immediate humanitarian support together with interventions to address the systemic issues, there will be wide-ranging and serious consequences, and there are concerns that without stronger support, these trends will continue.*

If households are unable to meet their immediate needs in the next three to six months, nine out of ten expect to live ‘in minimal conditions’, almost half expect a deterioration of their members’ health, two in five expect to become more indebted, over one in four expect to spend all their savings, and one in ten fear their children will drop out of school, and one in ten households have members who intend to migrate.

- **Food security and nutrition:** It is expected that malnutrition will rise in the face of increased poverty and food inflation.
- **Livelihoods and household economic resilience:** Unsustainable indebtedness will grow. Without support, there is a risk that daily wage earners and families who had previously relied on small-scale livelihood activities as their only or main source of income will become increasingly destitute. Other categories of households are also more at risk, for example, those with existing vulnerabilities, families from fishing and agricultural communities and estate households in general.
- **Specific challenges for agricultural, fishing and estate communities:** Such households are facing multiple inter-related problems in addition to disruption to livelihoods. These include access to clean water, medical care, balanced nutrition, and child education. There are concerns that deepening dysfunctionality at individual and family levels is leading to higher rates of violence and suicide, and weakening of the social fabric of communities.
- **Healthcare:** The crisis has had systemic effects on the health system, which will inevitably lead to reduced capacity to prevent diseases, an accumulation of untreated diseases, and higher avoidable morbidity and mortality rates related to maternal and child healthcare, emergency healthcare, geriatric healthcare, and other services and facilities, such as those for PLWD.
- **Education:** The assessment indicates that the number of school dropouts may continue to rise, caused by factors such as a lack of school transportation for students and teachers, expensive school supplies, and the end of school lunches. This expectation is twice as high in the estates as it is in rural and urban areas.
- **Psychosocial impact of the crisis:** The crisis is having a detrimental impact on psychological well-being and mental health at individual, family, and community levels, at a time when mental health and psychosocial support services are being curtailed.
- **Child protection:** Rising concerns include absenteeism from school, violence against children and abuse, child labour, and early marriage.
- **Protection of people living with disability:** Without targeted and prioritised support to PLWD and their caregivers, there will be increased malnutrition, morbidity and mortality, while facing higher levels of violence.
- **Disaster resilience:** Overloading of disaster preparedness and disaster resilience capacities. If one or more hazards common in Sri Lanka overlap with the current economic crisis, this could lead to unprecedented catastrophic humanitarian consequences.
- **Migration:** The current trend of increasing outbound migration is expected to continue. According to this assessment, three times more households currently have members wanting to migrate abroad for permanent settlement than so far have migrated this year.
- **Heightened risk of violent civil unrest:** If individuals and groups of people are not given a legitimate, constructive, and effective outlet to voice their concerns and defend their interests, and appropriate psychosocial support, there is a danger that tensions will escalate into chaos and violence.

## 1.4 Recommendations

The Movement has its roots in the community, and the findings and recommendations of this assessment sit squarely with community priorities, which must be addressed in parallel with the macroeconomic and systemic concerns.

Support should be integrated as part of a wider coordinated approach which targets vulnerable persons and households, spans the entire country and reaches out to remote and hard-to-reach areas, involving the following underlying principles:

- Focusing on those who are ‘left behind’, including marginalised and vulnerable populations and individuals, PLWD, migrants, older people, and those who are socially isolated and excluded.
- Ensuring that communities and individuals are assisted in asserting their rights to food security and livelihoods, and health and care, including mental health and psychosocial support, and protection, within the framework of community inclusion principles.
- Prioritising access, participation, safety, and dignity, ensuring that affected people are empowered, informed and sufficiently resourced to make appropriate choices, and can access quality and sustainable programmes and services.

### 1.4.1 Food security, nutrition and livelihoods

- Urgent provision of food assistance (in-kind or cash and voucher assistance (CVA), given the critical ongoing humanitarian requirements.
- Food assistance in schools, including school kitchens and food banks, given the link to school attendance, and the many benefits that flow from this (cross-cutting with protection below).
- Community and household engagement to mobilise community resources for collective resilience, in diverse areas such as support for gardening, agriculture and home food production, financial literacy, community kitchens, school-based initiatives, and vocational training.

### 1.4.2 Health

- Scaling up dengue prevention and control programmes and other environmental health programmes.
- Roll out of community-based health and first aid programming and community-based ambulance services.
- Menstrual hygiene and the provision of menstrual hygiene products.
- Support for mental health initiatives and psychosocial support services (cross-cutting with protection below).
- Development of community-based services to support the inclusion of PLWD.
- Support for mobile health and dental clinics, especially in rural and estate sectors.

### 1.4.3 Protection, gender and inclusion

- Facilitating and encouraging the formation of village/neighbourhood vigilance committees to prevent and address the trend of increasing robberies and thefts. Advocate for local law enforcement authorities to increase their patrolling of vulnerable neighbourhoods.
- Provision of school supplies such as stationary, and learning instruments. Setting up child-friendly spaces, as a means of addressing violence and psychosocial needs.

- Mapping of district specific services, resources and referral pathways. Community-based awareness sessions on SGBV prevention and response. Engaging men and adolescent boys in SGBV and other violence prevention and response activities.
- Advocate for accessibility and inclusion of PLWD. Provide targeted support to ensure meeting the basic needs of PLWD, and ensure inclusion of PLWD during the development of community-based programmes.

#### **1.4.4 Recommendations for IFRC operational strategy**

Priority areas for more immediate action are recommended in the following areas.

##### ***1.4.4.1 Food security and livelihoods***

- The primary focus of the Emergency Appeal on cash and food grants should remain and expand further if there are sufficient resources, with the specific inclusion of female-headed households, PLWD and other extremely vulnerable or marginalised groups.
- In particular, the provision of food assistance in schools because of the nutritional benefits, the link to school attendance and the cascade of other benefits that this brings.

##### ***1.4.4.2 Health and care***

- Scaling up of community health activities, as listed above.
- Continuation of in-kind donations from Movement partners to alleviate the shortage of pharmaceutical drugs.
- There is also some justification to include medical and rehabilitation equipment for PLWD as further in-kind donations.

##### ***1.4.4.3 Protection, gender and inclusion***

The child safeguarding risk analysis recommended in the Emergency Appeal was completed in July 2022. The assessment findings support the priorities already identified in the operational strategy.

In addition, from among the broader recommendations, the following should be prioritised:

- Village/neighbourhood vigilance committees.
- Community-based awareness on SGBV, including engagement of men and adolescent boys.
- Support to meet the basic needs of PLWD, and inclusion of PLWDs during programming.

##### ***1.4.4.4 Education***

The survey, FGDs and KIIs suggest that the education sector is particularly affected because of the current complex emergency. School-based interventions should generally have greater consideration.

##### ***1.4.4.5 Migration***

Efforts should be made to include migrants living in Sri Lanka and people who have returned from abroad in existing community-based programming.

##### ***1.4.4.6 Disaster Preparedness***

The operational strategy should prioritise broader resilience capacities (including disaster preparedness and response) of local communities as an integrated part of programming.

## 2 Purpose of the assessment

Food insecurity, threatened livelihoods, and rising health and protection concerns are among the issues contributing to the complex emergency<sup>‡</sup> that is unfolding in Sri Lanka. This assessment provides insights into the humanitarian impacts of the crisis in these and related areas, to help adjust strategic priorities, in keeping with the interests and concerns of the Movement.

Specifically, this assessment report aims to provide humanitarian actors in the country with information to assist with sectoral priorities and needs at the community level, primarily in the areas of food security and livelihoods, health and protection; to help ensure best practices in addressing the most vulnerable; and to inform donors and development partners about strategic priority areas for humanitarian assistance.

The deployment of the assessment cell was a request from the Sri Lanka Red Cross Society (SLRCS) and the International Federation of Red Cross and Red Crescent Societies (IFRC) in the framework of the Emergency Appeal operation that was launched recently, in part to inform the National Society operational strategy.<sup>¹</sup>

The assessment report includes an analysis and recommendations based on a face-to-face household-level survey of 2,871 respondents in 11 districts across nine provinces, a separate case study of 300 households from 10 estates in Nuwara Eliya, 24 FGDs, 15 KIIs, and a predictive analysis, framed by extensive secondary data.<sup>§</sup>

The Fundamental Principles of the Movement underpin all activities carried out by National Societies with support from the IFRC secretariat. The assessment also follows the ‘Sphere Project’ assessment standards (Humanitarian Charter and Minimum Standards in Humanitarian Response).<sup>\*\*2</sup>

## 3 Background

### 3.1 Main drivers and effects of the crisis

Sri Lanka is facing a complex emergency characterised by high inflation and a deteriorating currency, food insecurity, shortages of fuel, essential medicines and other vital imported commodities, recurrent power cuts, threatened livelihoods, reduced public services, and rising protection concerns.<sup>3,4</sup> The crisis has been deepened by a serious reduction in domestic agricultural production caused by a failed agricultural transition to organic farming.<sup>3,5</sup>

In the years following the end of the civil conflict, Sri Lanka experienced a ‘peace dividend’, where between 2010 and 2016, economic growth averaged 6.2 per cent. Growth slowed from 2017 as the dividend faded, and the economy contracted by 3.6 per cent in 2020, largely due to the COVID-19 pandemic.<sup>6</sup> Subsequently, the decline of the global economy, rising commodity prices, a weak tourism sector and a fiscal deficit have contributed to a fall in the value of the Sri Lankan Rupee. The Central Bank was unable to defend the currency, due to insufficient international reserves, causing the government to default on some debt payments in May 2022.<sup>7</sup> Inflation rates have risen sharply thereafter,<sup>8</sup> and the government became unable to import essential commodities, including fuel,<sup>9</sup> which further increased shortages, adding to the surge in inflation.<sup>10</sup> In January 2022, 10,000 LKR

<sup>‡</sup> For simplicity, the complex emergency is also referred to as a crisis in this document.

<sup>§</sup> Secondary data was collected, processed, tagged and analysed using the DEEP platform in collaboration with UN OCHA and others ('Sri Lanka: JIAF SDR').

<sup>\*\*</sup> In addition, several other practical concepts are important in assessments, such as a balance of available time against information that can be collected, clarity on what information to be collected to achieve the assessment's objectives, and selection of appropriate sampling methods given time constraints. (IFRC (2014). Operational Guidance: Initial Rapid Multi-sectoral Assessment. Geneva, ch.)

was equivalent to 50 USD but by September it was only 27 USD. For consumers, typically this means higher prices for imported goods, fresh pressure on energy costs, and higher loan repayments.

### *Complex humanitarian emergency*

*A humanitarian emergency results from an event or series of events that are critically threatening to the health, safety, security or wellbeing of a community or large groups of vulnerable populations, usually over a wide area. Vulnerable populations are those having reduced capacity to resist and recover from disaster, if not supported.<sup>11</sup> Humanitarian crises invariably exacerbate pre-existing human rights vulnerabilities and lead to additional human rights concerns.<sup>12</sup>*

*There is no universally agreed definition, but a **complex** humanitarian emergency often includes:*

- *Onslaught of a crisis, including war or conflict (may combine several impacts).*
- *Inadequate capacity of the government to respond, and a need for international assistance.*
- *Pre-crisis vulnerability of the population.*
- *Large numbers of affected and displaced people, with significant suffering and death.*
- *Weakened public institutions and systems such as healthcare, education and sanitation.*
- *High risk of public health emergencies and outbreaks of disease.*

The emerging crisis led to country-wide civil unrest. Following mass protests, which started in March 2022, a new government was installed in May, and the country's president was replaced in July. To help ensure support from the International Monetary Fund, the new government raised taxes to offset the external debt, adding to the economic burden, including that faced by the most vulnerable.

What had started as a fiscal macro-economic crisis is now creating profound impacts at the micro-level, with an unfolding humanitarian emergency, in which millions of people are experiencing widespread, acute and increasingly chronic shortages of food, fuel, cooking gas and medicine. Unprecedented food inflation has led to a spike in food insecurity,<sup>13,14</sup> with rising concerns about malnutrition, especially among children, pregnant women, and lactating mothers.<sup>15</sup> The fuel deficit has damaged livelihoods and subsistence, while simultaneously reducing access and availability of basic services such as education and healthcare, including hospital maternity care, and sexual and reproductive health services.<sup>16</sup> Significantly, in addition to the impact on education, child welfare and protection risks have been highlighted.<sup>17</sup>

The latest humanitarian assessments confirm that the poverty rate has accelerated since the start of the current crisis.<sup>3,18</sup> Existing reporting points to the main concerns for households: food prices followed by disruption of income and livelihoods, and inflation and fuel prices. Food inflation reached a record high in July at 83 per cent,<sup>19</sup> with at least 4.9 million people being food insecure.<sup>3††</sup>

### **3.2 Humanitarian profile**

The current crisis in Sri Lanka is affecting all sectors of society and has created the conditions for increased vulnerability, poverty and destitution among a significant proportion of the population. In 2021, approximately 2.4 million people (11 per cent of the total population) fell below the international poverty line<sup>‡‡</sup> for lower-middle-income countries.<sup>20</sup> It is these people who are expected to be most

†† Being without reliable access to sufficient, affordable, nutritious food.

‡‡ The poverty line is a monetary threshold below which a person is considered to be poor. It is calculated by taking the poverty line from each country and converting it into dollars based on the value of the goods required to sustain one adult for one day. This figure is currently set at US \$3.20 per day for lower-middle income countries such as Sri Lanka.

affected by the loss of livelihoods, food shortages and the escalating cost of essential items.<sup>21,22</sup> Significantly more poor households than non-poor households have lost more than half of their income since the crisis.<sup>17</sup> People are now selling their assets, becoming indebted and cutting down on food, and their children are less likely to go to school. An estimated 5.7 million people (26 percent of the population) or more are now in need of humanitarian assistance, with at least 4.9 million (22 per cent) being food insecure.<sup>3</sup>

Population groups with existing vulnerabilities are most sensitive to the impacts of the crisis. These include children, pregnant and lactating women, PLWD, female-headed households, migrants, refugees and marginalised ethnic and religious groups. Support for people with disabilities, the elderly, and others with special needs has decreased, making these populations even more vulnerable. Further groups have become vulnerable due to ongoing food insecurity. These include informal daily wage earners, minimum wage earners (employed in certain industries - tourism, construction and other services), single female-headed households with dependent children, families with multiple children below five years old, low-income households including the elderly, households with members with chronic illnesses or disabilities, and disadvantaged farmers who have halted basic agricultural activities.<sup>23,24</sup> Outbound migration is increasing, removing skilled labour from the country and putting children of absent parents at risk of neglect.<sup>25</sup>

### 3.3 Pre-crisis vulnerabilities, underlying and aggravating factors

By the onset of the economic crisis in Sri Lanka, resilience was already strained by the impacts of pre-existing poverty,<sup>§§</sup> repeated climate-related events,<sup>\*\*</sup> and two years of COVID-19.<sup>21,26†††</sup> Positive coping mechanisms and social safety networks had already become stretched, and more people were using negative coping strategies.<sup>†††<sup>3</sup> Many livelihoods had been affected, especially those dependent on international travel, tourism, and overseas work which brought remittances into the country. According to World Bank estimates, by 2020, 500,000 people in Sri Lanka had fallen below the poverty line since the pandemic struck, which is described as a considerable setback equivalent to five years' worth of progress.<sup>18</sup></sup>

The political precursors and repercussions and the timeline of civil unrest and protests over the last six months are detailed elsewhere.<sup>27</sup> In general, the use of coercive measures to suppress dissent

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<sup>§§</sup> Inequalities persist despite the post-conflict economic dividend. Householders in the North who returned after a period of displacement found themselves in a different environment. Houses had been destroyed, livelihoods had been disrupted, and family structures had changed. Weather patterns became increasingly unpredictable, pushing communities that rely primarily on natural resources for income generation into further vulnerability. Caste-based discrimination continued to influence traditionally marginalised communities in Jaffna, in the Northern Province.

<sup>\*\*</sup> Sri Lanka is highly susceptible to climate-related hazards (heatwaves, droughts, floods and cyclones). Floods are a regular occurrence following the onset of the southwest monsoon in May or June and the northeast monsoon in September or October, and have become less predictable, because of climate change.

<sup>†††</sup> The consequences of the pandemic have been far-reaching: Colombo is a key transhipment hub for South Asia. The recent lockdowns in China and elsewhere, and the current crisis (particularly fuel availability) have contributed to the build-up of containers in Colombo and created port congestion and delays in recent months, which has slowed the movement of ships, containers, and other transport assets. This reduces capacity, lengthens transit times, and forces much higher shipping rates. The supply chain disruptions are also creating additional constraints to Sri Lanka's capacity to import enough food and goods to meet internal demands.

<sup>††</sup> A set of responses to difficulties that may provide a temporary means of survival, but can seriously undermine long-term security, such as selling assets, taking on debt, and reducing food consumption.

can lead to broader implications for society.\* In Sri Lanka, civil society organisations have expressed concerns over alleged arbitrary detentions and violence against demonstrators.

### 3.4 Sectoral needs

#### 3.4.1 Food security

Domestic agricultural production fell by nearly 50 per cent,<sup>28</sup> following a change in the use of fertilizers and agro-chemicals announced in April 2021, without the assurance of an agricultural transition, ostensibly driven by health concerns.<sup>29</sup> It is estimated that only 24 per cent of land that is usually cultivated has been prepared for the upcoming season.<sup>Error! Bookmark not defined.+<sup>30</sup></sup> Furthermore, 80 per cent of Sri Lanka's land is in dry and intermediate zones, where water can be scarce. Farmers struggle when they do not have enough fuel to run water pumps to supply water to their farms and paddy fields.<sup>31</sup> While national production is now not enough to satisfy domestic demands, the country does not have enough foreign currency to import food (Sri Lanka is usually self-sufficient in rice and imports large quantities only when local production is not sufficient to cover the domestic needs). The widespread shortage of key imported commodities such as wheat flour, canned fish, milk powder and lentils has led to record food inflation, which, in July 2022, was 83 per cent (up by 4.6 per cent from June 2022). Food inflation, together with a loss of income (85 per cent of people have reported losing income since the economic crisis<sup>17</sup>) is detrimental to families' purchasing power and food security: 74 per cent of households have had to adjust their normal food intake practices by limiting portion sizes, skipping meals, consuming less diversified and nutritious diets, and resorting to other negative coping mechanisms.<sup>32</sup>

According to the World Food Programme (WFP) and the Food and Agriculture Organisation (FAO), the food security situation is expected to worsen further after two previous consecutive seasons of poor harvests, particularly during October 2022 to February 2023 lean season, due to poor harvests of staple foods (mainly rice), and the ongoing crisis.<sup>‡<sup>32</sup></sup>

#### 3.4.2 Nutrition

Pre-existing levels of undernutrition and wasting among children under five years are worrisome.<sup>33</sup> The regular provision of 'Thripasha',<sup>34</sup> a locally produced food supplement targeting children with moderate acute malnutrition and pregnant and lactating women, was discontinued in November 2021. The government reduced the budget for school meals by two-thirds in January 2022.<sup>15</sup> The government-sponsored school meals programme formerly targeted 25 per cent of school-age children at the most underserved schools nationwide. Children from low-income families in the urban, rural, and estate sectors relied on the programme for their dietary needs, and it is understood that school attendance is now reduced. The size and protein content of the food has been significantly reduced in schools that still serve lunches. Previously, typical school lunches included a balanced mix of meat or eggs, grains, fruits, and vegetables. Now, these meals are composed primarily of carbohydrates.<sup>24</sup> This has left families struggling to feed their children in the face of rising food prices. Even staples like rice are now out of reach for millions of families, according to WFP, as food inflation reached a record

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\* For example, in terms of social cohesion – the strength of relationships and the sense of solidarity among members of a community.

† The cost of production for paddy crops has doubled in the recent past, which explains in part these low levels of preparation.

‡ FAO and WFP also provide an estimate of food insecurity that is higher than previous estimates: By June 2022, over 6.2 million people (28 per cent of the population) were said to be moderately acute food insecure.

high of 83 per cent in July 2022, up by 4.6 per cent from June.<sup>19</sup> (The average monthly cost of a healthy diet has increased by 156 per cent since 2018.<sup>35</sup>)

### 3.4.3 Livelihoods

Because of the crisis, income is said to have stopped for 11 per cent of households and decreased for 62 per cent, with more than 85 per cent adopting coping mechanisms.<sup>24</sup> Around 70 per cent of the workforce is informally employed.<sup>36</sup> Livelihoods were damaged both by the economic crisis (inflation, lack of fuel and imported essentials, reduced tourism) and by civil unrest. The fuel deficit has particularly affected people's ability to engage in income-generating activities, especially daily wage workers.<sup>30</sup>Error! Bookmark not defined. The weekly fuel quota introduced in early August 2022 is not enough for self-employed workers to maintain their earning levels, including those working in transportation, fishery, and agriculture.<sup>37</sup> Around 30 per cent of the labour force is involved directly in agricultural activities, making this group vulnerable because of the situation with fuel and fertilisers. The cost of production for paddy crops has doubled in the recent past. Animal feed production has fallen, and livestock owners need high-nutrient animal feed and veterinary health kits to mitigate the impacts of the feed shortage. Small-scale fishers,\* particularly in Jaffna and Batticaloa districts, had to curtail their fishing because of fuel shortages while having scarce alternative sources of income.<sup>20</sup>

### 3.4.4 Health and water, sanitation and hygiene<sup>†</sup>

Sri Lanka's health system has become strained by a lack of medicines, medical disposables, fuel deficits and recurrent power cuts affecting surgical services, maternal, new-born, and child services, those with chronic illnesses, disabilities, and psychiatric conditions, and emergency health services.<sup>3</sup> Fuel shortages have affected transport (including medical staff, patients and ambulances, although ambulance vehicles are prioritised in the fuel queues),<sup>22</sup> which has reduced accessibility of emergency and routine medical services. The disruption of sexual and reproductive health services has serious and life-threatening consequences for women and girls.<sup>16</sup> For example, around 145,000 women in Sri Lanka will give birth in the next six months, of which 60,000 may need surgical intervention.<sup>38</sup> Pregnant women, especially those living in remote rural areas, have had difficulty reaching hospitals and clinics, and antenatal and postnatal care has been affected. Similarly, delivery of non-urgent surgeries has been postponed, and shortages of blood bags and other consumables have a detrimental effect on national blood transfusion services.

The power crisis and restrictions on importing purification and disinfection chemicals, such as chlorine, have severely hampered the provision of safe water, raising the risk of diarrhoeal diseases.<sup>26</sup> Environmental health control measures have also been affected. For example, Colombo Municipal Council has run out of chemicals and insecticides used for mosquito control, at a time when dengue

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\* Fishing communities were already affected by pollution released by the container ship 'MV X Press Pearl', which caught fire and sank off the coast of Colombo in 2021.

† Disasters and crises can affect health in multiple ways: Weakened health services (including prevention/vaccination campaigns and sexual/reproductive healthcare). Disruptions to safe water and sanitation services, putting people at increased risk of waterborne and vector-borne (transmitted through an animal or insect bite) diseases. Worsening of pre-existing conditions such as malnutrition, which can then be further worsened by high rates of infectious diseases. Inadequate shelter and cooking facilities, leading to an increased risk of airborne and respiratory infections. Mental health – for example, grief, acute stress reactions, post-traumatic stress disorder. Exacerbation of pre-existing mental health problems (such as depression, schizophrenia or harmful use of drugs).

fever has become more prevalent, with approximately 50,000 people admitted to public hospitals in the last eight months.<sup>39,40</sup>

### 3.4.5 Education

With its positive influence on health and livelihoods, social stability, and long-term economic growth, education is valued a potent agent of change by families, and across society. In Sri Lanka, schools had been closed because of the COVID-19 pandemic during the two years prior to the current economic crisis. More recently, schools were closed because of fuel shortages and have now reopened, although power outages, limited public transportation, and a lack of school supplies continue to have an impact.\* Children's education is also compromised by the closure of the government school meals programme, which had targeted 25 per cent of the most vulnerable school-age children. As a consequence, families are less inclined to send their children to school.<sup>3,15,41,42</sup> Particularly affected are children from poorer households without access to online learning. According to the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) recent assessments in nine districts of Sri Lanka, more than half (55 per cent) of households reported a negative impact on children's education, 34 per cent struggle to support their children to continue education, while in 1.4 per cent of households children dropped out of school.<sup>17</sup>

### 3.4.6 Protection, gender and inclusion

Typically, in complex crisis situations, existing protective social norms and family systems deteriorate, support services become overwhelmed, and the increasingly volatile environment takes a physical and psychosocial toll, further marginalising vulnerable groups and threatening lives.

Domestic violence, SGBV and serious child protection incidents, such as sexual assaults, physical abuse, and child neglect, are reported to have been increasing since the start of the COVID-19 pandemic and have worsened with the current crisis.<sup>3</sup> The purported rise in the number of women entering the sex industry is an indicator of both the desperation and the exploitation that people are facing (in Colombo the number is said to have increased by 30 per cent since January<sup>†</sup>). At the same time, the capacity of government services to respond is severely affected: protection service providers lack fuel for field and home visits, women's shelters have run out of space, and there is a lack of financial support for women and girls at risk of gender-based violence.<sup>3</sup>

Parents have increasingly resorted to placing their children in institutional care because the family cannot provide for them and there are concerns about the welfare of children who are left behind when parents travel away from home for work.<sup>4</sup>

### 3.4.7 Migration

According to the International Organization for Migration (IOM), the current crisis in Sri Lanka, together with the ending of COVID-19-related travel restrictions has added to the impetus for international and internal migration. In the first four months of 2022, over 100,000 workers are estimated to have left for employment overseas.<sup>43</sup> This figure does not include undocumented migrant workers, who are expected to be numerous. Human trafficking has also increased, as have thwarted attempts, together with related protection issues ranging from forced labour to organ trafficking. Migration through unofficial channels often involves dangerous ocean crossings, with risks of

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\* In March 2022, some school examinations were postponed due to shortages of paper, which is an imported commodity. (UN OCHA (2022). Humanitarian Needs and Priorities Food Security Crisis Sri Lanka, 09 June 2022.)

† Informal communication, Stand-Up Movement Lanka (SUML), the leading advocacy group for sex workers in Sri Lanka.

capsizing and arrest by coast guards of both the destination countries and Sri Lanka.<sup>25,30</sup>[Error! Bookmark not defined.](#)

People who were displaced internally because of the conflict which ended in 2009 continue to be vulnerable to macroeconomic fluctuations. At the end of 2021, 11,000 such people were still living in displacement. More than 121,000 climate-related internal displacements were recorded in 2021, which is the highest number recorded since 2017.<sup>44</sup>

Families are increasingly sending their children abroad to study, for example to India. Wealthier Sri Lankans are trying to migrate to the United Kingdom, the United States, Australia, Canada or the European Union to work or study.<sup>25</sup> There is concern that emigration, particularly that of professionals, will cause a severe 'brain drain.'

## 4 National Society capacity

The SLRCS maintains 25 branches in all districts of the country. Over 100 staff and 6,000 active volunteers are trained in disaster response and capable of providing relief in times of disasters/emergencies. National Disaster Response Teams, Branch Disaster Response Teams and Divisional Disaster Response Teams are available at the national, district and divisional levels. The SLRCS also has trained disaster response teams specialised in water safety, which has 150 active members. These members are well-trained in life-saving techniques to assist rescue operations in times of need. Trained first aid volunteers are available in all districts, ready for immediate deployment at the time of disasters for life-saving purposes. The SLRCS has a pool of 25 CVA-trained persons, who could be deployed to set up and assist implementation of CVA activities. As a community-based organisation, SLRCS has similar constraints as the wider population, because of the crisis, but also has advantages over many other organisations, because of its embeddedness.

In the recent past, SLRCS initiated the project Elixir which is a web platform designed to facilitate the smooth delivery of donations of medicines and medical consumables to Sri Lanka. The platform serves as a central hub to coordinate donations from around the world. It is operated by the SLRCS along with a network of volunteers and professionals to help improve the effectiveness of donations. In partnership with the Sri Lanka Medical Supplies Division, the SLRCS has compiled aid packages that collect the needs across multiple hospitals to help achieve bulk price discounts from suppliers. SLRCS volunteers help negotiate prices and coordinate invoicing and shipping logistics. Elixir facilitates transparency and accountability throughout the entire supply chain.

The ICRC in Sri Lanka addresses the remaining humanitarian needs of the past conflict, advocating for and responding to the needs of families of missing persons while promoting international humanitarian law among the armed forces, academia and religious circles. The ICRC also works to strengthen local medicolegal capacities and helps authorities improve the conditions of detention facilities and the treatment of detainees. The ICRC partners with SLRCS and is presently supporting its humanitarian response to the current crisis with a focus on the donation of medical equipment to the healthcare system and economic assistance to vulnerable people. A total of 10,000 blood bags were already donated to the Ministry of Health by the ICRC in collaboration with the SLRCS. The ICRC is also working with the SLRCS to provide emergency relief assistance to approximately 6,000 vulnerable households in 12 districts that have been impacted by the crisis.

## 5 Methodologies

The assessment involved a face-to-face household-level survey of 2,871 respondents in 11 districts across nine provinces, a separate case study of 300 households from 10 estates in Nuwara Eliya, 24 FGDs, 14 KIIs, and a predictive analysis, framed by extensive secondary data.

The study team was made up of two people from SRLCS and six from IFRC, and involved the extensive SLRCS branch, sub-branch and community volunteer network in the collection of data. Coordination of activities, quality management and oversight at the district level were provided by the SLRCS Branch Executive Officers. Data collection for the survey, FGDs and KIIs took place between 8 and 26 September 2022.

The SLRCS and IFRC developed the assessment tools jointly based on a practical understanding of food security and livelihoods, health and protection issues, and community-focused data collection. Primary themes were in line with UN OCHA priorities and the interests of the wider humanitarian coordination structure.

### 5.1 Multi-sector survey

A multi-stage stratified survey was performed between the 8 and 20 September 2022 via face-to-face interviews of 2,871 households, covering urban and rural sectors in 11 districts in 9 provinces. The 11 districts were chosen to ensure coverage of the urban/rural sectors, major ethnicities, and livelihood sources. In addition, a separate case study of estates in Nuwara Eliya was performed, sampling 300 households from 10 estates.

Districts and their characteristics (ethnicity, location (urban, rural and estate) and the number of households) are shown in Table 1. Those districts that were included in the different components of the assessment are marked in bold. Districts were chosen to include representation from all provinces, with broad geographic and environmental coverage, and a range of ethnicities, circumstances, and livelihoods. SLRCS branch capacity was one of the background factors, particularly for focus group discussions and KIIs.

*Table 1: Survey districts*

Province	District	Distribution of people's ethnicity*			Number of households* (Average size of 4.2 people)			Surveyed** households		
		S (%)	T (%)	O (%)	Urban (N)	Rural (N)	Estate (N)	U (N)	R (N)	E (N)
Central	Kandy	74	11	15	43 632	295 685	21 275			
	Matale	81	10	9	18 894	111 758	3 350			
	<b>Nuwara Eliya</b>	<b>40</b>	<b>58</b>	<b>2</b>	<b>10 692</b>	<b>74 116</b>	<b>96 405</b>	<b>102</b>	<b>110</b>	<b>300</b>
Eastern	<b>Ampara</b>	<b>39</b>	<b>17</b>	<b>44</b>	<b>39 399</b>	<b>126 843</b>		<b>0</b>	<b>153</b>	<b>150</b>
	Batticaloa	1	73	26	39 820	98 443		0		
	Trincomalee	27	31	42	22 113	74 875		0		
Northern	<b>Jaffna</b>	<b>&lt;1</b>	<b>99</b>	<b>&lt;1</b>	<b>29 181</b>	<b>109 775</b>		<b>0</b>	<b>152</b>	<b>150</b>
	Kilinochchi	1	98	1	0	28 245		0		
	Mannar	2	81	17	6 285	17 888		0		
	<b>Mullaitivu</b>	<b>10</b>	<b>88</b>	<b>2</b>	<b>0</b>	<b>25 234</b>		<b>0</b>		<b>150</b>
	Vavuniya	10	83	7	9 097	34 849		0		
North Western	Kurunegala	91	1	8	8 950	436 300	2 238			
	<b>Puttalam</b>	<b>74</b>	<b>7</b>	<b>19</b>	<b>19 105</b>	<b>185 911</b>	<b>411</b>	<b>151</b>	<b>148</b>	
North Central	Anuradhapura	91	1	8	12 846	225 043		0		
	<b>Polonnaruwa</b>	<b>91</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>112 162</b>		<b>0</b>	<b>103</b>	<b>159</b>
Sabaragamuwa	<b>Kegalle</b>	<b>85</b>	<b>7</b>	<b>8</b>	<b>4 070</b>	<b>207 130</b>	<b>14 924</b>	<b>150</b>	<b>150</b>	
	Ratnapura	87	11	2	25 361	233 095	26 501			
Southern	<b>Galle</b>	<b>94</b>	<b>2</b>	<b>4</b>	<b>33 444</b>	<b>239 963</b>	<b>5 295</b>	<b>167</b>	<b>158</b>	
	Hambantota	97	<1	2	8 871	152 423		0		
	Matara	94	3	3	24 496	177 078	6 020			
Uva	Badulla	73	21	6	18 949	160 847	40 542			
	<b>Monaragala</b>	<b>95</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>122 386</b>	<b>2 117</b>		<b>150</b>	
Western	<b>Colombo</b>	<b>77</b>	<b>11</b>	<b>12</b>	<b>459 065</b>	<b>131 500</b>	<b>2 369</b>	<b>156</b>	<b>103</b>	
	Gampaha	91	4	5	101 095	518 502	620	158	151	

	Kalutara	87	4	9	28 722	273 484	9 990			
<b>Total</b>								<b>1,292</b>	<b>1,579</b>	<b>300</b>

\*Census of Population and Housing 2012. Definitions according to GoSL.

\*\*Urban definition used was a GN that has a population of at least 750 people and a population density of at least 500 people per km2. Rural definition was the inverse of the urban definition.<sup>45</sup>

S = Sinhalese, T = Tamil, O = Other, U = Urban, R = Rural, E = Estate

The multi-stage stratified survey and the case study were both analysed using multilevel regression models to account for the sampling structure, and higher-level estimates were obtained by weighting urban district and rural district estimates by population size (see Annex for further details).<sup>46</sup>

*Table 2: Survey sampling structure*

Survey type	Multi-stage stratified survey		Case study of estates in Nuwara Eliya
Data collection	Face-to-face interviews		
Analysis method	Multilevel regression and poststratification (MRP)		
Strata	11 districts (2 in Northern Province and 2 in Western Province, otherwise 1 district per province)		N/A
Substrata	Urban sector	Rural sector	N/A
Primary sampling units (PSU)	Divisional secretariat (DS) eligible for urban sampling n=3 per district* (SRSWOR)	Divisional secretariat (DS) eligible for rural sampling n=3 per district* (SRSWOR)	Estate n=10 (Convenience sample)
Secondary sampling units (SSU)	Grama Niladari n=5 per PSU (SRSWOR)	Grama Niladari n=5 per PSU (SRSWOR)	Households n=30 per PSU (Systematic sampling)
Tertiary sampling units (TSU)	Households n=10 per SSU (Systematic sampling)	Households n=10 per SSU (Convenience sampling)	N/A
Total sample size (planned)	<b>1,250 households</b>	<b>1,550 households</b>	<b>300 households</b>
Total sample size (collected)	<b>1,292 households</b>	<b>1,579 households</b>	<b>300 households</b>

SRSWOR = Simple random sampling without replacement

\*In some districts there were fewer than 3 DSs eligible for sampling and hence fewer DSs were sampled. A DS eligible for urban/rural sampling is a DS that has at least 10 urban/rural GNs and is within 20km of the RC local branch headquarters (10km in Nuwara Eliya). See Annex for details.

The process for implementing the survey involved questionnaire development, translation to local languages, uploading and formatting using the Kobo platform,<sup>47</sup> pre-testing and adjustment, development of guidelines for data collection, training for Branch Executive Officers, installation of the Kobo application on volunteer's mobile devices, volunteer training, follow up and technical support, tracking of progress and updates, data verification, and data cleaning.

### 5.1.1 Interpretation of survey results

Most of the questions for the multisector survey were asked at the household level, rather than the individual level. This includes questions on Samurdhi\* recipients and disability ("is at least one person in your household...?"). The average household size in this survey was 4.2 (Annex Table 3). The national prevalence for PLWD is 8.7 per cent,<sup>48</sup> which corresponds to an expected 32 per cent of households (containing 4.2 people) with at least one person with a disability. This survey's prevalence of households with at least one person with a (self-defined) disability was 50 per cent (Annex Table 3). Therefore this survey has an overrepresentation of households with people with disability. In 2020, the prevalence of Samurdhi recipients was approximately 8.2 per cent<sup>49</sup>, which corresponds to an expected 31 per cent of households (containing 4.2 people) with at least one Samurdhi recipient. This survey's prevalence of households with at least one Samurdhi recipient was 36 per cent. Therefore this survey has a slight overrepresentation of households with at least one Samurdhi recipient.

### 5.2 Focus group discussions

Twenty-four FGDs were completed to provide details, context and complementarity to the survey. Six district branches were chosen to administer focus groups, based on practical considerations,

\* Sri Lanka's flagship poverty reduction programme.

capacity, and geographic and ethnic representation. Four separate FGDs were organised in each participating district: adolescent girls, adolescent boys (aged 14 to 18 years), adult women and adult men.\*

Within each participating district, purposeful sampling was used to identify potential participants, based on those who were readily accessible, whilst also ensuring an inclusive range of participants from affected communities (for example, in terms of ethnicity, livelihoods, persons living with disability, age). Groups were limited to a maximum of fifteen.

Moderators and note-takers were nominated by the branch. Exceptionally, two team members also moderated focus groups in Gampaha and Ampara. Moderation involved a semi-structured approach with clear parameters, using a predetermined schedule, and scripts for prompts within the broad themes of food security and livelihoods, health and protection. Note-takers used a standard report format for recording.

At the start of each FGD, informed consent was sought from participants, and they were assured that no personal information would be published.

A simplified form of deductive content analysis<sup>50</sup> was used to sort, organise and interpret data.

*Table 3: Focus group discussions*

District	No. of FGDs	No. of participants				Total
		Men	Women	Boys	Girls	
Gampaha	5	14	35	14	20	83
Colombo	4	13	20	14	12	59
Galle	4	13	12	7	14	46
Jaffna	4	14	15	17	12	58
Nuwara Eliya	3	12	19	0	13	44
Ampara	4	16	16	10	16	58
<b>Total</b>	<b>24</b>	<b>82</b>	<b>117</b>	<b>62</b>	<b>87</b>	<b>348</b>

### 5.3 Key informant interviews

Interviewees were approached because they had particularly informed perspectives and first-hand knowledge on aspects of the current crisis in the thematic areas of food security and livelihoods, health and protection, and other relevant sectoral interests, mainly at district government and central levels, identified by the assessment team and SLRCS.<sup>†</sup>

Interviewers were drawn from the assessment team (three interviews) and SLRCS Branch Executive Officers (12 interviews).

The interviews were loosely structured, relying on a thematic list of issues to be discussed, specific to the sectoral focus of the interviewee. Interviewers also framed questions spontaneously, probed for information and took notes, which were summarised later.

Transcripts and summaries were used directly to help interpret and complement quantitative data and for insights into possible recommendations.

\* It was only possible to complete three FGDs in Nuwera Eliya, because of capacity and time constraints. An additional (fifth) FGD involving female garment factory workers was completed in Gampaha.

† KIIs were limited to three districts and the national level so as not to over-burden SLRCS branches, and the range of interviewees was limited because of time constraints and practicalities.

Table 4: KIIs

	<b>District</b>	<b>Sector</b>	<b>Role</b>
1	Gampaha	Public Administration	Government official
2	Gampaha	Education	Deputy Principal
3	Gampaha	Protection	Government official
4	Gampaha	Fisheries	Government official
5	Ampara	Health	Government official
6	Ampara	Health	Government official
7	Ampara	Agriculture	Government official
8	Ampara	Protection	Government official
9	Jaffna	Fisheries	Trade Union representative
10	Jaffna	Education	Government official
11	Jaffna	Protection	Government official
12	Jaffna	Health	Government official
13	National	Estate	Government officials
14	National	Protection	Government official
15	National	Disability	Non-governmental organisation representative

#### 5.4 Scenario building and anticipatory analysis

Scenario building is a method to describe a set of possible futures for decision-making.<sup>51</sup> As a result of this method, a range of possible futures is presented as story narratives integrating the identified driving forces, main trends of developments, and a set of uncertainties that can influence these developments. The resulting set of scenarios facilitates decision-making by enabling users to select their most preferred future and promote the conditions for its realisation.

In this assessment, the purpose of the scenario-building exercise was to identify a set of hazards relevant to Sri Lanka and build scenarios for the national response to these hazards, in the current country situation, under two conditions: if a comprehensive humanitarian response is provided to the present humanitarian crisis, and if it is not provided or is insufficient and/or uncoordinated. Analysis of the scenarios aims to identify what course of action would enable the most favourable scenario, and what is the most unfavourable scenario to be ready for. Scenario-building will contribute to the predictive analysis of this assessment.

The scenario-building exercise was implemented through facilitated discussions of a group of the SLRCS and IFRC experts - specialists in Disaster Management, Preparedness, psychosocial support (PSS), Health, WASH and First Aid. The exercise consisted of four stages:

1. Establishing a shared understanding of the current situation in Sri Lanka and of the SLRCS's capacities: implemented by discussing the experts' experiences and knowledge of the current country situation, using as a background the secondary data analysis of the current country situation, produced for this assessment.
2. Identification of possible hazards relevant for Sri Lanka: implemented through a probability and impact assessment.\* The participants identified a set of currently probable hazards as driving factors for further scenario-building: civil unrest, vast floods, the spread of dengue, and tsunami (the 'black swan' event – an unlikely, unpredictable but possible event with a severe impact in case it occurs).

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\* Every risk event, whether it is a threat or an opportunity, has two characteristics: the probability that it might happen and the impact it would have if it did happen. Probability and impact assessment involves assessing risk events for their probability and impact using a simple matrix.

3. Development of response scenarios to the chosen set of hazards under two conditions: if a comprehensive humanitarian response is provided to the current humanitarian crisis in Sri Lanka, and if it is not provided or is insufficient, fragmented, and uncoordinated.
4. Analysis of the developed scenarios: the analysis integrates all information produced within the exercise, to identify the most favourable and the most unfavourable scenario, and actions relevant for the favourable future.

The anticipatory analysis in this assessment integrates the ‘future-related’ findings of the survey, the KIIs, FGDs, the results of the scenario-building, and secondary-sources analysis. The conclusions are based on using these findings as a forecast, by means of trend\* and tendency† analysis.

### 5.5 Limitations

This assessment is not statistically representative of Sri Lanka as a nation but is intended to provide insights into the humanitarian impact of the crisis, and confirmation of concerns, needs and priorities, particularly at the community level. The purposeful sampling/selection of 11 districts for the survey provides a representative overview of the urban and rural sectors in the 11 districts that were selected. The case study of estates in Nuwara Eliya may not be representative of all estates in Sri Lanka (or even Nuwara Eliya) but is still useful as a source of more information. Small communities might not be captured.‡

The assessment did not consider wider concerns as to how the current crisis is affecting macroeconomic or political fault lines and breaking points.

## 6 Assessment findings

Overall, 96 per cent of households that were surveyed have been affected by the current crisis: 98 per cent of rural, 95 per cent of urban and 97 per cent of estate households state that they have been affected. (Annex figure 2).

Within households affected by the current crisis, 83 per cent of urban, 82 per cent of rural and 70 per cent of estate households expect the duration of current difficulties to last for two years or more years (Annex figure 3).

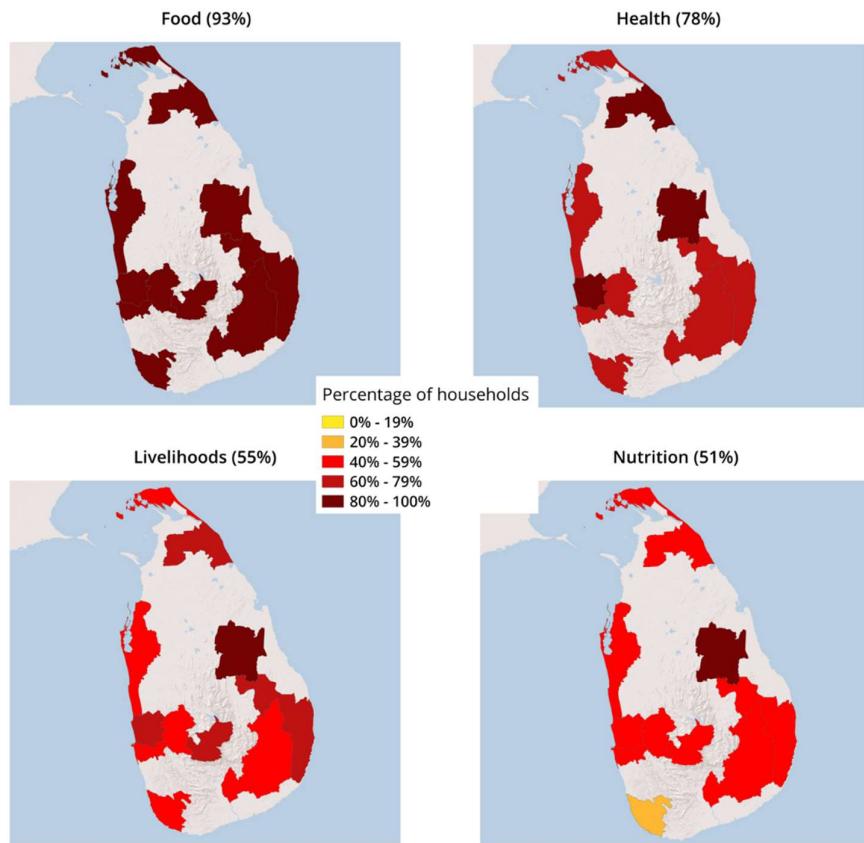
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\* Trend analysis makes future predictions based on historical data observed over a period of time sufficient to spot patterns in events.

† Tendency analysis is based on observations of enabling factors to something that may happen in the future or on deviations from the patterns considered normal for the phenomenon under observation.

‡ The purposeful selection of districts from within the 11 included in the survey to administer focus group discussions (six districts) and key informant interviews (three districts and central level), and purposeful/convenience selection of participants/interviewees was based on expediency and capacities, and to triangulate survey data expeditiously.

## 6.1 Main effects of the current crisis



*Figure 2: Percentage of affected households severely affected by category*

Households have been affected in multiple dimensions, principally in the areas of food (93 per cent), health (78 per cent), livelihoods (55 per cent), Nutrition (51 per cent), plans and hopes for the future (46 per cent), psychological wellbeing (45 per cent) and child education (34 per cent). (Annex figure 4).

Focus group discussions broadly corroborate these findings: when asked to name their *single* most significant concern, 26 per cent of participants cited concerns in the area of income, food security and poverty (and 13 per cent listed the related area of inflation), another 25 per cent had primary concerns about protection and society, and 12 per cent prioritised health issues.

## 6.2 Food security, nutrition and livelihoods – key findings

The economic crisis has had direct, primary, measurable effects on food security and livelihoods for large sections of the population. The effects on food security and livelihoods are relatively uniform across geographic and demographic categories. The analysis below represents a bleak but generally consistent picture, in line with other surveys, and the findings are accordingly quite straightforward. The consequences of food insecurity and disruption of livelihoods are seen in the areas of health and protection, and other fields.

### 6.2.1 Change in household income

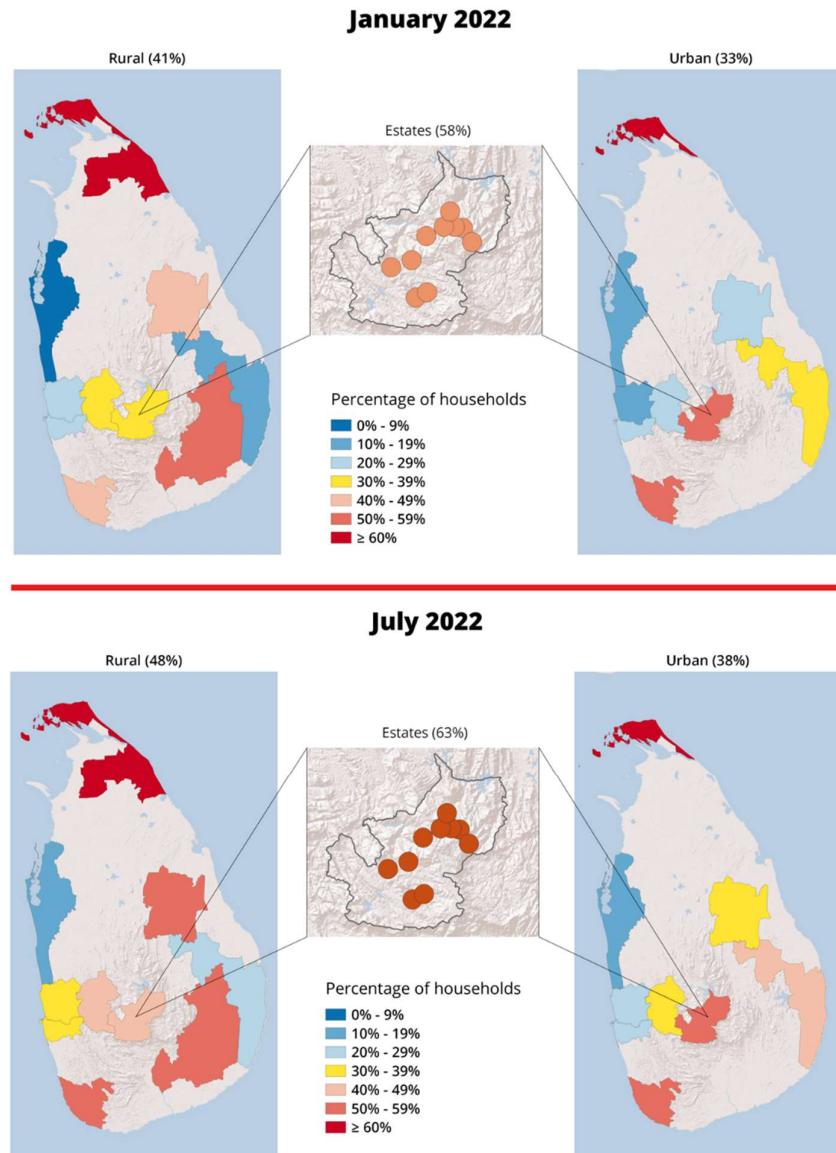


Figure 3: Percentage of households reporting a monthly income below 20,000 LKR

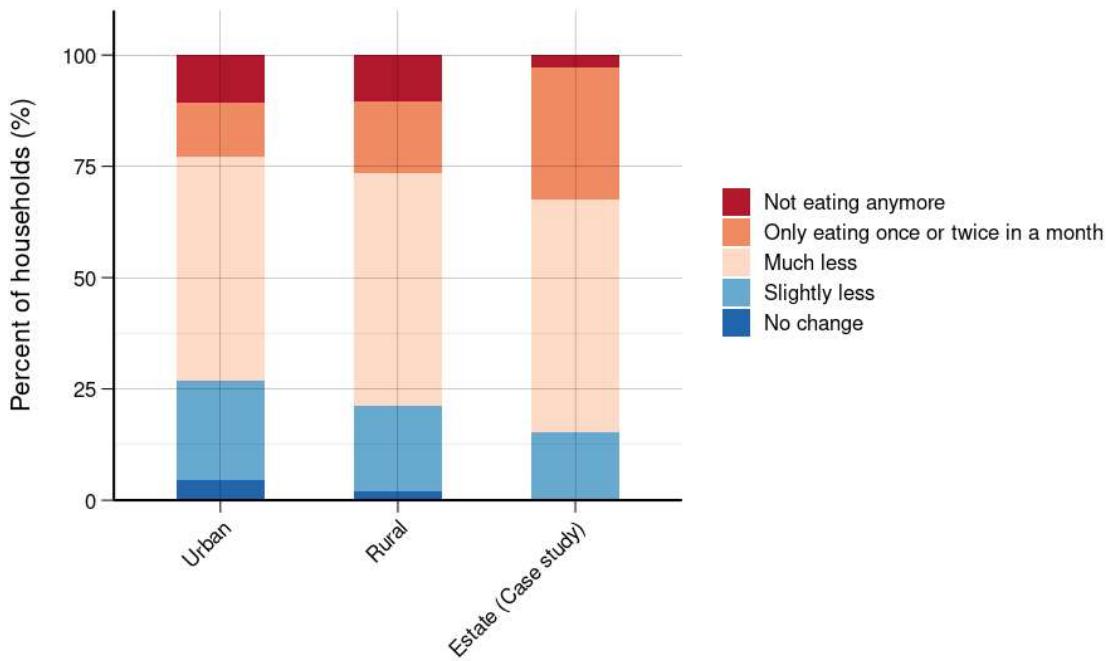
Thirty per cent of households had a monthly average income of less than 10,000 LKR in July 2022, compared with 22 per cent in January 2022, and there have been similar reductions in other income brackets. The figures indicate that the average household income level has decreased considerably, and FGDs suggest that middle-income group families are now falling into poverty. According to FDGs, most income has been lost by agricultural communities, fishing communities and daily income earners.

### 6.2.2 Access to food and nutrition

Eighty-seven per cent of rural, 85 per cent of urban and 83 per cent of estate households had significantly worsened access to food because of the crisis. (Annex Figure 7)

Most affected households were those with main income from fishing (89 per cent), households with children (87 per cent), and households with pregnant women (86 per cent). (Annex Table 7)

Of those households with worse access to food, 98 per cent mentioned the increased cost of food, 75 per cent mentioned reduced income and 56 per cent mentioned a lack of food available in the local market. (Annex figure 8)



*Figure 4: Change in household consumption of animal products since the crisis started*

Fifty per cent of urban and 52 per cent of rural and estate households were consuming much less animal products (meat, fish, milk, egg) since the crisis started. Also, 11 per cent of households in rural and urban locations and 3 per cent of estate households are not now eating any animal products.

According to FGDs, the price of animal products has increased significantly, while the purchasing power of households has reduced, such that people can no longer afford to buy animal products.

Sixty-five per cent of rural, 54 per cent of urban and 73 per cent of estate households state that children's nutrition has worsened since the crisis started. (Annex Figure 19)

#### 6.2.3 Coping strategies and changes in practices and behaviour

Seventy-six per cent of respondent households confirmed that they are eating less preferred food, 70 per cent mentioned limiting portions at mealtime, 37 per cent mentioned reducing the number of meals, 28 per cent limiting adult intake and prioritizing children and 16 per cent borrowing food from friends and relatives. (Annex Figure 10)

The availability of cooking fuel may have also had an impact on diet and eating habits. Overall, 78 per cent of households had worsened access to cooking fuel because of the crisis, rising to 86 per cent in the estates. (Annex Figure 6)

Rural households report an increase in home gardening and livestock rearing (44 per cent) as they generally have access to land, but there are understandably fewer urban households (24 per cent) reporting this change. Thirty-four per cent of estate households have increased their home gardening and livestock-rearing activities. (Annex Figure 79)

In the past four weeks, 86 per cent of households have reduced their non-food expenditure, 41 per cent have bought food on credit, 32 per cent have spent savings, 30 per cent have taken new loans or borrowed money, and 29 per cent have sold or pawned household assets. (Annex Figure 12).

#### **6.2.4 Indebtedness**

Sixty-four per cent of rural, 51 per cent of urban and 84 per cent of estate households stated that they have debt due to the current crisis. Additionally, the level of borrowing has generally increased. (Annex Figure 14)

More households with the main income of farming (71 per cent) and fishing (70 per cent) are indebted, whereas, in households with a monthly average income of more than LKR 80,000, only 35 per cent have debt due to the current crisis. (Annex Table 8)

For those that have debt because of the current crisis, the main source of borrowing is through banks for both urban (55 per cent) and rural (54 per cent) households. The second source is the pawning of assets for both rural (39 per cent) and urban (33 per cent) households, and 24 per cent of households have taken loans from family and friends. Fifty-six per cent of estate households have borrowed from family and friends. (Annex Figure 13)

#### **6.2.5 Food security, livelihoods and nutrition discussion**

The multi-sector survey demonstrates that the only groups that are consistently less vulnerable in terms of food security and livelihoods are households with an income of at least 80,000 LKR per month (Jan 2022), and households with a university-educated person. The effects are otherwise quite pervasive, and affect all categories of households, in both rural and urban settings, but particularly affect households with the main income from fishing.

Estate households already went into the current crisis at a disadvantage, but they are now in an even more precarious situation and fare more poorly than other survey householders in most survey questions. Increasing levels of indebtedness across all sectors (but more so in rural and especially estate sectors, and in households with the main income from fishing or farming) is particularly worrisome.

The KIs underscore the serious challenges and consequences in relation to food security, livelihoods and nutrition due to the crisis, as shown in the following table.

Table 5: KIs – food security, nutrition and livelihoods

Current impact	Urgent attention needed
<ul style="list-style-type: none"> <li>• Agriculture           <ul style="list-style-type: none"> <li>◦ High expenditure for seeds and the inability to obtain sufficient seeds for cultivation.</li> <li>◦ High fuel cost affecting the pre-cultivation activity of preparing the ground and difficulties.</li> <li>◦ The inability to attend to the basics of cultivation in a timely manner, leading to poor harvest.</li> <li>◦ Increase in crop disease, pests and poor weather conditions.</li> <li>◦ Unable to purchase agricultural equipment.</li> <li>◦ Increased debt of farmers.</li> </ul> </li> <li>• Fishing           <ul style="list-style-type: none"> <li>◦ Many boats have been withdrawn from fishing due to shortage and high price of fuel.</li> <li>◦ Fish is a major source of protein in the diet. Reduced fish in the diet impact nutrition directly.</li> <li>◦ Increased stress has resulted in aggressiveness in most people and this has made it difficult to resolve disputes and conflicts.</li> </ul> </li> <li>• General           <ul style="list-style-type: none"> <li>◦ The decline in farming and fishing activities has directly impacted the daily wage labourers associated with these industries.</li> <li>◦ Many construction projects have been halted because of price increase of materials, which have directly impacted the construction labours.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Food security           <ul style="list-style-type: none"> <li>◦ Improve food security – flour subsidy as a minimum.</li> </ul> </li> <li>• Relief services to the lowest strata of the community.</li> <li>• A relief package for government employers as an incentive.</li> <li>• Services to the community           <ul style="list-style-type: none"> <li>◦ Sufficient resources to provide an effective and efficient service.</li> <li>◦ Restructuring of all administrative methods from top to bottom to mitigate the crisis.</li> </ul> </li> <li>• Income-generating activities – focus on providing livelihood opportunities.</li> <li>• Education – Provision of school meals to be prioritized to prevent students from dropping out of school.</li> <li>• Relocate families living in disaster-prone areas.</li> </ul>

Consequences within three months	Consequences within a year
<ul style="list-style-type: none"> <li>• Inability to obtain the basic needs – food, water and medicines.</li> <li>• Unable to maintain cultivations.</li> <li>• Conflicts within families and between families.</li> <li>• Stopping fishing altogether.</li> <li>• Social violence – increased incidence of fights between individuals and groups using weapons.</li> <li>• Disruption of the school education of children.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased debt.</li> <li>• Increase in theft/robberies.</li> <li>• Suicides will increase.</li> <li>• High mental stress leading to social and family violence.</li> <li>• Nutritional deficiencies.</li> <li>• Severe shortage of food items/famine.</li> <li>• Pushed into illegally earning money.</li> <li>• Deaths will increase.</li> <li>• Living with severe mental stress.</li> <li>• Malnutrition will increase.</li> </ul>

Participants in FGDs also shared similar fears about food security and livelihoods for 2023: That food and agriculture systems will no longer function, households might not recover from this situation, community members might compete for food items, income and purchasing power will further reduce, households will lose properties and will become more indebted. That householders will have to skip meals more often, families will no longer be able to afford child education, school dropout and absence will increase, and the education of a generation will be affected. These fears had broad support over most demographic groups and geographical areas.

Proposed interventions in the community focused on:

- Support for gardening, agriculture and home food production, including eco-friendly agriculture, such as forest market gardening, cereal food production and home gardening.
- Activities involving community engagement and community-based economics, including the creation of a safety net mechanism within the community, bartering and sharing of common assets (such as tools, and equipment), development of financial and market literacy at the community level, community kitchens and alternative livelihood opportunities.
- Family-based ‘home economics’, involving areas such as foods and nutrition, financial literacy and family economics, child development and family relations.

Among FGDs, there was a strongly held perceived need for outside support for livelihoods, vocational training and education. Suggestions included cash or in-kind donations and financial grants for livelihood interventions, creation of sustainable markets (both inputs and sale of products), investments for self-employment opportunities, assistance to youngers to start income-generating activities, and engaging youth in vocational training and job opportunities.

In addition, nutritional support (particularly the need for food at the school level) and support for improved community-level financial management (for example, microfinance) were highlighted.

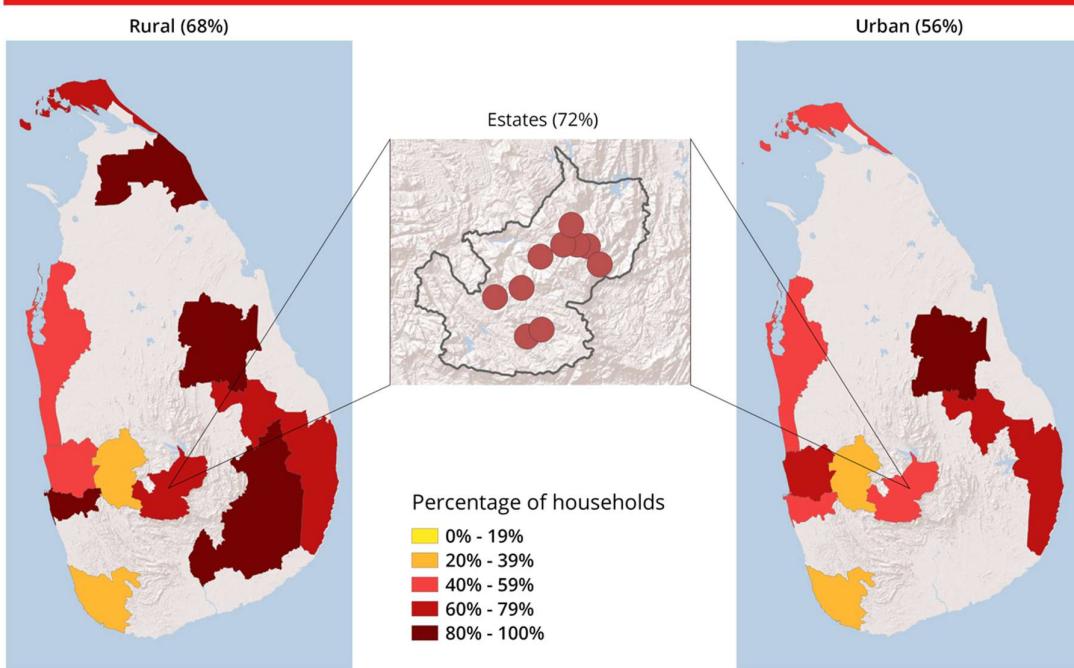
In general terms, communities clearly understand that they must look within to alleviate some of the food security and livelihoods effects of the economic crisis, but also that there is a limit to their capacities and resilience. Many of the suggested areas require empowerment, and there was a strong view that external support, guidance and vocational training would be helpful to develop and maintain livelihoods. Equally, communities are deeply concerned about the nutritional consequences, particularly for children, and see scope for support at community and family levels (for example, home gardening), as well as at the institutional level (for example, additional support for school meals).

*Table 6: The two main concerns of each focus group discussion relating to food security, nutrition and livelihoods*

Concerns	FGDs	
Eating foods with less nutritional value, cheaper foods, sacrificing portions of food for children.	24	Broad support
Children are not consuming nutritional food (milk, egg and cereals).	24	Broad support
Loss of livelihoods - skilled, unskilled and self-employed workers with reduced daily and monthly earnings	24	Broad support
Price of essential commodities has increased rapidly so that monthly expenditure has approximately tripled.	24	Broad support
Consumption of food reduced, and meal frequency reduced from 3 to 2 or 1 meal per day.	18	Broad support
Agriculture and fishing communities have lost their income and livelihoods due to the fuel shortage and increased fuel prices.	2	Women in Jaffna and Ampara
Inability to pay loans, spent all forms of saving at household level.	3	Ampara Men, Gampaha Women and Galle Boys

## 6.3 Health – key findings

### 6.3.1 Self-reported overall health



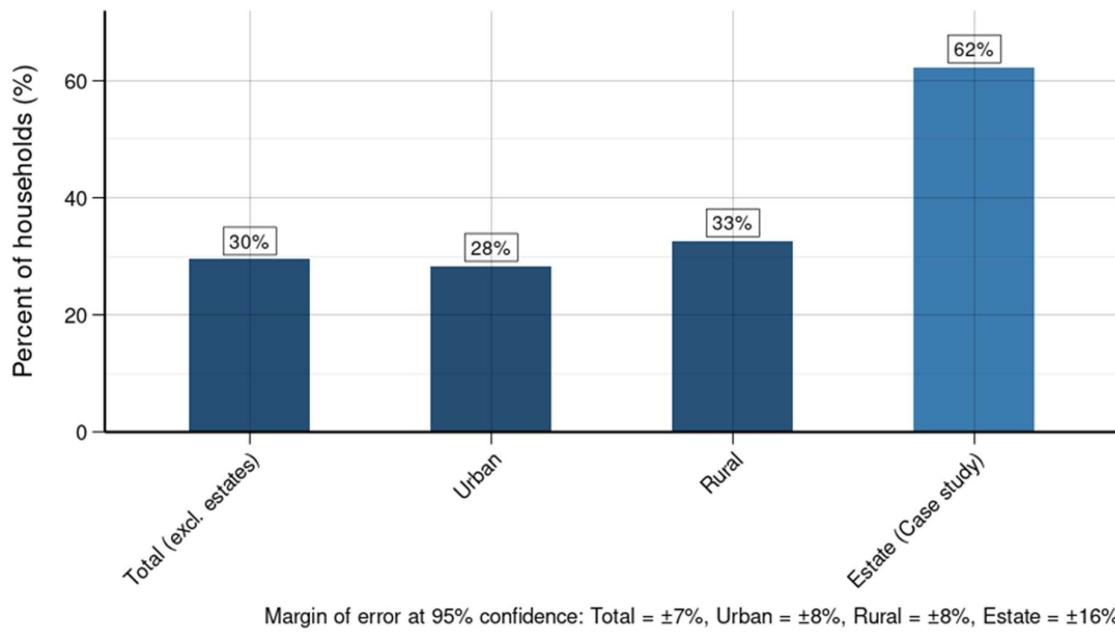
*Figure 5: Percentage of households reporting worsened health, comparing January 2022 to September 2022*

Fifty-nine percent of households reported worse overall health in September 2022 compared to January 2022 (Annex Figure 31). The response differed by sectors, with more estate households (72 per cent) and rural households (68 per cent) being affected than urban households (56 per cent) (Annex Figure 31).

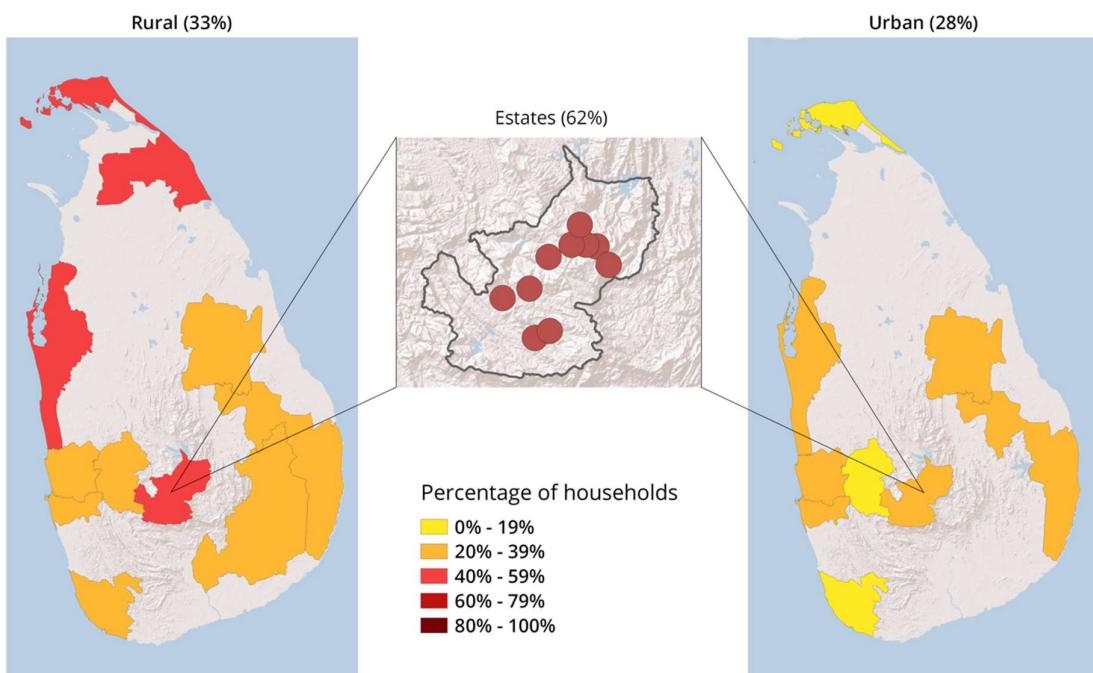
Households with pregnant women (68 per cent) and with their main income from fishing (Jan 2022) (74 per cent) were more affected (Annex Table 13). Households with income of at least 80,000 LKR per month in January 2022 (30 per cent) and with at least one university educated person (48 per cent) were less affected (Annex Table 13).

The FGDs mirrored these results; an increase in death and worse health were frequently mentioned as fears for 2023, reflecting the general trend of worsening health. The Male FGD in Nuwara Eliya estates expressed that their largest concern was being forced to work while sick, and other FGDs in Nuwara Eliya estates focused heavily on worsening health due to worsening access to clean water and lack of health facilities, possibly offering some insight into the 72 per cent of estate households with worsening health.

### 6.3.2 Access to healthcare services



*Figure 6: Within households that needed a healthcare service within the last three months:  
Percentage that couldn't access one or more services*

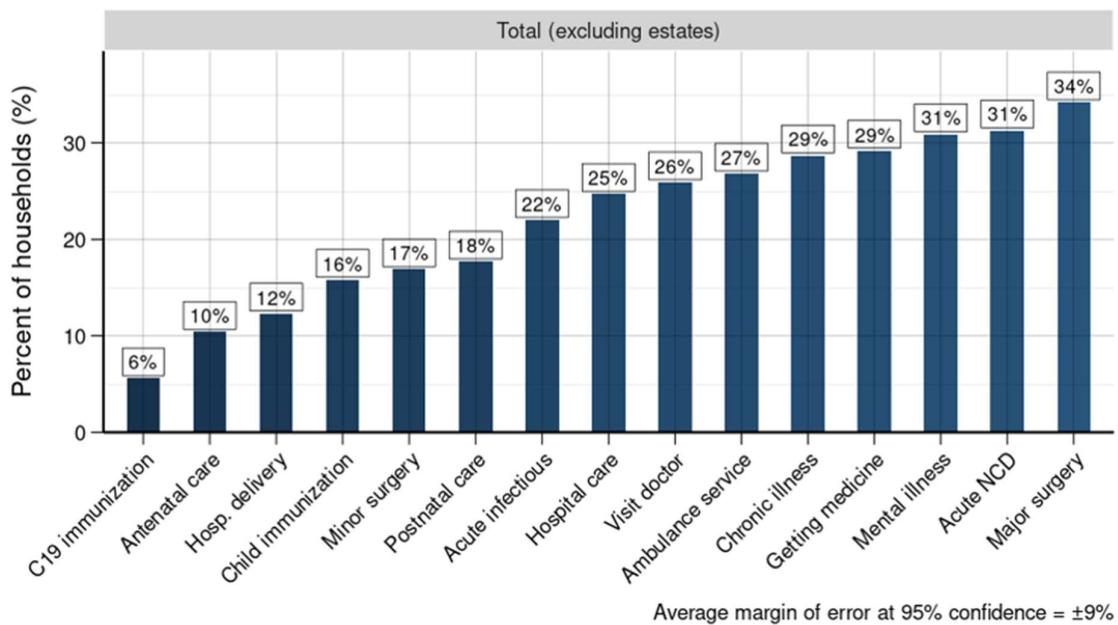


*Figure 7: Within households that needed a healthcare service within the last three months: Percentage that couldn't access one or more services*

Thirty per cent of households reported that they could not access one or more needed healthcare services in the last three months (Annex Figure 34). Inaccessibility in urban households was 28 per cent, with urban districts varying between 15 per cent and 39 per cent. In rural households, it was 33 per cent, with rural districts varying between 21 per cent and 52 per cent. In estates, it was 62 per cent (Annex Figure 155).

Many FGDs revealed that as a response to this crisis, they wanted their communities to become more self-sufficient and have healthcare services available where they live. The male FGDs in Nuwara Eliya estates expressed concern that the head of the family had to go to work while sick to earn their wages, and that there was an increase in deaths due to people not being able to afford medicines. Other FGDs in Nuwara Eliya estates expressed concern that there was a lack of healthcare facilities, there was a delay in taking emergency patients to the hospital due to increased travel expenses, and there was an increase in people who cannot afford medicines.

KIIs identified that, due to the crisis, hospitals are unable to provide complete services and are limiting essential services. KIIs also identified that well woman clinics, antenatal services, infectious disease prevention activities, and immunization services have been negatively affected due to the crisis.

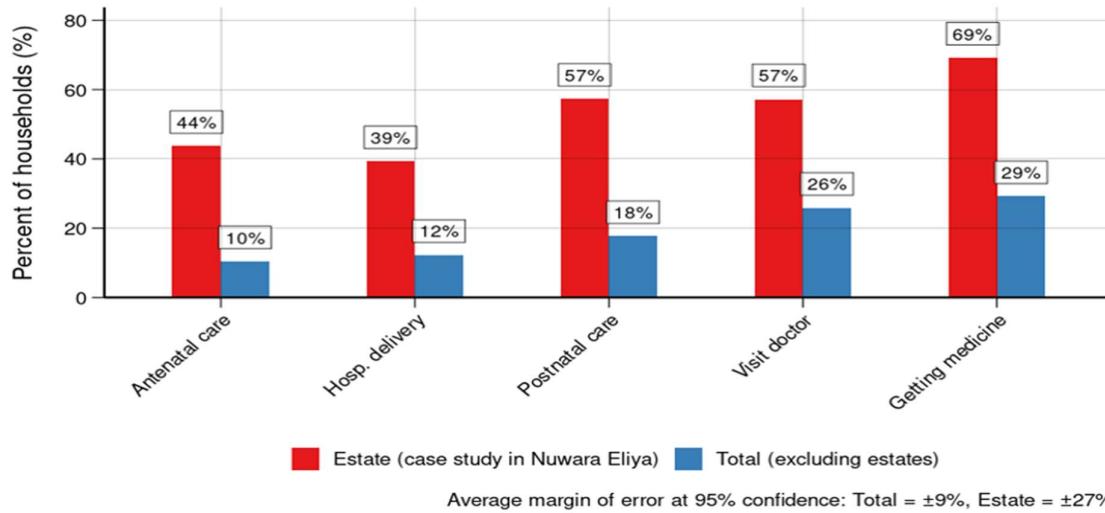


*Figure 8: Within households that needed a healthcare service within the last three months:  
Percentage that couldn't access the service*

Most healthcare services have been inaccessible to at least one in five households who needed them over the past three months (Annex Figure 35).

Many FGDs revealed that as a response to this crisis, they wanted their communities to become more self-sufficient. Two frequently given examples of this were preventative/ healthy habits and ayurvedic medicine.

A more detailed analysis concerning each of the categories of health service in the graph above is included in an appendix.



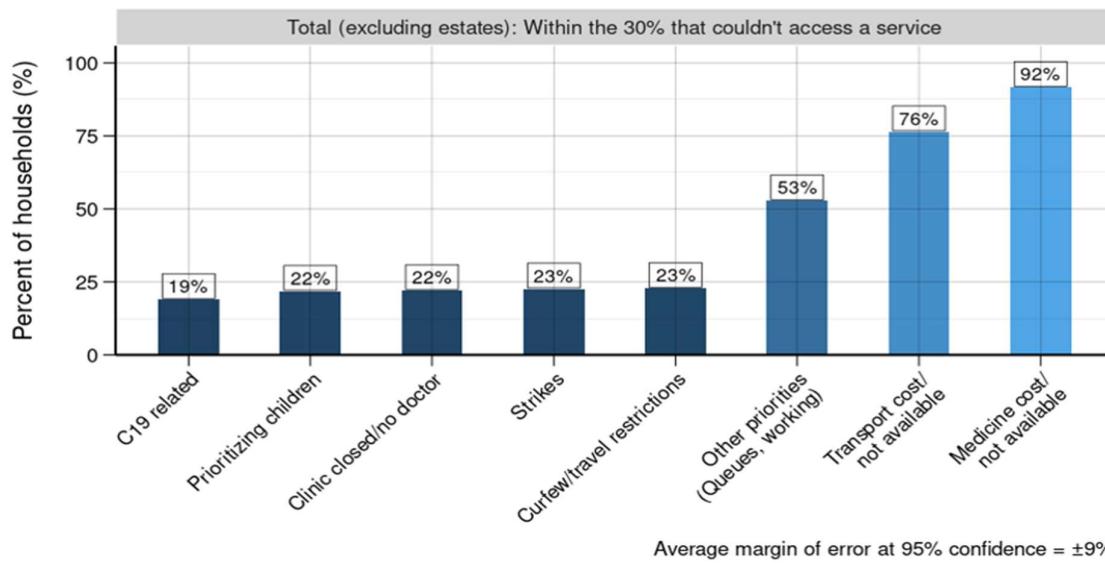
*Figure 9: Within households that needed a healthcare service within the last three months:  
Percentage that couldn't access the service (selected indicators)*

Estate households, compared to urban and rural households, were less able to access some healthcare services: Getting medicine (69 per cent vs 29 per cent), visiting a doctor (57 per cent vs 26 per cent), postnatal care (57 per cent vs 18 per cent), hospital delivery (39 per cent vs 12 per cent), and antenatal care (44 per cent vs 10 per cent) (Annex Figure 37).

The female FGD in Nuwara Eliya estates expressed that they had a lack of health facilities, patients were affected due to increases in medical expenses, patients were dying due to a lack of medicine, and children, elderly, and pregnant women were affected by a lack of medicines.

A KII highlighted that the health-seeking practices of the estate population were poor even before the crisis, but it has further deteriorated now due to the severe lack of medicines in the estate healthcare centres. They also mentioned that malnourishment among pregnant and lactating mothers in the estate sector is increasing.

### 6.3.3 Reasons for not accessing healthcare services

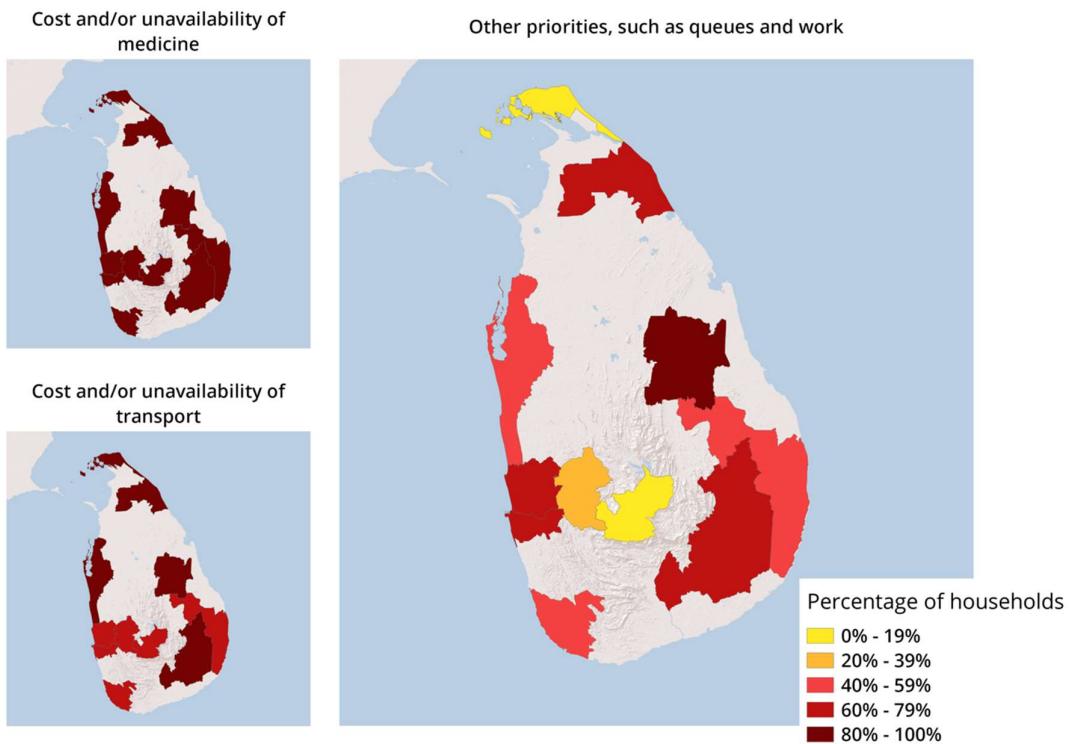


*Figure 10: Within households that couldn't access a healthcare service within the last three months:*

*Reason for not accessing service*

Three main reasons were given for households not being able to access a healthcare service: Medicine cost/not available (92 per cent), transport cost/not available (76 per cent), and other priorities (queues, working, etc) (53 per cent) (Annex Figure 38).

This is consistent with the results from the FGDs, where the first and fourth most frequent important concerns raised were medicine cost/availability and travel cost/availability.



*Figure 11: Reasons for households not being able to access health services when needed (over the last three months)*

Cost and/or availability of medicine/transport affect both service recipients and service providers. KIIs identified that, due to the crisis, some hospitals lack medicine and fuel. Furthermore, due to the fuel crisis, transferring patients between hospitals and referring patients for tests/investigations outside of the hospital is very difficult. Due to the fuel crisis, Public Health Midwives have reduced their field visits, so the quality of antenatal services has been negatively affected. The fuel crisis has also stopped Public Health Inspectors from conducting field activities, so disease prevention activities have also been negatively affected.

#### 6.3.4 Menstrual hygiene

According to the household survey, 68 per cent perceived that access to and availability of menstrual hygiene management products has worsened compared to January 2022 (Annex Figure 50). The proportion in the estate sector was the highest (74 per cent). Households with women reporting their menstrual hygiene are worse now compared to January 2022 is 41 per cent (Annex Figure 131). The least affected were those with a household income of over 80,000 LKR (Annex Table 100). Three women groups and two adolescent girls' focus groups complained about the high cost of sanitary napkins. One girls group stated that 'Without proper menstrual materials adolescent girls avoid going to school during their period'.

The cost of a pack of sanitary napkins increased almost threefold during the last three months, and making it less affordable to low-income groups. Sri Lanka's absolute household 'period poverty'\* rate is approximately 50 per cent.<sup>† 52</sup>

### 6.3.5 Health discussion

The multi-sector survey highlights that the following groups are more vulnerable with regards to health: Households with their main income from fishing (Jan 2022), households with a pregnant woman, and households in the estates (especially with regards to maternal health). Households with an income of at least 80,000 LKR per month (Jan 2022) are less vulnerable concerning health.

The KIIs highlight serious breakdowns in the health sector due to the crisis. Their predicted consequences stretch over nearly all aspects of health in Sri Lanka, as shown in the table below.

*Table 7: Key informant interviews - health*

Current impact	Urgent attention needed
<ul style="list-style-type: none"> <li>• Many patients are dying as an indirect impact of this crisis.</li> <li>• Patients must buy medicines from pharmacies because they are not available in the hospital.</li> <li>• Due to the inability of the hospital to do certain lab tests: <ul style="list-style-type: none"> <li>○ Early diagnosis and treatment of some conditions may be missed.</li> <li>○ Patients must spend a large amount of money to get them done in private laboratories.</li> </ul> </li> <li>• Poor nutrition: <ul style="list-style-type: none"> <li>○ Malnutrition.</li> <li>○ Increased number of low-birthweight children.</li> <li>○ Growth stunting of children.</li> </ul> </li> <li>• High incidence of anaemia amongst pregnant women.</li> <li>• Spread of communicable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• Scarcity of essential medicines, catheters and nasogastric tubes, equipment for operating theatres, ICUs, and PCUs, and equipment and reagents for laboratory tests.</li> <li>• Increase national self-sufficiency with regard to medical goods.</li> <li>• Fuel/transport issues: <ul style="list-style-type: none"> <li>○ Inability to send samples from patients for testing in other hospitals.</li> <li>○ Inability to transfer patients to higher health care institutions when required.</li> </ul> </li> <li>• Inability to perform routine maintenance activities of the hospital.</li> <li>• Malnutrition among pregnant mothers and children.</li> </ul>

\* The term 'period poverty' refers to difficulties faced by low-income women and girls in accessing menstrual products. Period poverty has many negative consequences for women and girls in addition to the health risks associated with poor menstrual hygiene. It severely limits the participation women in accessing services and their involvement in income generating activities and prevents girls from attending school on a regular basis.

† Around half of households with menstruating women do not buy sanitary towels as part of their household expenditure.

Consequences within three months	Consequences within a year
<ul style="list-style-type: none"> <li>• Free medical services will become disrupted.</li> <li>• Poor nutrition: <ul style="list-style-type: none"> <li>◦ Malnutrition.</li> <li>◦ Stunting of physical growth and development of poor intelligence.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Severe shortage of healthcare personnel due to emigration.</li> <li>• Increase in: <ul style="list-style-type: none"> <li>◦ Malnutrition.</li> <li>◦ Communicable diseases.</li> <li>◦ Non-communicable diseases.</li> <li>◦ Psychiatric conditions.</li> <li>◦ Suicide.</li> </ul> </li> <li>• Increase in disabilities (due to the lack of rehabilitative services).</li> <li>• Obstetric issues: <ul style="list-style-type: none"> <li>◦ Increase in the number of low birthweight children.</li> <li>◦ Increase in pregnancy-related complications.</li> <li>◦ Increase in home deliveries.</li> <li>◦ Increase in maternal mortality.</li> </ul> </li> </ul>

The FGDs also revealed that the main fears related to medicine cost/availability were that it would lead to, in 2023, an increase in death, general worse health for the population, societal collapse, and an increase in outbreaks of communicable diseases. These fears had broad support over most demographic groups and geographical areas.

Proposed interventions from the community were: preventative/health habits, ayurvedic medicine, community first aid (Jaffna), dengue prevention (Colombo, Gampaha, Jaffna), avoiding animals (men, women), free transport to health services (Jaffna), and society caring for people with mental illness (Ampara).

It is not surprising that FGDs in Colombo expressed a desire to become self-sufficient in dengue prevention, considering that Colombo Municipal Council has run out of chemicals and insecticides used for mosquito control, resulting in approximately 50,000 dengue patients admitted to public hospitals in the last eight months.<sup>40</sup>

Desired interventions from outside of the community were: education/training of the community to be more self-sufficient, local medical clinics (either permanent or mobile), financial assistance for purchasing medication from private pharmacies (men/women), importing more medicine/producing medicine in Sri Lanka (men/women in Ampara/Jaffna), free transport to health services (men/women in Ampara/Jaffna), promotion of Ayurvedic medicine (men/women in Ampara), dispensing of medicine at local clinics (men/women in Colombo), vaccinating vulnerable communities (Jaffna), school dental clinics (Galle), and strengthening the public health midwives service (Galle).

The response from the FGDs can be broadly interpreted as the communities feeling extremely vulnerable to external forces outside their control (both local community vs national, and national vs international). The communities want to mitigate this by strengthening services at the local level and becoming self-sufficient. The desire for self-sufficiency was expressed as both a desire for the local community to become less dependent upon resources outside of their community, and for Sri Lanka to become less dependent on international imports.

*Table 8 The main concerns of each focus group discussion relating to health, water and sanitation*

Main concerns	# FGDs	
Medicine cost/availability	19	Broad support
Water cost/availability	5	Broad support
Mental health	4	Broad support
Travel cost/availability	4	Jaffna and Nuwara Eliya
Illicit drug use	3	Women, boys, and girls
Nutrition	3	Women, boys, and girls
Increase in communicable diseases	2	Boys and girls
Menstrual hygiene	2	Women and girls
Poor health and WASH facilities at school	2	Ampara
Air pollution	1	Women in Nuwara Eliya
Elderly health	1	Women in Nuwara Eliya
Health getting worse	1	Men in Colombo
Lack of concern and care by doctors	1	Men in Galle
Overcrowded hospitals	1	Boys in Galle
Working while sick	1	Men in Nuwara Eliya

*Table 9: Focus group discussions: medicine cost and availability*

Main concern	
Medicine cost/availability	Broad support
Fears for 2023 with regards to medicine cost/availability	
Increase in death	Broad support
Worse health	Broad support
Medicine shortage continue	Broad support
Societal collapse	Men, women, boys
Outbreaks of communicable diseases	Jaffna women/girls, Colombo boys
Local efforts with regards to medicine cost/availability	
Prevention/healthy habits	Broad support
Ayurvedic medicine	Broad support
Community first aid	Jaffna
Dengue prevention	Colombo, Gampaha, Jaffna
Avoid animals	Men/women
Free transport to health services	Jaffna
Society caring for people with mental illness	Ampara
External efforts with regards to medicine cost/availability	
Educate/train community to be more self-sufficient	Broad support
Local medical clinics (either permanent or mobile)	Broad support
Financial assistance for purchasing medication from private pharmacies	Men/Women
Import more medicine/produce medicine in Sri Lanka	Men/women in Ampara/Jaffna
Free transport to health services	Men/women in Ampara/Jaffna
Promote Ayurvedic medicine	Men/women in Ampara
Dispense medicine at local clinics	Men/women in Colombo
Vaccinate vulnerable communities	Jaffna
School dental clinics	Galle
Strengthen public health midwives service	Galle

### 6.3.6 Water discussion

The second highest concern for the FGDs was water cost/availability. In many cases there were detailed and highly specific concerns, such as sewage and industrial runoff polluting water sources

(due to the crisis affecting the usual disposal mechanisms), or lapsed maintenance of their normal water sources. In many cases, the communities knew what needed to be done, but they needed help to target the specific issue affecting their specific community's water source.

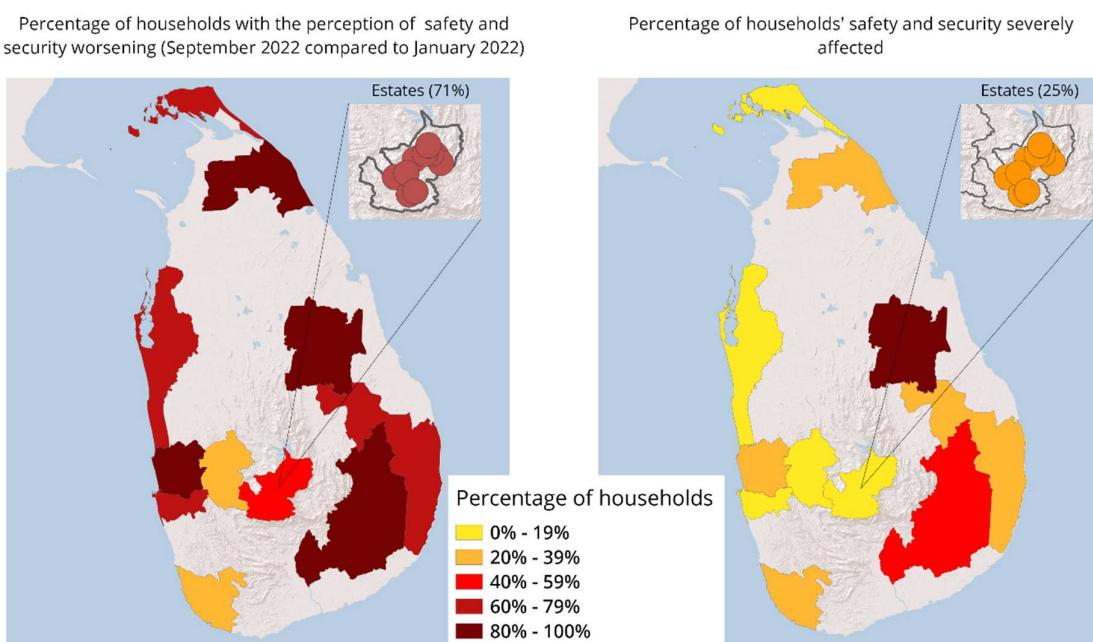
*Table 10 Focus group discussions: Water cost and availability*

<b>Second highest concern</b>	
Water cost/availability	Broad support
Fears for 2023 with regards to water cost/availability	
More illness	Broad support
Absenteeism	Boys/girls
Social violence	Boys/girls in Ampara
Water shortages	Jaffna
Worse hygiene	Colombo boys
Local efforts with regards to water cost/availability	
New/improved water sources	Broad support
Reduce water usage	Broad support
Reuse water	Colombo
Equitable water distribution	Jaffna
External efforts with regards to water cost/availability	
Financial and technical support to clean existing wells	Colombo

## 6.4 Protection, gender and inclusion – key findings

### 6.4.1 Safety and security

Since protection, gender and inclusion is a sensitive topic to broach, it was discussed with the household survey respondents in terms of safety and security. Violence against women and children was explored to some extent using this term in the household survey and more detail during the FGDs and KIIs.



*Figure 12: Overall impact of crisis: Safety and security*

Across all three sectors in which the household survey was conducted, the vast majority perceived that the overall security and safety situation has worsened since January 2022 (Annex Figure 40). More rural households (35 per cent) than urban (19 per cent) reported that their safety and security are severely affected. In estates, this figure was 22 per cent (Annex Figure 66). Overall, almost one in five households reported that their physical safety and security is an immediate need in the next three to six months (Annex figure 110).

In the FGDs, 11 groups identified the increasing number of robberies and thefts as their most significant protection issue and one group considered it their second most significant concern. Another 11 groups identified violence against women and children as the second most important protection concern for them.

Approximately 14 per cent of households believed that their safety and security will be compromised if their immediate needs are not met (Annex Figure 121). Households with their main income from farming (18 per cent) and Samurdhi beneficiaries (17 per cent) were the two groups that feared this most (Annex Table 90). This fear was also reflected in the FGDs, as 14 of the 24 groups were concerned that their physical safety will be compromised, with some saying that they will be 'paralyzed by fear.' In addition, women and boys from Gampaha feared that the situation would deteriorate - with people stealing food items from homes and in the streets. Many key informants expressed similar concerns.

Overall, the findings indicate that safety and security are widespread concerns for most of the study population.

#### **6.4.2 Sexual and gender-based violence**

Perceptions about groups at risk of SGBV were very similar in all the districts surveyed, with the majority perceiving an increased risk for women (68 per cent) and adolescent girls aged 12-18 years (68 per cent). The perception of the risk of SGBV to LGBTQ\* persons was low among most districts and sectors. (Annex Figure 180 and Figure 189). Interestingly, the demographic group with the highest perception of the risk of SGBV to LGBTQ persons were households that had a member with university-level education (10 per cent) (Annex Table 158).

At the end of the FGDs, two groups (adolescent girls of Jaffna and women from Nuwera Eliya) placed SGBV as one of the most important issues out of all the issues impacting their communities. Three other groups identified sexual abuse and harassment as issues or fears that they are currently facing.

#### **6.4.3 Conflict within families**

Conflict within families is a less threatening term (as used in the survey) to refer to domestic violence.

A high proportion of households from Moneragala (45 per cent), Jaffna (44 per cent), Ampara (42 per cent) and Mullaitivu (39 per cent) reported that increasing family conflict was one of the probable impacts if their immediate household needs were not met. The rate reported by the estates was 28 per cent (Annex Figure 115). In the demographic categories, the perception was highest among households with their main income from fishing (30 per cent) and least in households with an income over 80,000 LKR (10 per cent) per month (Annex Table 84).

In the FGDs, 11 groups feared that violence against women will continue to increase and 3 groups feared that it will result in the breakdown of families leading to divorce and separation.

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\* Unlike in English, there is no acronym similar to 'lesbian, gay, bisexual, transgender, queer' (LGBTQ) to refer to this group in the local languages (Sinhala and Tamil). The common term used is derogatory and was avoided during the household survey. Although volunteers were trained to frame this question appropriately, it is likely that some of the volunteers may have not been comfortable in raising the subject.

#### 6.4.4 Access to and quality of medical and mental health services for survivors of SGBV

Most of the households in the urban and rural sectors were of the opinion that access to and quality of medical and mental health services is worse in September 2022 compared with January 2022. In the estate sector, this proportion (48 per cent and 47 per cent worse for access and quality, respectively) was slightly less but yet quite high (Annex Figure 44 and 46).

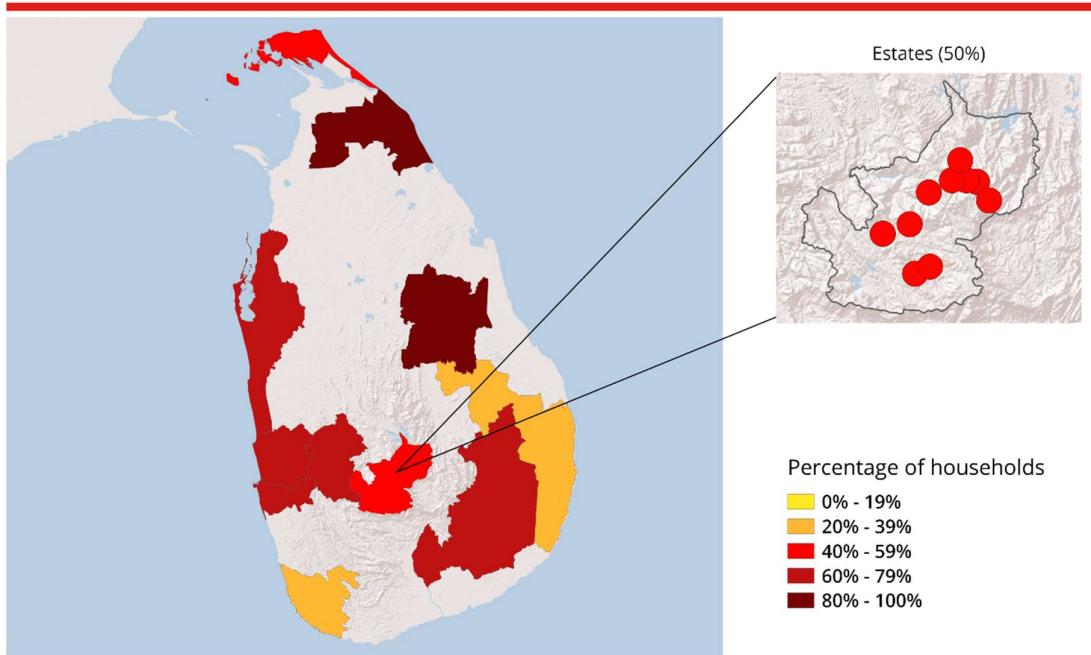
Although a supplementary question under the protection section of the FGD guide included a specific question inquiring about the participants' awareness of services available for survivors of SGBV and violence against children, due to lack of time, this area was not explored. The only exception was the adolescent boys group of Gampaha, but none of them was aware of such services.

#### 6.4.5 Female-headed households\*

Nearly 15 per cent of the households surveyed were female-headed, with estates reporting the highest proportion (20.7 per cent). These households reported the second highest proportion (44 per cent) of not being able to access treatment for non-communicable diseases. Twenty-eight per cent of female-headed households could not access ante-natal care and 27 per cent could not access natal (hospital delivery) care. Two focus groups from one district stated that women of female-headed households are at a higher risk of sexual violence and one of these groups recommended that these households be prioritised for cash grants and other support to reduce their vulnerability.

#### 6.4.6 Child protection

##### 6.4.6.1 Violence against children



*Figure 13: Percentage of households reporting a perceived increased rate of violence against children  
(September 2022 compared to January 2022)*

\* Over 25% households in Sri Lanka (one in four) are headed by a woman (Household income and expenditure survey, 2016, Department of Census and Statistics, Sri Lanka). Women-headed households were considered vulnerable even before the current as most of these women were only able to engage in low-paying informal employment and/or daily income generation activities. Since they lack access to adequate social protection mechanisms, they are burdened with unpaid care and domestic work, and as a result at high risk of losing their livelihoods faster during times of crisis.

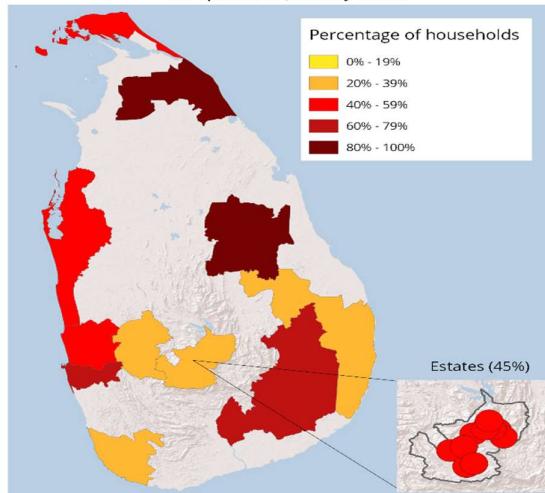
Amongst all the districts surveyed, including the estates, most households perceived that physical and sexual violence of children has increased in September 2022 compared with January 2022 (Annex figure 191).

In the FGDs, eight groups believed there is an increase in the incidence of physical and sexual violence against children. Most of them attributed this to the economic crisis, with both parents away from home in search of employment leaving the children at home with little security. Sometimes, both parents must stand in queues for many hours while their children remain at home.

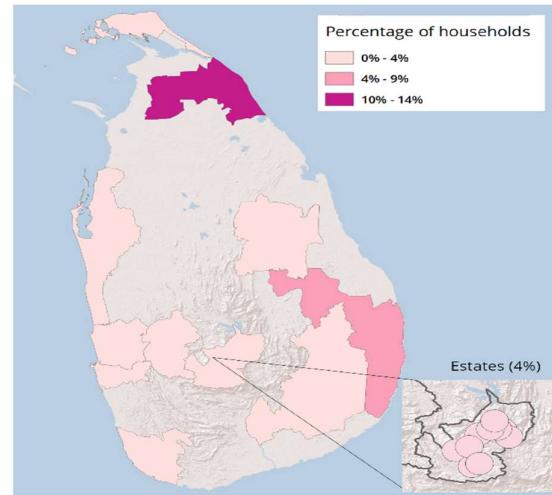
One adolescent girl's focus group stated that there is an increase in incidents of physical punishment of children by parents due to the very high level of mental stress. The key informants from the Probation Department and the National Child Protection Authority (NCPA) confirmed that cases of child abuse are on the rise and physical punishment of children by parents is also increasing as a negative coping mechanism, as their mental stress rises.

#### 6.4.6.2 Early marriage

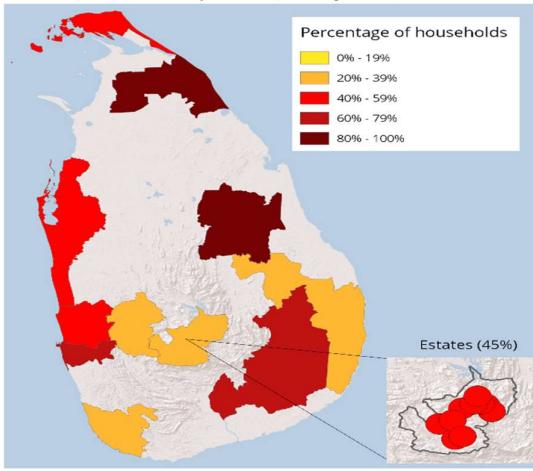
Percentage of households with the perception that risk of early marriage for girls under 18 increased (September 2022 compared to January 2022)



Percentage of households reporting that current unmet needs will lead to early marriage of girls under 18



Percentage of households with the perception that risk of early marriage for girls under 18 increased (September 2022 compared to January 2022)



Percentage of households reporting that current unmet needs will lead to early marriage of girls under 18

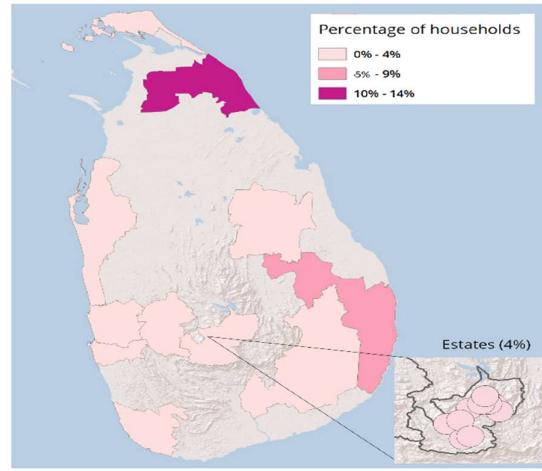


Figure 14: Overall impact of crisis: early marriage of girls under 18

Most of the households surveyed in the districts of Gampaha, Colombo, Moneragala, Polonnaruwa, Mullaitivu and the estates of Nuwera Eliya perceived increased risk of early marriage for their girls under 18 years of age. The proportion was high across the sectors in these districts (Annex Figure 196).

The Ampara boys and girls FGDs expressed the fear that an increase in early marriage is a possibility if the food security and livelihood situations worsen. However, Ampara and Gampaha men, Gampaha girls and Jaffna women also identified this as a current protection issue. The girls from Gampaha were aware of a few cases of girls leaving school to get married. Ampara men, boys and girls, and Gampaha men feared that the cases of childhood or early marriage will rise in the future.

Sixteen per cent of the urban population surveyed in Ampara and 14 per cent of the rural population in Mullaitivu considered early marriage of their daughters as an option if their household needs are not met (Annex Figure 117). Although the rates across demographic groups were very low, it was interesting to note there was not a single household with income over 80,000 LKR per month that considered this option (Annex Table 86). This correlates well with the findings from three of the four focus groups (men, boys and girls) from Ampara where they either expressed it as a current issue or a future concern.

#### *6.4.6.3 Education of children*

Overall, one-third or 34 per cent (excluding the estates) of the households stated that their children's education was severely affected due to the current economic crisis (Annex Figure 65).

Several key informants observed that school dropouts are increasing at an alarming rate as parents are no longer able to afford their children's transport costs to school and back or stationary and other supplies. Participants of five focus groups also expressed a similar view. A deputy principal of a school stated that if this crisis continues in this manner, in 2023 the entire school system will collapse. In the estate sector, the provision of breakfast at schools is said to be a major motivating factor for most estate families to send their children to school. The crisis has disrupted this activity which has resulted in students not attending school. The estate sector key informants were very concerned that these children are demotivated and gradually losing all hope.

#### *6.4.6.4 School dropouts and child labour*

Across all sectors, a very high proportion of household survey respondents perceived an increase in the risk of children dropping out of school to support their parents economically (Annex Figure 48). It is disturbing to note that 16 per cent of the households in Mullaitivu, 8 per cent in Ampara and 7 per cent in the estates had to stop their children from attending school due to the impact of the crisis (Annex Figure 86).

Overall, one in ten households surveyed (11 per cent), admitted that their children will have to drop out of school if their household needs are not met. In the estates, the figure was 24 per cent (Annex Figure 113).

In the FGDs, ten groups identified dropping out of school as either an issue that the community is grappling with or as something that they fear will happen soon. Two of these groups (women of Nuwera Eliya and girls of Gampaha) specifically identified that children are dropping out of school to support their parents economically. The men from Ampara identified that children dropping out of school and being forced to work (to help their families) is a growing issue.

Almost all the key informants interviewed expressed the fear that this is a strong possibility if the crisis continues in the same manner. The NCPA fears that with an ever-increasing number of children dropping out of school, their vulnerability to violence and neglect will increase.

#### 6.4.7 People living with disability

In the households surveyed, 48.9 per cent overall had a family member or occupant that had some form of disability. There was no significant difference sector-wise, with urban respondents recording 50.4 per cent, rural 49.5 per cent and estate 38.7 per cent (Annex Table 3).

Except for Galle, most of the survey households perceived that the quality of life for PLWD has worsened compared to January 2022 (Annex Figure 197). Taking into consideration that 48.9 per cent of households have one or more individuals with some form of disability, this is likely to be more than a perception but a real experience for most of the survey population.

Considering the special requirements for PLWD, the impact of the current crisis on transport facilities, accessing medical care and other services is likely to be a major challenge for them and their caregivers. This concern was expressed by the participants of five FGDs (Ampara boys and women, Jaffna men, women and boys). Most of them expressed the concern that nutritional and psychological needs are not being met due to the current economic crisis. This impact is more on children with disabilities, and the Jaffna women's focus group was concerned that children with disabilities may attempt suicide if their needs are not met.

The Secretary General of the Disability Organizations Joint Front (DOJF)\* stated that the current crisis has compounded a difficult situation for PLWD that was anyway full of challenges and marginalisation. According to her, the welfare of PLWD<sup>†</sup> was never a priority for the authorities and the arrival COVID-19 pandemic and then the current economic crisis has made life more intolerable for PLWD.

When the issue of disability was discussed, the focus of the Jaffna boys FGD was on children with disabilities. They emphasised that communities should not exclude them but prioritise the provision of suitable transport and psychological support. According to them, help from outside of the community should be sought to establish special feeding programmes for children with disabilities.

A large proportion of households in Polonnaruwa (81 per cent) perceived that PLWD are at a high risk of SGBV followed by Mullaitivu (48 per cent) and Colombo (40 per cent) (Annex Figure 188). Although hard statistics are not available, according to the Secretary General of DOJF, they are aware of a few cases of sexual abuse of PLWD during the current crisis. One focus group – Gampaha boys – recognised the vulnerability of PLWD to sexual violence and other forms of violence.

#### 6.4.8 Protection, gender and inclusion discussion

The multi-sector survey highlights that women, children and people with disability are the most vulnerable groups concerning protection.

Key informant interviews highlight that child protection services are currently overwhelmed across the country and, just like all other sectors in Sri Lanka, under-resourced because of the current crisis. With more children having dropped out of school, there are more cases of violence against children and abuse, child labour and early marriage. More children are placed into state orphanages by desperate parents unable to provide for them. State orphanages struggle to feed and rehabilitate the children placed in their care.

To avoid a widespread child protection crisis in Sri Lanka, families with children will require sufficient support to keep children in school. Child protection services will need adequate resources to cope with the increased caseload and the crisis-induced economic challenges. Without these measures,

\* An umbrella organization that brings together 36 organizations that work with and for PLWD.

<sup>†</sup> Which at 8.7 per cent is a significant proportion of the general population (2012 Census on population and housing, Department of census and statistics, Sri Lanka).

child protection constraints will most likely translate into poor health for this generation, with mental and psychosocial problems, antisocial behaviour, and lower national development potential.

People with disability are disproportionately affected by the current crisis, which further reduced their already limited mobility, access to medical and rehabilitation services, and basic needs like food, water, condition-specific devices and disposables. The crisis exacerbated their exclusion.

Without targeted support to PLWD and their caregivers, there is likely to be a rise in malnutrition, and mortality resulting from untreated medical conditions, and family problems. Desperation over insurmountable difficulties to satisfy basic needs is likely to lead to increased rates of depression and suicide. Support with basic needs should be accompanied by enhanced advocacy for accessible physical environments and the inclusion of PLWD in all sectors of society.

The two main protection concerns identified by the FDG participants were the increase in robberies and thefts and violence against women and children including SGBV.

*Table 11: The two main concerns of each focus group discussion relating to protection, gender and inclusion*

<b>Issue 1: Increase in robberies and thefts</b>	<b>FGDs</b>	<b>Male</b>	<b>Female</b>	<b>Boys</b>	<b>Girls</b>
<b>Main fears for 2023 if the crisis continues</b>					
Feeling of insecurity, living in fear, paralysed by fear, stress and mental health issues	9	3	2	3	1
Increase in murders	4	1	2	1	
Stealing extended to food items	3		2	1	
<b>What can the community do?</b>					
Promotion of religious activities, inculcating good attitudes and values, awareness raising	5	1	1	3	
Formation of village vigilance committees	6	1	4	1	
Nothing can be done by the community	2	1	1		
<b>What support/help is needed from outside?</b>					
Proper/strict implementation of the law	7	2	2	2	1
Frequent patrolling of the area by police	5	2	2	1	
Activities to improve livelihoods-related activities	5	2	1	2	
Rehabilitate drug addicts	3	1	2		
<b>Issue 2: Violence against women and children</b>	<b>FGDs</b>	<b>Male</b>	<b>Female</b>	<b>Boys</b>	<b>Girls</b>
<b>Main fears for 2023 if the crisis continues</b>					
The vulnerability of women and children to violence will continue to increase	11		2	2	7
Disruption of children's education, increase in school drop-outs	6	2	1	2	1
Increased mental stress	5		1	2	2
Breakdown of families, divorce, separation	3	1	1	1	
Teenage pregnancies	3	1			2
<b>What can the community do?</b>					
Community awareness sessions on the prevention of sexual violence and violence against children	4	2			2
Develop community-based programmes to prevent sexual violence	2				2
Formation of women's support groups or strengthening existing groups	2		2		2
Psychosocial support through trained community members	1			1	
Maintain a list of telephone numbers of contacts that can be notified in an emergency	1		1		
<b>What support/help is needed from outside?</b>					
Awareness raising on the prevention of violence against women (including SGBV) and children	8	2	2	1	3
Skills development programs for women and youth - for IGP	5		1	2	2
Training on basic counselling skills, MHPSS and stress reduction	3	1		2	
Training in self-defence techniques	2		2		2

These issues were identified by the participants as a direct consequence of the current economic crisis. Although both robberies and violence against women and children were present even before the crisis, the situation has now become more pronounced, troubling and stressful. The desperation of the community can be seen in the response given by two FDGs. When asked what the community can do to mitigate the impact of increasing robberies and thefts, their response was a resounding ‘nothing’.

However, not all the participants were without solutions. Promoting religious activities to inculcate positive attitudes and values and the formation of village/neighbourhood vigilance committees to improve security and safety are two practical measures identified by the community. One of the external measures that can be taken to prevent crimes (activities to improve livelihood/income-generating activities) is directly linked to the food security and livelihood sector. Support required to rehabilitate drug users was mentioned as the participants believed those addicted to substances were at the forefront of the crimes taking place in their communities.

The second most important issue was the increasing incidence of violence against women and children. The participants feared that, if things continued in the same manner, the increased mental stress within families will have a negative impact on children’s education, resulting in high divorce or separation rates, teenage pregnancies and eventually a complete disruption of the existing family structure.

Some of the community and external interventions identified by the participants to prevent violence against women are quite practical and feasible. The formation of support groups for women can provide opportunities to engage in income-generating activities as a group, community awareness sessions on violence prevention and response and, valuable space for providing psychosocial support to reduce mental stress.

## 6.5 Anticipatory analysis

Most of the future concerns identified through the KIIs, FGDs and the survey are related to food security, nutrition, livelihoods and financial sustainability, health, and protection. This largely corresponds with the needs and priorities highlighted by the secondary and open sources analysis done within this assessment.

According to the household survey, in the next three to six months, perceived immediate needs are related to food security (for 82 per cent of households), livelihoods and financial sustainability (75 per cent), access to medical care and health services (for 72 per cent), keeping children in school (for 28 per cent), WASH needs (for 22 per cent), and physical safety and security (for 19 per cent). (Annex Figure 20).

If these immediate needs are not met, 90 per cent of households expect to live ‘in minimal conditions’, 43 per cent expect the deterioration of their members’ health, 40 per cent expect to become more indebted, 28 per cent expect to spend all their savings (which often means losing hopes and dreams for the future), 11 per cent fear their children dropping out of school (24 per cent in the estates - twice more compared to urban and rural areas of the country), and 10 per cent of households have members who intend to migrate. (Annex Figure 23).

The following sections highlight areas of particular concern in the months ahead, through to the longer term.

### 6.5.1 Food Security and nutrition

At least 22 per cent of the Sri Lankan population is experiencing acute food insecurity.<sup>3</sup> This proportion is likely to increase unless urgent assistance is provided. According to this assessment, more than

60 per cent of households are eating less, and eating cheaper, less nutritious food compared to January 2022. This comes at a time when financial constraints have forced the government to scale back on nutrition programmes, such as school meals and fortified food for mothers and undernourished children.<sup>28</sup>

It is expected that malnutrition will rise in the face of increased poverty and food inflation brought about by the current crisis. Unaddressed undernutrition and malnutrition results in wasting and stunting of children; makes them more susceptible to infections, and impacts their development and well-being, and physical productivity in the years ahead.<sup>11</sup> At the national level, this would lead to future higher health expenditure and decreased national human resource potential.

#### **6.5.2 Livelihoods and household economic resilience**

Unsustainable indebtedness is among the primary concerns of the groups that participated in the FGDs. On a macroeconomic scale, this is reflected by an economy that is forecast to contract further in 2022.<sup>53</sup>

Protecting the livelihoods of smallholder farmers, fishers, small businesses, and self-employed persons, and enabling them to feed themselves would support crisis resilience and economic sustainability of families and communities. Special attention should be paid to the livelihoods of PLWD, female-headed households, the elderly, and other disadvantaged and vulnerable population groups.

Without support, there is a risk that daily wage earners and families who had previously relied on small-scale livelihood activities as their only or main source of income will experience extreme poverty. This survey suggests that some categories of households are more at risk, for example, those with existing vulnerabilities, daily wage earners, families from fishing and agricultural communities and estate households in general.

Households often prefer food and livelihood assistance in the form of CVA.<sup>24</sup> Such CVA programming is also expected to boost the local economies, including those located in the least developed areas and far away from the capital and other urban centres.

The ongoing initiative for the wider introduction of organic farming may open up new opportunities ahead. European importers and retailers have flagged their interest in cooperation with Sri Lankan organic farmers.<sup>54</sup> A functional organic certification mechanism is in process of development,<sup>55</sup> although this will take time. In the longer term there could be indirect benefits for Sri Lankan tourism, the fishing industry, and other livelihoods dependent on sustainable management of natural resources.

#### **6.5.3 Specific problems in agricultural, fishing and estate communities**

The assessment suggests that households (particularly those in agricultural, fishing and estate communities) are facing multiple inter-related problems in addition to disruption to livelihoods. These include access to clean water, medical care, balanced nutrition, and child education. Deepening psychosocial dysfunction at individual and family levels is leading to higher rates of violence and suicides and weakening the social fabric of communities. There are concerns that without stronger support, these trends will continue.

The estate populations tended to have higher levels of deprivation than other communities before the crisis. The current crisis has exacerbated social problems and structural inequalities faced by the estate communities, leading to disproportionate indebtedness and further restrictions on access to medical care, education, and other basic services. There is a significant lack of medicines in the estate health care centres. Mobile services, including access to hospital deliveries, dental care, disease

prevention and diagnostics, are not functioning. The fuel deficit and budget restrictions have added to the insufficiencies.\*

#### **6.5.4 Healthcare**

The crisis has had systemic effects on the health system which will inevitably lead to reduced capacity to prevent diseases, an accumulation of untreated diseases, and higher avoidable morbidity and mortality rates related to maternal and child healthcare, emergency healthcare, geriatric healthcare, and other services and facilities, such those as for PLWD. This has potentially grave consequences for the current generation and the future health of the Sri Lankan working population.

In the shorter term, the disruption of free medical care and the growth of related geographical inequalities is expected to continue, for which urgent external support is required. The longer-term impact of the current crisis on the health system is much more difficult to gauge, as healthcare is so dependent on many other systems and sectors. To prevent long-term stagnation, a comprehensive, strategic approach is required to manage the expected impacts, including those related to the lack of resources for infrastructure, monitoring and oversight of services, and a lack of qualified specialists because of the ‘brain drain’ through migration.

#### **6.5.5 Education**

The assessment indicates that the number of school dropouts may continue to rise, caused by factors such as a lack of school transportation for students and teachers, expensive school supplies, and the end of school lunches. This expectation is twice as high in the estates as it is in rural and urban areas. Unpredictable educational outcomes, difficulties and disparities in accessing higher education, and an increase in child protection incidents will result from current disruptions in children's education.

#### **6.5.6 Psychosocial impact of the crisis**

Focus groups suggest that the crisis is having a detrimental impact on psychological well-being and mental health at individual, family, and community levels.

According to FGDs approximately 75 per cent of respondents now are very worried about their future, whereas previously, before the start of the current crisis, most people (80 per cent) felt that their situation was positive, or at least manageable.

Participants believe there is now more violence within communities and families, increasing drug use and suicides, violence against women, other GBV, sexual harassment and abuse, and increased criminality (e.g., burglaries, robberies, thefts, murders, and abductions). According to this assessment, people expect further deterioration of their security environment. Rural households are more than twice as concerned about their physical security (22 per cent) compared to estates (8 per cent) and urban households (10 per cent).

While the need for mental health services and psychosocial support has increased because of crisis-induced pressures faced by the population, the availability of these services has decreased and is far from being sufficient.<sup>24</sup> As a consequence, people are forced into using negative coping mechanisms.

#### **6.5.7 Child protection**

Child protection services are currently overwhelmed and under-resourced across the country, similar to other public service sectors. More children are dropping out of school, and increasing concerns about violence against children and abuse, child labour, and early marriage. According to this survey, an increase in early marriages is expected to be twice as high in the estates (4 per cent) than on

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\* Estate populations face many other potential and indirect threats as a result of the current crisis. For example, estate administrations are often reluctant to relocate families from locations prone to landslides to better land plots. With the current crisis-induced reduction in disaster preparedness and disaster response capacities, these families are now in even bigger danger than before the crisis. In the event of a landslide help will likely be hampered because of shortages of fuel for transportation and other resources.

average in the country (2 per cent). Without appropriate intervention, these trends are expected to continue.

#### **6.5.8 Protection of people living with disability**

People living with disability were disadvantaged before the current crisis and are now disproportionately affected by its consequences, unable to meet their basic needs (including mobility, food, water, condition-specific devices and disposables) and having access to medical, social and rehabilitation services further reduced.

During the crisis, the state allowance for PLWD was partly discontinued. Most of the self-employed PLWD have lost their source of income often without alternative means of livelihood. Without targeted and prioritised support for PLWD and their caregivers, this could lead to malnutrition, morbidity and mortality, together with higher levels of violence and neglect.

#### **6.5.9 Disaster resilience**

The scenario-building exercise for this assessment\* highlighted that the current economic crisis not only overloaded the economic resilience of Sri Lanka's population but also considerably reduced its disaster preparedness and disaster resilience. If one or more hazards common in Sri Lanka overlap with the current economic crisis, this could lead to unprecedented catastrophic humanitarian consequences. As Sri Lanka is regularly exposed to weather and climate hazards, the probability of such a fatal coincidence will grow with time unless disaster preparedness capacities are bolstered now.

Massive monsoon-related flooding during the current crisis can lead to further shortages of food and medicine, further disruption of people's livelihoods, and hamper humanitarian response. Agricultural yields are also endangered by the rising temperatures, due to climate change.<sup>56</sup>

#### **6.5.10 Migration**

The current trend of growing outbound migration is expected to continue. According to this assessment, three times more households currently have members wanting to migrate abroad for permanent settlement than so far have migrated this year. Employment-related migration intentions grow even faster: 4 per cent of households have members who migrated abroad for employment this year because of the crisis, and 18 per cent intend to migrate. This correlates with observations that large numbers of Sri Lankan people are applying for new passports or renewal of their old ones. According to this survey, most households expect the crisis to impact their lives for longer than two years, further contributing to migration intentions. Continued migration is likely to drain the nation's capacity to respond to the current crisis, recover from it, and develop after it.

#### **6.5.11 Heightened risk of violent civil unrest**

Inequalities frequently produce fault lines that lead to a lack of social cohesion, conflicts between communities, an increase in crime, and civil unrest. Under the current tumultuous conditions, it is important to give persons and groups of people a legal, constructive, and effective channel to raise their concerns and protect their interests, before tensions spill over into chaos and violence.

### **7 Conclusions and recommendations**

The humanitarian sector is caught between the need for large-scale economic recovery, generally addressed by international financial institutions and development donors, and the need for small-scale community assistance, which is best handled by smaller local organisations that have a focus at the community level. The Movement has its roots in the community, and the findings and

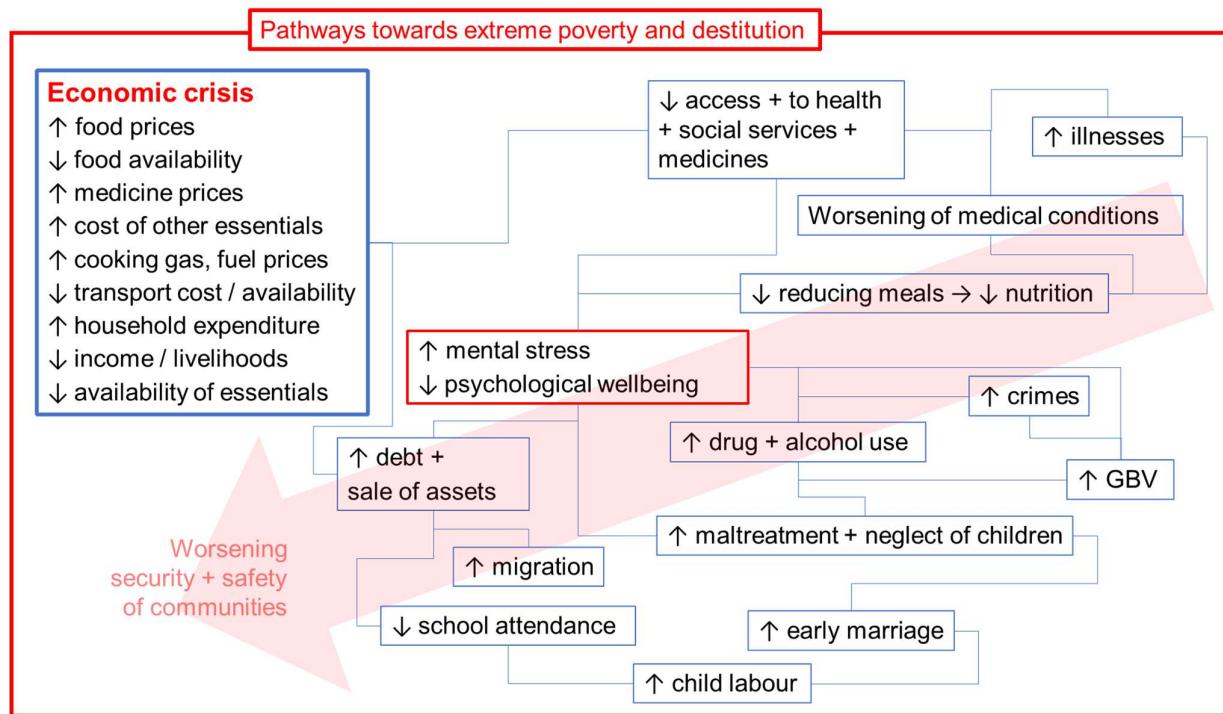
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\* The scenarios examined the impacts of tsunami, multiple flash floods, spread of dengue and civil unrest.

recommendations of this assessment sit squarely with community priorities, rather than macroeconomic and systemic solutions.

Households and communities have been affected in multiple ways by the current crisis, and reports indicate that poverty levels are increasing. One-dimensional measures, typically based on income, are frequently used to define poverty. However, no single indicator can capture the many facets of poverty.

The various deprivations that poor people face daily are referred to as 'multidimensional poverty'. This can include poor health, malnutrition, lack of adequate sanitation and clean water, social exclusion, low education, bad housing conditions, living in environmentally hazardous areas, the threat of violence, shame, disempowerment and more.<sup>57</sup>



*Figure 15: The effects of the economic crisis at the community and family level*

The assessment suggests that the crisis is driving some more vulnerable people down a pathway towards destitution, where initially, people will attempt to preserve their assets, followed by negative coping strategies such as reducing meals, postponing medical care, employing family (especially children) to provide income, asset depletion, sale of assets, crime and theft, migration in the hope of work, and the breakup of families.

In general terms, this has implications for effective community-based interventions, which should:

- Focus on those who are 'left behind', including marginalised and vulnerable populations and individuals, PLWD, migrants, older people, and those who are socially isolated and excluded.\*
- Ensure that communities and individuals are assisted in asserting their rights to food security and livelihoods, and health and care, including mental health and psychosocial support, and protection, within the framework of community inclusion principles.

\* This assessment provides broad confirmation of these most vulnerable groups, including fishing, farming and estate communities, daily wage earners, single-headed female households, pregnant women and PLWD.

- Prioritise access, participation, safety, and dignity, ensuring that affected people are empowered, informed and sufficiently resourced to make appropriate choices, and can access quality and sustainable programmes.

## 7.1 Food security, nutrition and livelihoods – specific recommendations

### 7.1.1 Food assistance

The key short-term recommendation to prevent further deterioration of food security and nutrition is the urgent provision of food assistance (in-kind or CVA) for vulnerable and marginalised people and households, including those with pregnant and breastfeeding women, children, PLWD, and female-headed households, to help them meet their immediate food and nutrition needs.

The significance of food assistance at schools is highlighted because of the link to school attendance, and the cascade of other benefits that this brings.

Support should be integrated as a systematic and well-coordinated programme of intervention against malnutrition especially targeting vulnerable persons and households, while covering all the country and reaching out to remote and hard-to-reach areas.

### 7.1.2 Community engagement

Community and household engagement will mobilise community resources for collective crisis resilience. Opportunities include:

- Support for alternative livelihoods and vocational training.
- Family-based ‘home economics’, involving such areas as:
  - Foods and nutrition
  - Financial literacy and family economics
  - Child development
  - Family relations
- The development of community kitchens.
- Improvement of financial and market literacy at the community level.
- Systems for bartering and sharing of common assets (such as tools and equipment).
- Support for gardening, agriculture and home food production, including eco-friendly agriculture and horticulture, such as forest market gardening, cereal food production and home gardening.
- Initiatives to desiccate and preserve seasonal foods.

## 7.2 Health-specific recommendations

The current crisis has very serious consequences in terms of clinical, public and community health and the functionality of the health system. There has been a general decline in the physical and mental well-being of the population because of many factors, including rising drug prices and decreased availability of medicines, decreased access to medical care, rising transportation costs, declining nutritional status, and aggravation of pre-existing chronic medical and mental health conditions. Addressing these issues systemically requires holistic intervention and coordination at the highest level, and is beyond the scope of this assessment. However, there are many humanitarian requirements and opportunities to develop and promote community and individual health in the current crisis context.

### 7.2.1 Community health

By engaging with communities, in all their diversity, to improve individual and community health, community-based organisations can help improve national health outcomes. This involves empowering people to take responsibility for their own health by using community-based participatory approaches, assessments, and local volunteer-led interventions. This is especially true when

communities are involved in designing, implementing, and evaluating community-based health promotion, WASH and disease prevention services in their own neighbourhoods. Programming can range from health promotion, advocacy and awareness campaigns to a focus on risky behaviours and behaviour change strategies, to treatment literacy, and provision of life-saving interventions, for example, support for immunisation programmes.

Practical recommendations include:

- Scaling up dengue prevention and control programmes and other environmental health programmes (for example, environmental cleaning campaigns) across the country.
- Developing and implementing community-based health and first aid programming<sup>58</sup> with a special focus on communicable and non-communicable diseases.
- Exploring together with affected communities, the potential for community-based ambulance services utilising community resources.
- Promotion of menstrual hygiene and the provision of menstrual hygiene products to women and girls.
- Training volunteers and community members in mental health and psychosocial support, to conduct related activities and provide services at the community level.
- Collaborating with disability organisations in Sri Lanka to develop and implement community-based services to support the inclusion of PLWD in all sectors of community life.
- Coordinating with pharmaceutical companies and the corporate sector together with the relevant administrations of the Ministry of Health to conduct mobile health and dental clinics, especially in rural and estate sectors.

### 7.3 Protection - specific recommendations

#### 7.3.1 Physical safety and security

For the majority of the surveyed households, physical safety and security was a major concern with 85 per cent indicating they are severely affected, with some respondents describing this as one of their immediate needs. It is apparent that communities are living in severe mental stress, fear and a creeping sense of hopelessness.

Practical steps include:

- Facilitating and encouraging the formation of village/neighbourhood vigilance committees to prevent and address the trend of increasing robberies and thefts.
- Advocate for local law enforcement authorities to increase their patrolling of vulnerable neighbourhoods.
- Develop community-based mental health and psychosocial support (MHPSS) programmes to help address and reduce community tensions and stresses.

#### 7.3.2 Child protection

The assessment findings note the deteriorating protection situation for children. Increasingly, children are dropping out of school and if not addressed, these children will become more vulnerable to violence and abuse, child labour and early marriage.

Recommended measures to keep children in school:

- Provision of school supplies such as stationary, learning instruments, shoes etc

- Facilitate and support school kitchens and food banks to address the issue of hunger and poor nutrition.
- Setting up of child friendly spaces, involving specialist agencies such as Save the Children as a means of addressing violence and psychosocial needs.\*

### 7.3.3 Sexual and gender-based violence

Exploring this sensitive issue was difficult during the household survey and FGDs, but most households were of the opinion that the risks are now much higher as a result of the crisis, and that the accessibility and quality of services available for survivors has deteriorated. Some districts also highlighted SGBV is likely to increase if immediate needs are not met.

Recommendations:

- Map out district specific services, resources and referral pathways available to support survivors of SGBV and disseminate this information widely.
- Develop and implement community-based awareness sessions on SGBV prevention and response with the active participation of the community members.
- Proactively explore ways and means of engaging men and adolescent boys in SGBV and other violence prevention and response activities.

### 7.3.4 People living with disability

Nearly 50 per cent of the households surveyed had a PLWD in that household. The crisis has exacerbated pre-existing inequalities and the quality of life of PLWD has further deteriorated.

Recommendations:

- Advocate for accessibility of public physical and social environments and inclusion of PLWD in all sectors and aspects of society, pursuing the principle ‘nothing about us without us’.
- Provide targeted support to ensure meeting the basic needs of PLWD, while ensuring prevention of abuse by the persons they may depend upon.
- Ensure mandatory inclusion of PLWD during the development of community-based programmes and involve them during all levels of the programme cycle.

## 7.4 Recommendations for IFRC operational strategy

The following recommendations are based on the findings of the assessment and link to the relevant thematic areas of the Emergency Appeal<sup>1</sup> operational strategy. By building new capacities and developing response innovations, the SLRCS will not only support the most vulnerable community members but will enable the communities it is serving to ‘build back better’ after the crisis. Priority areas for more immediate action are underlined.

### 7.4.1 Food Security and Livelihoods

The primary focus of the Emergency Appeal on cash and food grants should remain and expand further if there are sufficient resources. The assessment findings support cash and food grants as essential short-term measures to prevent further deterioration of food security and nutrition, in line with the wider urgent priorities and recommendations.

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\* A recent appeal by Save the Children for volunteers to support child friendly spaces at a site where over 100 houses were destroyed by a fire is a good example where SLRCS provides the volunteers and Save the Children can provide the technical support to train them.

Based on the assessment findings, the specific inclusion of female-headed households, PLWD and other extremely vulnerable or marginalised groups, according to defined criteria, through local-level branch assessments would also be appropriate and timely.

In addition, in the medium to longer term, the recommendations as listed in section 7.1.2 are important because they promote access, participation, safety and dignity, and help ensure that affected communities are empowered, informed and sufficiently resourced.

In particular, provision of food assistance in schools should be a priority because of the nutritional benefits, the link to school attendance and the cascade of other benefits that this brings (in relation to reduced vulnerability to physical and sexual abuse, child labour, early marriage etc.).

#### **7.4.2 Health and Care**

In the Emergency Appeal, the first three activities are related to supporting the Ministry of Health to obtain in-kind donations from Movement partners to alleviate the shortage of pharmaceutical drugs. The lack of medicines, and their high cost when available were among the main concerns highlighted by the assessment participants. There is also some justification to include medical and rehabilitation equipment for PLWD as further in-kind donations.

In addition, from among the broader recommendations, the following should be prioritised for the next revision of the Emergency Appeal (see section 7.2.1):

- Scaling up dengue prevention and control programmes
- Developing and implementing community-based health and first aid programming
- Menstrual hygiene promotion
- Community-based mental health and psychosocial support activities.

#### **7.4.3 Protection, gender and inclusion**

The child safeguarding risk analysis recommended in the Emergency Appeal was completed in July 2022. The assessment findings support the priorities already identified in the operational strategy.

In addition, from among the broader recommendations, the following should be prioritised:

- Village/neighbourhood vigilance committees.
- Community-based awareness sessions on SGBV.
- Engaging men and adolescent boys in SGBV activities.
- Support to meet the basic needs of PLWD, and inclusion of PLWDs during programming.

#### **7.4.4 Community engagement and accountability**

Community engagement and accountability is an integral part of SRLCS programming and the headline recommendations listed in section 7 are important.

#### **7.4.5 Education**

The survey, FGDs and KIIs suggest that the education sector is particularly affected because of the current complex emergency. School-based interventions should generally have greater consideration (as listed in the section 7.3.2) with further financial allocations (currently only CHF 2,000 is allocated in the operational strategy). Other cross-cutting issues are described above (food, protection etc).

#### **7.4.6 Migration**

Efforts should be made to include migrants living in Sri Lanka and people who have returned from abroad into existing community-based programming together with other local community members (with the benefits of better inclusion and social coherence).

#### 7.4.7 Disaster Preparedness

Most of the existing focus of the operational strategy in this area is with the capacity of the SLRCS. In addition, the operational strategy should prioritise broader resilience capacities (including disaster preparedness and response) of local communities as an integrated part of programming.

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## 10 Appendix: Samples

Province	District	DSs/Estates	GNs	HHs
<b>Urban sample</b>				
Central	Nuwara Eliya	Hanguranketa, Nuwara Eliya	10	102
Eastern	Ampara	Kalmunai, Sainthamaruthu, Sammanthurai	15	153
Northern	Jaffna	Jaffna, Thenmaradchi (Chavakachcheri), Valikamam South-West (Sandilipay)	15	152
	Mullaitivu	N/A	0	0
Northwestern	Puttalam	Chilaw, Madampe, Mahawewa	15	151
North Central	Polonnaruwa	Higurakgoda, Thamankaduwa	10	103
Sabaragamuwa	Kegalle	Aranayake, Galigamuwa, Kegalle	15	150
Southern	Galle	Akmeemana, Imaduwa, Nagoda	15	167
Uva	Moneragala	N/A	0	0
Western	Colombo	Padukka, Seethawaka, Sri Jayawardanapura Kotte	15	156
	Gampaha	Divulapitiya, Gampaha, Negombo	15	158
<b>Rural sample</b>				
Central	Nuwara Eliya	Hanguranketa, Walapane	10	110
Eastern	Ampara	Alayadivembu, Ampara, Damana	15	150
Northern	Jaffna	Islands North (Kayts), Islands South (Velanai), Valikamam North (Thillippalai)	15	150
	Mullaitivu	Maritimepattu, Oddusuddan, Puthukkudiyiruppu	15	150
Northwestern	Puttalam	Aracchikattuwa, Chilaw, Madampe	15	148
North Central	Polonnaruwa	Dimbulagala, Higurakgoda, Thamankaduwa	15	159
Sabaragamuwa	Kegalle	Aranayake, Galigamuwa, Warakapola	15	150
Southern	Galle	Baddegama, Habaraduwa, Walivitiya-Divititura	15	158
Uva	Moneragala	Badalkumbura, Buttala, Madulla	15	150
Western	Colombo	Padukka, Seethawaka	10	103
	Gampaha	Attanagalla, Divulapitiya, Mirigama	15	151
<b>Estate case study</b>				
Central	Nuwara Eliya	High Forest, Ragala, Labookelle, Drayton, Agarapathana, Great Western, Gonapitiya, Mathurata, Kurunthuoya, Wevarly		300

GNs = Grama Niladaris. HHs = Households.

## 11 Appendix: Health services

### 11.1 Visiting a doctor

Approximately 26 per cent of households that needed to visit a doctor could not access it. Inaccessibility in urban households was 27 per cent, with urban districts varying between 5 per cent and 49 per cent. In rural households, it was 22 per cent, with rural districts varying between 7 per cent and 40 per cent. In estates, it was 57 per cent (Annex Figure 162).

Households with their main income from fishing in January 2022 (38 per cent) were worse affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (11 per cent) were less affected (Annex Table 131).

Many FGDs mentioned that they couldn't afford the loss of income to see a doctor and that they had difficulties in travelling to receive health services, a reduction in community clinics, a shortage of doctors due to emigration, a prioritization of children's health over the parents, and that there was a desire to avoid adding additional financial burdens to the household.

KIIs identified staffing issues as a major issue. Furthermore, multiple KIIs predict that within a year there will be a severe shortage of healthcare personnel due to emigration.

### 11.2 Ambulance services

Approximately 27 per cent of households that needed an ambulance service could not access it. Inaccessibility in urban households was 28 per cent, with urban districts varying between 5 per cent and 40 per cent. In rural households, it was 23 per cent, with rural districts varying between 9 per cent and 39 per cent. In estates, it was 30 per cent (Annex Figure 163).

Households with their main income from farming in January 2022 (9 per cent) were less affected (Annex table 132). Many FGDs mentioned that ambulance services were limited or non-existent due to fuel shortages.

### 11.3 Hospital care

Approximately 25 per cent of households that needed hospital care could not access it. Inaccessibility in urban households was 28 per cent, with urban districts varying between 3 per cent and 45 per cent. In rural households, it was 16 per cent, with rural districts varying between 8 per cent and 38 per cent. In estates, it was 46 per cent (Annex Figure 164).

Households with their main income from fishing in January 2022 (50 per cent) were more affected. Households with their main income from farming in January 2022 (8 per cent) and households with monthly incomes of at least 80,000 LKR in January 2022 (10 per cent) were less affected (Annex Table 133).

FGDs reported postponement of surgeries (Colombo, Galle, Gampaha), transport difficulties (Colombo, Galle, Jaffna, Nuwara Eliya), shortage of healthcare workers (Colombo, Galle, Jaffna), and a lack of trust in the healthcare system (Gampaha, Galle). Galle FGDs also reported overcrowding at hospitals and a shortage of X-ray film.

KIIs identified that, due to the crisis, some hospitals lack essential medicines, catheters and nasogastric tubes, equipment for operating theatres, ICUs, and PCUs, and equipment and reagents for laboratory tests, fuel, food, and workers. Hospitals are unable to provide complete services and are limiting essential services and/or postponing routine operations while emergency treatments and surgeries are continuing. KIIs also identify that scarcity of equipment and reagents for laboratory tests hinders hospital diagnostic abilities. Furthermore, due to the fuel crisis, transferring patients between hospitals and referring patients for tests/investigations outside of the hospital is very difficult.

KIIs identified that a significant number of staff no longer report for work on a regular basis; current salaries are no longer sufficient to provide for basic and essential needs, the workers struggle to find enough fuel to travel to work, spend hours in long queues, and are under extreme stress. This results in an inability to provide a quality service.

Multiple KIIs predict that within a year there will be a severe shortage of healthcare personnel due to emigration.

#### **11.4 Acute infectious medical conditions**

Approximately 22 per cent of households that needed treatment for an acute infectious medical condition could not access it. Inaccessibility in urban households was 21 per cent, with urban districts varying between 4 per cent and 36 per cent. In rural households, it was 25 per cent, with rural districts varying between 8 per cent and 71 per cent. In estates, it was 47 per cent (Annex Figure 169).

Households with their main income from fishing in January 2022 (49 per cent) were more affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (8 per cent) were less affected (Annex Table 138).

Many FGDs mentioned that they had worsened hygiene habits due to worsened access to clean water and an increase in the price of female menstrual products and household cleaning products.

KIIs identified that Public Health Inspectors have been unable to conduct field activities due to the fuel crisis, so infectious disease prevention activities have been negatively affected.

#### **11.5 Acute non-infectious medical conditions**

Approximately 31 per cent of households that needed treatment for acute non-infectious medical conditions could not access it. Inaccessibility in urban households was 33 per cent, with urban districts varying between 6 per cent and 61 per cent. In rural households, it was 27 per cent, with rural districts varying between 9 per cent and 84 per cent. In estates, it was 51 per cent (Annex figure 170).

Households with their main income from fishing in January 2022 (55 per cent) and female-headed households (44 per cent) were more affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (4 per cent) and households with a university-educated person (19 per cent) were less affected (Annex Table 139).

Many FGDs reported that transport issues made it difficult for them to receive emergency care and that hospitals were understaffed.

KIIs identified that rehabilitative care services in some hospitals have been disrupted. Despite the reduced services and quality, they are still providing emergency treatments and surgeries.

#### **11.6 Chronic illness**

Approximately 29 per cent of households that needed treatment for chronic illness could not access it. Inaccessibility in urban households was 30 per cent, with urban districts varying between 9 per cent and 46 per cent. In rural households, it was 26 per cent, with rural districts varying between 12 per cent and 67 per cent. In estates, it was 42 per cent (Annex Figure 168).

Households with their main income from fishing in January 2022 (47 per cent) were more affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (10 per cent) were less affected (Annex Table 137).

Many FGDs mentioned neglecting chronic illness due to increases in price/shortages of medicines, difficulties in travelling to receive health services, a reduction in community clinics, and the desire to not add additional financial burdens to the household. Some FGDs mentioned that people were unilaterally deciding to reduce their dosages of medicines, only purchasing some of the medicines that they were prescribed, and neglecting medical advice (e.g., avoiding prescribed medical tests) to save money.

KIIs identified that rehabilitative care services in some hospitals have been disrupted and predicted that this will likely lead to an increase in disabilities.

### **11.7 Medicine**

Approximately 29 per cent of households that needed medicine could not access it. Inaccessibility in urban households was 31 per cent, with urban districts varying between 7 per cent and 55 per cent. In rural households, it was 25 per cent, with rural districts varying between 15 per cent and 42 per cent. In estates, it was 69 per cent (Annex Figure 161).

Households with their main income from fishing in January 2022 (48 per cent) were worse affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (8 per cent) were less affected (Annex Table 130).

The most frequently mentioned important concern for the FGDs was medicine cost/availability. It was mentioned in 24/24 of the FGDs, often repeatedly within the same FGD.

KIIs identified that, due to the crisis, some hospitals lack essential medicines, which means that patients must buy them from private pharmacies. Another KII highlighted the severe lack of medicines in the estate healthcare centres.

### **11.8 Mental illness**

Approximately 31 per cent of households that needed treatment for mental illness could not access it. Inaccessibility in urban households was 30 per cent, with urban districts varying between 16 per cent and 38 per cent. In rural households, it was 34 per cent, with rural districts varying between 19 per cent and 65 per cent. In estates, it was 51 per cent (Annex Figure 167).

Households with their main income from fishing in January 2022 (54 per cent) were more affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (2 per cent), households with a university-educated person (12 per cent), and households with a pregnant woman (16 per cent) were less affected (Annex Table 136).

Many FGDs mentioned an increase in suicide, mental stress, depression, absenteeism, dropping out of school, family conflict, and drug usage.

### **11.9 Major surgery**

Approximately 34 per cent of households that needed major surgery could not access it. Inaccessibility in urban households was 36 per cent, with urban districts varying between 10 per cent and 49 per cent. In rural households, it was 31 per cent, with rural districts varying between 10 per cent and 80 per cent. In estates, it was 51 per cent (Annex Figure 166)

Households with their main income from fishing in January 2022 (45 per cent) were more affected (Annex Table 135).

FGDs reported postponement of surgeries (Colombo, Galle, Gampaha), transport difficulties (Colombo, Galle, Jaffna, Nuwara Eliya), shortage of healthcare workers (Colombo, Galle,

Jaffna), and a lack of trust in the healthcare system (Gampaha, Galle). Galle FGDs also reported overcrowding at hospitals and a shortage of X-ray film.

KIIs identified that, due to the crisis, some hospitals lack essential medicines, catheters and nasogastric tubes, equipment for operating theatres, ICUs, and PCUs, and equipment and reagents for laboratory tests, fuel, food, and workers. Hospitals are unable to provide complete services and are limiting essential services and/or postponing routine operations while emergency treatments and surgeries are continuing.

#### **11.10 Minor surgery**

Approximately 17 per cent of households that needed minor surgery could not access it. Inaccessibility in urban households was 16 per cent, with urban districts varying between 8 per cent and 19 per cent. In rural households, it was 20 per cent, with rural districts varying between 7 per cent and 69 per cent. In estates, it was 48 per cent (Annex figure 165).

Households with their main income from fishing in January 2022 (50 per cent) were more affected (Annex Table 134).

FGDs reported postponement of surgeries (Colombo, Galle, Gampaha), transport difficulties (Colombo, Galle, Jaffna, Nuwara Eliya), shortage of healthcare workers (Colombo, Galle, Jaffna), and a lack of trust in the healthcare system (Gampaha, Galle). Galle FGDs also reported overcrowding at hospitals and a shortage of X-ray film.

#### **11.11 Antenatal care**

Approximately 10 per cent of households that needed antenatal care could not access it. Inaccessibility in urban households was 10 per cent, with urban districts varying between 4 per cent and 21 per cent. In rural households, it was 13 per cent, with rural districts varying between 5 per cent and 24 per cent. In estates, it was 44 per cent (Annex figure 156).

Female-headed households (28 per cent) and households with monthly incomes of at least 80,000 LKR in January 2022 (26 per cent) were more affected (Annex Table 125).

FGDs mentioned that Thriposha (nutrition supplement) was not available and that people were skipping routine clinics due to transport difficulties. One female FGD mentioned that women are reluctant to get pregnant due to the current crisis.

KIIs also identified a shortage of medicines, lab supplies, and strips for the well woman clinics. Due to the fuel crisis, Public Health Midwives have reduced their field visits, so the quality of antenatal services has been negatively affected.

#### **11.12 Delivery in hospital**

Approximately 12 per cent of households that needed to deliver in a hospital could not access it. Inaccessibility in urban households was 13 per cent, with urban districts varying between 6 per cent and 20 per cent. In rural households, it was 10 per cent, with rural districts varying between 6 per cent and 21 per cent. In estates, it was 39 per cent (Annex Figure 157).

Female-headed households (27 per cent) and households with their main income from fishing in January 2022 (27 per cent) were worse affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (3 per cent) were less affected (Annex Table 126).

Many FGDs mentioned that ambulance services were limited or non-existent due to fuel shortages and that there were difficulties travelling to receive healthcare services. One female FGD mentioned that women are reluctant to get pregnant due to the current crisis.

Some KIIs indicated that within a year they believe that the rate of home deliveries will increase.

#### **11.13 Postnatal care**

Approximately 18 per cent of households that needed postnatal care could not access it. Inaccessibility in urban households was 18 per cent, with urban districts varying between 3 per cent and 32 per cent. In rural households, it was 16 per cent, with rural districts varying between 4 per cent and 52 per cent. In estates, it was 57 per cent (Annex Figure 158).

Households with their main income from fishing in January 2022 (29 per cent) were worse affected. Households with monthly incomes of at least 80,000 LKR in January 2022 (4 per cent), households with a university-educated person (7 per cent), and households with monthly incomes of less than 10,000 LKR in January 2022 (7 per cent) were less affected (Annex Table 127).

FGDs mentioned that Thriposha (nutrition supplement) was not available and that people were skipping routine clinics due to transport difficulties. One female FGD mentioned that women are reluctant to get pregnant due to the current crisis.

KIIs highlighted that malnourishment among pregnant and lactating mothers in the estate sector is increasing.

KIIs also identified a shortage of medicines, lab supplies, and strips for the well woman clinics. There were malnutrition concerns for pregnant mothers and children, and due to the high cost of meat, fish, and eggs, there is an inability to meet protein needs.

#### **11.14 Child immunization**

Approximately 16 per cent of households that needed child immunization could not access it. Inaccessibility in urban households was 18 per cent, with urban districts varying between 4 per cent and 34 per cent. In rural households, it was 11 per cent, with rural districts varying between 2 per cent and 20 per cent. In estates, it was 33 per cent (Annex Figure 159).

Households with monthly incomes of at least 80,000 LKR in January 2022 (1 per cent) were less affected (Annex Table 128).

FGDs reported skipping routine clinics due to transport difficulties (Gampaha), a reduction in community clinics (Gampaha, Jaffna), and vaccine shortages (Galle, Jaffna).

KIIs identified that due to frequent power cuts, there is an inability to maintain the vaccine cold chain.

#### **11.15 COVID-19 immunization**

Approximately 6 per cent of households that needed COVID-19 immunization could not access it. Inaccessibility in urban households was 5 per cent, with urban districts varying between 2 per cent and 7 per cent. In rural households, it was 6 per cent, with rural districts varying between 1 per cent and 16 per cent. In estates, it was 30 per cent (Annex Figure 160 and Table 129).