

Revised

JUNE - DEC 2022

HUMANITARIAN NEEDS AND PRIORITIES

MULTI-DIMENSIONAL CRISIS

ISSUED
31 OCTOBER 2022

SRI LANKA



PEOPLE IN NEED

7.0 M

PEOPLE TARGETED

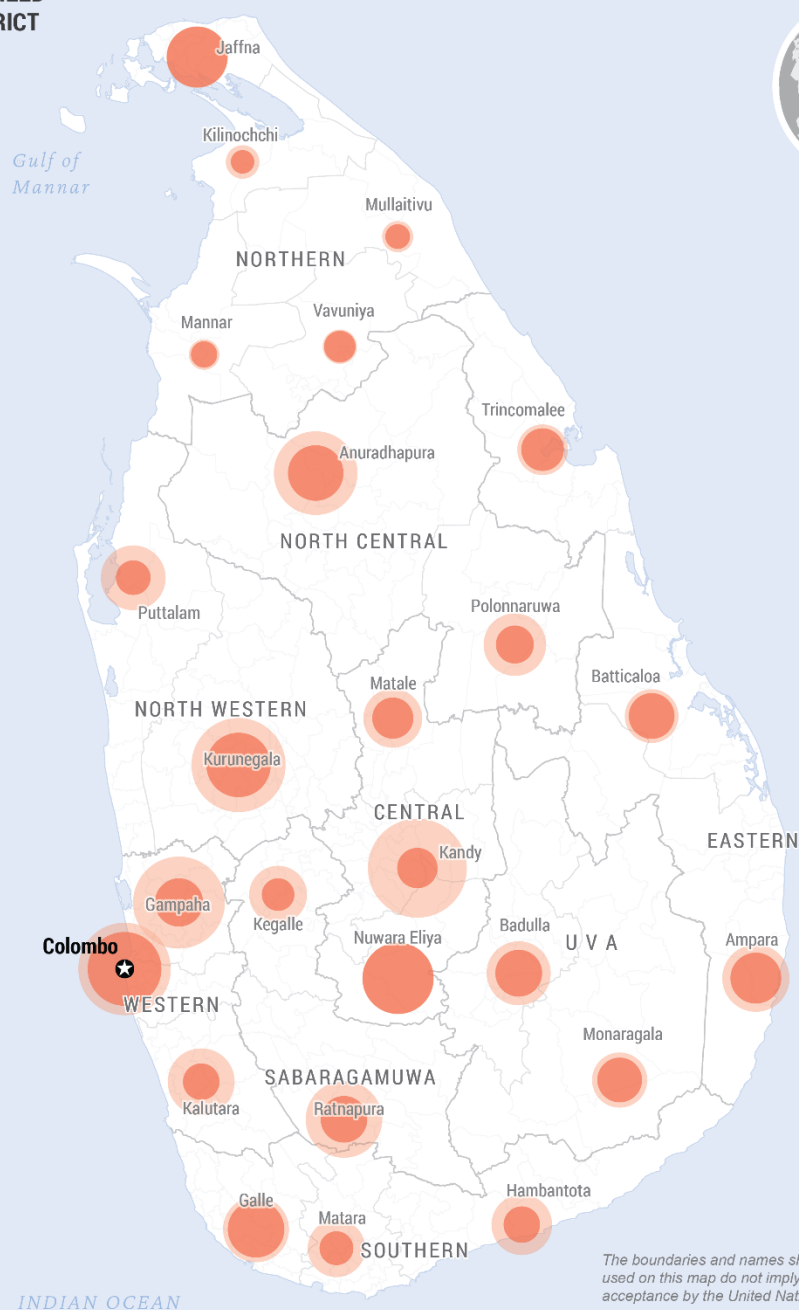
3.4 M

FINANCIAL REQUIREMENTS (US\$)

149.7M

NUMBER OF PEOPLE IN NEED
AND TARGETED BY DISTRICT

PEOPLE IN NEED
PEOPLE TARGETED



This document is consolidated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on behalf of Humanitarian Country Team and partners. It covers the period from 09 June to 31 December 2022 and Issued on 31 October 2022.

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Foreword by the United Nations Resident Coordinator



Since early 2022, Sri Lanka has been facing its **worst economic crisis since independence**. The greatly reduced availability and affordability of food, fuels, fertilizers, and medicines has disrupted livelihoods across the country. As a result, **around 7 million women, men, girls, and boys are in need of humanitarian assistance**.

I am particularly concerned by the further deterioration of the **food security** situation. According to the Crop and Food Security Assessment Mission (CFSAM) that was carried out jointly by FAO and WFP in June-July and published in September, **nearly one third of the population, or 6.2 million people, is facing moderately acute food insecurity, while 66,000 people are severely acute food insecure**. The situation is especially grave for children as well as pregnant and lactating women. A failure to respond adequately will result in the worsening of the prevalence of malnutrition for these vulnerable groups.

Livelihoods and incomes also remain under serious pressure due to the impact of the crisis on small enterprises, which particularly affects women and daily income wage workers. Many households have now **exhausted their coping strategies** and are borrowing money or selling property and belongings to fund their day-to-day needs.

The healthcare system of Sri Lanka, which has historically outperformed many others in the same income group and the region, is **running out of vital and essential medicines** and surgical items. **Protection concerns** have also increased due to a combination of economic stress factors and livelihood losses. These concerns include **gender-based violence (GBV)** and **child protection**. Reductions in feeding programmes and continued disruptions to learning mean children are particularly affected by the crisis. If they are unable to attend school, they **will lose their chance for a better tomorrow**.

In late May, acting swiftly on the request of the Government of Sri Lanka for multi-sectoral international assistance, I worked with UN Agencies, Funds and Programmes and other partners in the Humanitarian Country Team to develop the **Humanitarian Needs and Priorities (HNP) plan**, launched on 9 June 2022. The appeal allowed for immediate and life-saving interventions throughout the country, reaching well over one million people in need. With the further deterioration of the humanitarian situation, we must **step up our efforts to save lives and livelihoods**. To ensure that the basic needs of the most vulnerable can continue to be addressed, we are launching an extension of the HNP until the end of 2022.

Of the 7 million people in need of humanitarian assistance, the **HNP revision is targeting 3.4 million** of the most vulnerable, requesting a total of US\$149.7 million that cover the June to December 2022 period. Of this, US\$76.5 million will be used to address immediate food security needs, US\$31.2 million are for nutrition and WASH interventions, and US\$23.2 million for agriculture & livelihood interventions. Another US\$9.6 million will be dedicated to the provision of vital and essential medicines, medical supplies, and devices to help save lives. With US\$9 million, humanitarian partners will support essential protection activities, including protection from GBV, child protection and the much-needed support to keep children in school.

Beyond the immediate crisis, we must recognize that there are **systemic root causes to this situation including those linked to governance and human rights**. These need to be addressed in the long term, including as part of the broader effort to redouble progress towards the **2030 Agenda for Sustainable Development** through the United Nations Sustainable Development Cooperation Framework 2023-2027.

I am grateful to the international community for their continued solidarity with the people of Sri Lanka and for their commitment to preventing a deterioration of humanitarian needs in the country.

I thank you in advance for your generosity in supporting the people of Sri Lanka at this time of need.

Sincerely,
Hanaa Singer Hamdy
United Nations in Sri Lanka

Situation Overview



©UNICEF Sri Lanka / Vishva Nanayakkara, handing over donations of stationery to students at a school in Haputale.

The crisis in Sri Lanka has resulted in food insecurity, threatened livelihoods, shortage of essential medical items, and rising protection concerns.

Sri Lanka continues to experience its worst economic crises since independence, deepened by increasing risk of food insecurity following reduced production over several harvest seasons. Shortages of fuel, electricity, pharmaceuticals and cooking gas, coupled with inflation and skyrocketing food prices, have severely affected the poor and most vulnerable groups and resulted in substantial humanitarian needs.

Overall Impact

Over the past years, Sri Lanka's public debt burden has reached unsustainable levels due to large fiscal, persistent deficits, low revenue collection and the COVID-19 pandemic, which caused a steep decline in international tourism and disrupted other sources of foreign income.^{1 2} This has been combined with food and energy price shocks in early 2022 due to the conflict in Ukraine, which elevated global oil and food prices, further increasing commodity prices in Sri Lanka. Russia is the third-largest market for Sri Lankan tea, the country's main export commodity, but had to significantly reduce its procurement or has struggled to pay due

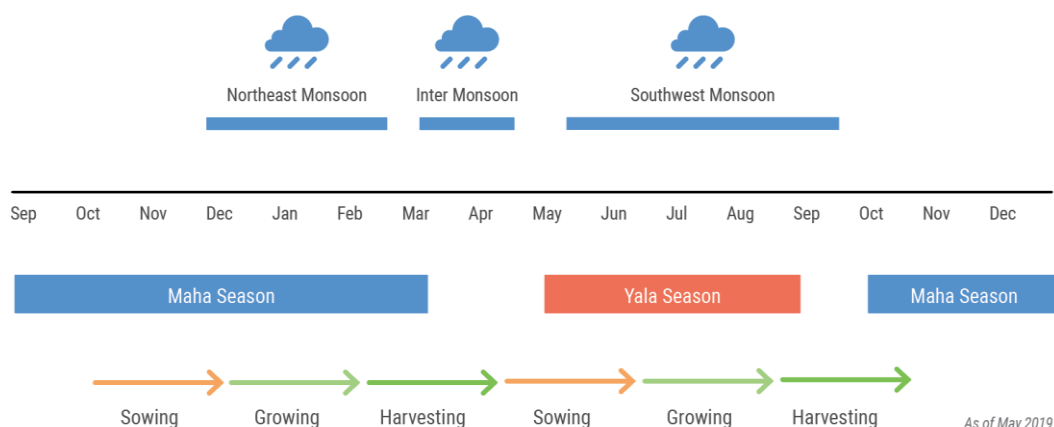
¹ International Monetary Fund. 2022. IMF Executive Board Concludes 2021 Article IV Consultation with Sri Lanka. *Press Release PR/22/54*. Washington, DC. February 25, 2022.

² World Bank Group. 2022. Macro Poverty Outlook: Sri Lanka. *Spring Meetings 2022*. Washington DC.

to sanctions on its financial system. In March 2022, the Sri Lankan Government started to impose daily electricity cuts due to the unavailability of imported fuel needed for electricity generation. One month later, the Government defaulted on most of its international debt, with inflation rates sharply increasing and currency convertibility issues affecting pricing and access to import essential commodities, including medicines and fuel. As the fuel shortages worsened, in July the Government restricted fuel usage to essential services, which incited political unrest and street protests. The Colombo Consumer Price Index (CCPI) shows that inflation has increased by 66 per cent over the year to October 2022. Moreover, food inflation is 85.6 per cent over the year to October 2022.

The economic crisis is compounded by a serious reduction in domestic food production. In its bid to make farming more environmentally sustainable, the Government banned imported chemical fertilizers in April 2021 with limited transitional arrangements and inadequate alternatives to sustain agricultural yields. While the ban was lifted in November 2021, the decision has had a disastrous impact on productivity and production in the 2021/22 Maha season³, which suffered an estimated 40-50 per cent reduction⁴. For the Yala⁵ 2022 planting season, a 50 per cent decrease in production has been reported, with crops characterized by widespread plant stunting, presence of weeds and widespread yellowish color of the paddy fields.⁶ Maize production has decreased by 60 per cent and can only cover 30 per cent of the country's needs. It is estimated that only 24 per cent of the usually worked land –or 128,652 out of 524,778 hectares- has been cultivated for the Yala 2022 season. This not only has an impact on food availability in the country, but also affects livelihoods: about 2 million people, or 9 per cent of the total population in Sri Lanka are farmers, and about 40 per cent of the country's population -representing 2.1 million households or 8.1 million people- are engaged either in

FARMING SEASONS



agriculture or livestock production⁷.

The significant reduction in agricultural production, together with the rising prices of fuel and basic food items have made food unaffordable for a significant part of the population. The situation is worsened by the widespread shortages of key imported commodities such as wheat flour, canned fish, milk powder and lentils. Prices of most commodities have increased considerably since the end of 2021, and food inflation was measured at 94.9 per cent in September 2022 compared to a year before, a further increase from 93.7 per cent in August. Based on the recently concluded [Crop and Food Security Assessment Mission by WFP and](#)

³ Cropping season in Sri Lanka, synonymous to the north-east monsoon, that runs from September to March.

⁴ Rapid Qualitative Food Assessment by WFP and the Sri Lankan Department of National Planning.

⁵ The Yala season runs from May to August

⁶ CFSAM report, 2022

⁷ ACAPS, June 2022

[FAO](#), nationally, 6.3 million people, or 28 per cent of the population, are found to be moderately or severely food insecure⁸. Of particular concern are 66,000 people who are severely acute food insecure, 18,000 of whom are living in the estate sector⁹ such as tea plantations. In total, 57.1 per cent of severely insecure people in the country are in the estate sector, and 41.6 per cent in the Central Province. Characteristics most strongly associated with moderately food insecure households include female-headed households (at 39.8 per cent), heads of household with no education (at 43.1 per cent), households of Indian Tamil ethnicity (at 50.3 per cent) and beneficiaries of the Samurdi programme¹⁰ (at 41.3 per cent). A slightly different set of characteristics are associated with severe acute food insecurity, which include the estate sector (at 2 per cent), high dependency ratio¹¹ (at 2.3 per cent), “assistance” as the main source of income (at 1.4 per cent) and having at least one member living in the household with a disability¹² (at 1.2 per cent).

Aside from assessing the food security levels of the population, the CFSAM further analyzed food and livelihood coping strategies being adopted in response to the situation. These include cutting the number of meals consumed in a day, reducing meal sizes, spending savings, and purchasing food on credit. An estimated 13.5 million, or 61.1 per cent of the population, are using food-based coping strategies, and 47.7 percent of households use livelihood coping strategies because they do not have enough food or money to buy food. About 5.3 million people, or 24 per cent of population, are reducing the number of meals, and the same percentage of the population are reducing adults’ consumption so that children can eat, with women being the last to eat in the household. The proportion of households with unacceptable diets is ten times higher compared to the end of 2021. About 8.7 million people in the country are reported as not consuming adequate diets; nearly 32.2 per cent of these households are in urban areas. The livelihood-based coping strategies that households are resorting to include spending savings, selling productive assets, reducing essential healthcare expenses, withdrawing kids from school, buying food on credit, borrowing money or pawning jewels. Once these least severe strategies are exhausted, households would likely resort to means that will have a higher negative impact on their medium long-term capacity to generate income and their food security. Informal income earners, unskilled casual laborers, and those who do not have home gardens or livestock are among the most vulnerable to food insecurity.

With the reduction in domestic agricultural production during the Yala 2022 season, the prices of food are expected to increase further and reliance on imported food will intensify. This, in turn, would continue to drive a severe reduction of food availability and food access, with negative effects on food and nutrition security during the upcoming lean season, which starts in October 2022. Unless there is a significant turnaround on field cultivation and intensified agricultural support is mobilized, the upcoming Maha 2022/2023 season will remain a challenge. Without a solid domestic production base, food insecurity will likely continue and those who will suffer the most are the poor and already vulnerable families.

The economic and food security crises are hitting on top of the effects of the COVID-19 pandemic, which reversed years of development gains and pushed an estimated 300,000 people below the poverty line in 2020 in Sri Lanka, according to the World Bank. Recent World Bank forecasts also suggest that the poverty

⁸Based on WFP’s Consolidated Approach for Reporting Indicators of Food Security (CARI). The CARI is a composite indicator which reflects both current status (food consumption) and coping capacity (economic vulnerability and livelihood coping).

⁹ The estate sector are people living in plantations managed by private companies. Defined in Sri Lanka Journal of Economic Research, November 2018: the estate sector among the other sectors (rural and urban) contributes significantly to the development of the economy through its capacity to earn foreign exchange. The estate sector comes under the export agriculture sector and it handles the production of tea, rubber, coconut and other export crops such as spices.

¹⁰ Part of the economic and social development programmes in order to achieve its main objective of eradicating poverty in Sri Lanka under the Samurdhi Authority of Sri Lanka, created by Act no. 30 of 1995.

¹¹ Dependency ratio defined as the number of non-working age members to working-age members.

¹² Disability defined as any member having “a lot of difficulty” or “cannot do at all” for at least one of six different activities (vision, hearing, mobility, cognition, self-care and communication).

headcount of \$3.65/day¹³ will more than double from 13.1 per cent in 2021 to 28.2 per cent in 2023. On 1 September, the Government of Sri Lanka and the International Monetary Fund (IMF) reached a staff-level agreement for a 48-month, US\$ 2.9 billion Extended Fund Facility. The agreement is subject to the approval by IMF management and the Executive Board, and to progress on reducing public debt to a sustainable level.

Impact on Other Key Sectors

Impact on Health

About 80 per cent of medical supplies in Sri Lanka are imported, and the inability to bring into the country various medicines due to depleted foreign reserves has caused a shortage. In June 2022, close to 200 essential medicines, such as blood-thinners, antibiotics, vaccines and cancer chemotherapy drugs were out of stock. With in-kind donations and procurement efforts by the World Bank (WB), Asian Development Bank (ADB) and UN agencies, the number of out-of-stock essential medicines has been reduced and maintained at around 120 medicines by August 2022. However, in early October 2022, about 151 items were out of stock at the national level, along with 3,500 essential surgical consumables and 531 regular laboratory items. At the same time, the price of drugs has increased by 30 per cent around the country¹⁴. The shortages have severely affected the healthcare system, which has also suffered the lack of fuel and long power cuts that have curtailed operational capacity. Sri Lanka has been experiencing daily scheduled power cuts since February 2022 due to fuel shortages affecting power generation. At their peak in March, longer power cuts were experienced, up to 10 hours each day. By October, the daily power cuts have been limited to two hours and 20 mins. Due to these power cuts, routine non-emergency surgeries, medical procedures, and laboratory tests are often delayed or put on hold. As public health facilities are running low on stock/or out-of-stock on several essential medicines and supplies, some of health care seekers approach private health facilities/pharmacies to obtain medicines which in turn increases their out-of-pocket health expenditures. Even though medical services are prioritized for fuel, the limited availability still results in some ambulances not being able to function and transport patients to health facilities. In June-August, the limited funds and functionality of government departments have restricted the national vector surveillance systems for dengue, affecting early warning and control measures. Additionally, funds are needed to pay for the annual servicing of medical equipment, purchase critical spare parts and replace the obsolete equipment. The maintenance of equipment and diagnostic tools is as critical to provide essential medical care as the medicines.

Impact on Nutrition

Low-nutrition diets among children under five places Sri Lanka among the ten worst low- and middle-income countries in the world on some measures of child undernutrition¹⁵. Prior to COVID-19, the country had recorded the prevalence of stunting at 17.3 per cent, of wasting at 15 per cent and the prevalence of underweight at 20.5 per cent for children under 5¹⁶.

As of April 2022, the monthly costs of a nutritious diet per household had increased by 156 per cent¹⁷. The usual provision of Thripasha, a locally produced nutritious food supplement targeting children with moderate acute malnutrition (MAM) and pregnant and lactating women (PLW), has been discontinued. Many schools have stopped providing meals due to surging costs of basic food items, leaving many families struggling to feed their children against the backdrop of food price hikes and nationwide rations of basic goods. Schools that are still serving meals have had to significantly cut back on the size and protein density of the food.

¹³ 2017 PPP

¹⁴ ACAPS, 2 June 2022

¹⁵ As per WHO classification, this is considered "very high"

¹⁶ Based on Sri Lanka's 2016 Demographic Health Survey

¹⁷ Rapid Qualitative Food Assessment by WFP and Department of National Planning.

Typical school meals that used to consist of a balanced diet of meat or eggs, rice, fruits and vegetables now consist of mainly carbohydrates¹⁸.

Impact on Protection

The multi-dimensional crisis in Sri Lanka has added protection concerns to the pre-existing chronic inequalities experienced by its people. Before the crisis, according to the Women's Wellbeing Survey conducted in 2019, the prevalence of GBV in the country meant that one in five (or 20.4 per cent) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime and two in every five women (or 39.8 per cent) have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviors by a partner in their lifetime.

Since the beginning of the current crisis, district officials have reported a rise in domestic violence, while acknowledging that these are underreported as they have limited means to monitor. The rise in domestic violence, and the increase of stress and mental health impacts, especially among women and girls, have also been identified in recent surveys¹⁹. In addition, an alarming increase in high-risk child protection incidents such as sexual assault, physical abuse, and child negligence have been reported in at least four districts, namely: Moneragala, Nuwara Eliya, Batticaloa and Mullaitivu. Authorities project that child protection cases will continue to increase. At the same time, the ongoing crisis is affecting protection mechanisms for gender-based violence and child protection, as the ability of social workers to conduct regular field visits and provide protection services to families and vulnerable children is limited due to fuel shortages.

Impact on Education

Due to the COVID-19 pandemic, many schools in Sri Lanka were closed for one and a half years. At the start of 2022, schools started to reopen, but were since then closed multiple times again as a result of the current crisis. In June 2022, for example, authorities announced that public and private schools across Colombo and surrounding regions would be closed. Without fuel for both private vehicles and public transportation, many children across the country were unable to get to school, even in regions where schools are still formally open. School closures and the fuel shortages continue to disrupt children's education across the country. In addition, many families are struggling to support their children's education as they have to prioritize basic needs over education, resulting in increased school dropouts. The Government has requested schools to re-introduce online learning systems that were in place during the COVID-19 pandemic, however, many children in rural areas or from poor families have no or limited access to the internet and devices.

¹⁸ <https://www.savethechildren.net/news/school-meals-menu-children-sri-lanka-economic-crisis-bites>

¹⁹ Rapid Qualitative Food Assessment by WFP with Department of National Planning

Strategic Objectives



S01

Save lives through the provision of food assistance and essential medicines, targeted nutrition services, safe drinking water and emergency livelihoods support for the most vulnerable



S02

Provide immediate agricultural support that allows the resumption of basic productive activities for the maintenance of livelihoods and food and nutrition security



S03

Provide protection from violence, especially that based on gender, age, disability, and other vulnerabilities, and prevent and mitigate other protection risks through timely assistance, including mental health and psychosocial support and education

Response Strategy

The Humanitarian Needs and Priorities Plan is implemented under the overall guidance of the Humanitarian Country Team (HCT) and supported by the Inter-Sector Coordination Group (ISCG) comprising five sectoral groups. The response will focus on lifesaving and time-critical interventions for vulnerable groups. In line with the government's invitation to support its efforts, the HNP aims to assist 3.4 million people between 9 June and 31 Dec 2022 in 25 districts.



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Strategic Objectives

The Resident Coordinator, together with the members of the HCT will be responsible for the implementation of the activities outlined in this plan based on the following objectives:

1. **Save lives through the provision of food assistance and essential medicines, targeted nutrition services, safe drinking water and emergency livelihoods support for the most vulnerable.**
2. **Provide immediate agricultural support that allows the resumption of basic productive activities for the maintenance of livelihoods and food and nutrition security.**
3. **Provide protection from violence, especially based on gender, age, disability, and other vulnerabilities, and prevent and mitigate other protection risks through timely assistance, including mental health and psycho-social support and education.**

These objectives and corresponding priority needs will be implemented through five key sectors, namely: Food Security; Agriculture and Livelihoods; Nutrition and WASH; Health; and Protection (including Gender-based Violence and Child Protection) and Education.

The revised HNP plan brings together the lifesaving priorities identified by the agencies that are part of the plan. Individual agency appeals and the revised HNP are fully aligned, to ensure a coordinated and harmonized approach.

Needs assessments

The revision of the Humanitarian Needs and Priorities Plan has been informed by 11 needs assessments and surveys at national and district levels, undertaken since May 2022.

Assessments conducted include the following: FAO/WFP CFSAM and WFP Rapid Food Security Assessment which provide information on food availability and profile and number of food-insecure households; UN-Habitat's assessment on social protection and livelihoods in urban poor communities, UNICEF WASH assessment in health facilities and rapid food security assessments by Center for Poverty Analysis (CEPA), World Vision and ACTED as well as other sector-specific and multi-sector assessments by Kindernothilfe, Childfund and Save the Children. Some additional 15 assessments are currently ongoing and at various stages of implementation by humanitarian partners. The results from these assessments are expected to inform the implementation of activities.

Scope of the Response

The response gives priority to interventions that are based on agreed vulnerability criteria, including gender, age and disability. Categories of the population identified as most vulnerable include children, pregnant and lactating women (PLW), persons with disabilities (PWD), women-headed households, migrants, different ethnic and religious minority groups, informal income earners and the new categories of people who have become vulnerable due to the ongoing food insecurity. In addition, the following groups will be targeted during the response:

- Families with multiple children below 5 years old.
- Families including elderly (age > 65) households with low income.
- Households with members with chronic illnesses.
- Disadvantaged farmers who need to resume basic agricultural activities.
- Vulnerable persons who experienced livelihood losses such as informal daily wage

earners, minimum wage earners employed in certain industries i.e., tourism, construction, and other services who need alternative income-generating projects or means.

Sector Key Achievements and Challenges (June-September)

This section summarizes the achievements of sectoral interventions, including the challenges that have been affecting operations. The details of people reached per sector are reflected in the HNP's monitoring framework and details of progress per activity are reflected in Annex 2. Additionally, an online interactive dashboard has been developed for sectors to directly report progress made.

Food Security

As per HNP implementation, the Food Security sector scaled up its operations to deliver life-saving assistance for the most vulnerable and most affected people. Since June, sector partners have reached a total of 390,605 people with nutrition-sensitive interventions, cash and voucher assistance, with special focus on young children and women, who are at the heart of the response. The sector has provided over 269,218 people with unconditional cash and voucher assistance through multiple delivery mechanisms and partnerships, including with financial service providers, social protection systems, and retailers. In addition, over 121,387 people have received in-kind assistance through a mix of local and international procurement.

Sector implementation has been affected with some challenges. Skyrocketing inflation has affected the quantity of food which some organizations are able to provide in dry food packs. Shortages of goods are also contributing to the dry food limitations. Fuel access issues were experienced in June and July making access to field locations difficult, especially when operations were starting to ramp up in July.

Agriculture and Livelihoods

Under the HNP in June, the sector requested \$16.8 million to provide critical inputs for crop

production, livestock and fisheries, as well as cash assistance to 398, 000 farming households and fisher folks affected by the crisis. Most of the planned support was aligned with the two main cropping seasons: the Yala season (April-September) and the Maha season (September-March) as poor farming households require support to access agricultural inputs, among others, during these periods to enable them to engage in farming.

The sector had reached a total of 10 per cent of its target for HNP implementation since June 2022, with a breakdown of reach per season as follows: Maha 2022/2023 (4 per cent) and Yala 2022 (32 per cent). This was largely due the low funding for the sector to implement the planned activities, coupled with extreme volatility in the global fertilizer market. During the Maha season, the main cropping season, projects were poorly funded and only about 4 per cent of the targeted poor farming households have been reached, so far. With the start of the Maha 2022/2023 planting season in October 2022, the number of farmers reached is expected to increase considerably.

Health

Under the auspices of the HNP, the Health Sector procured essential medicines through UNDP, that have been handed over to the Ministry of Health (MOH) on 14 September. These essential medicines will cover all 25 Districts with an estimated beneficiary count of 228,000. The medicines include anticoagulants, chemotherapeutic agents and immunosuppressive agents essential in clinical care. Another consignment of medicines is still underway, pending freight challenges. Once received, these medicines will also be handed over to the MOH. This batch includes adrenergic agonists (norepinephrine) and general anaesthetic agents for emergency care. The sector has also procured and delivered 660,770 vials of Oxytocin injections (10 IU 1ml amp/BOX-10) to MOH through UNICEF procurement channels. This emergency obstetric drug will be used in the prevention of postpartum bleeding for about 660,770 women at the time of childbirth. Through the UNFPA channel, essential lifesaving maternal and reproductive health medicines have been provided including 100,000

vials of Magnesium sulphate injection, 300,000 Misoprostol tablets, 1,235,000 test syphilis rapid plasma regain (RPR) kits, 500,000 vials of oxytocin and over 2,000,000 male condoms. These were also handed over to the MOH and will be used in all government health facilities and community distribution models in 25 districts, and to reach 2 million people. More recently, in October, additional obstetric medicines were delivered to the MOH composed of Medroxyprogesterone Acetate (DMPA).

Global supply chain constraints had a significant impact on procurement during the stipulated time periods. Global shortages of some essential medicines and consumables have led to increased lead time for delivery. During the same period, the fuel shortage also played a role in the smooth transportation of medicines and commodities from the central to peripheral regions of the country. The significant extensive clearance and approvals needed for medicines and supplies also created challenges to deliver on the HNP goals within the stipulated time period.

Nutrition and Water Sanitation and Hygiene (WASH)

During the first iteration of the HNP, the Nutrition Sector targeted 697k out of 2.43 million people in need of assistance, with a financial requirement of \$3.59 M. Children and women are being reached with life-saving interventions through multi-sectoral technical and financial assistance. The sector has received, so far, 6 per cent of the required funds and been able to reach 547,784 people out of 2,059,784 targeted, or 27 per cent of the target, with different nutrition services and assistance. The Government has set up a combined mechanism for multisectoral actions to address food security and nutrition, as announced during the country celebration of Nutrition Month this October. This is projected to trigger significant actions that would accelerate target achievements under the HNP.

While the systems for decentralized reporting and treatment of children with SAM are being devised, an accelerated implementation scheme is required. As of the end of September, the WASH sector had reached 44 per cent, or 407,059 beneficiaries out of the 929,472 targeted in the

HNP. The WASH sector deals with multiple partners and it is devolved up to local level. This makes coordination among multiple government partners challenging due to the lack of information and data sharing and communication. The frequently changing ministerial structure and staff as well as deactivation of WASH sector coordination mechanisms has hindered government-level coordination.

Protection and Education

Child protection and GBV sub-sector partners successfully mobilized all the required funds for the urgent protection response to the increasing needs identified for June – September 2022 through the HNP. As of September, the protection sector reached 2 per cent of its target. Accessible services were made available through the support provided to shelter operations. These shelters provide lifesaving and survivor-centered services to women and girls at risk of GBV, divisional level GBV case management services as well as child protection case management and psychosocial support.

Access for the most marginalized children to schools/education has been facilitated through the provision of learning materials, stationery and learning recovery programmes which were complemented by mental health and psychosocial support services in their homes and schools. The education sector has reached 329,080 beneficiaries, or 24 per cent of the total target of 1,394,227.

Cash assistance provided included a strong protection integration approach including sensitization of communities/families at risk, protection top-up and referrals.

For informed programming, rapid child protection assessments and rapid gender analysis were also conducted. An education rapid assessment is also underway. At the same time, the sector is also strengthening the capacities of government counterparts and civil society actors to identify and respond to protection risks.

The implementation for the sector did not go without any challenges. As families prioritized food over the protection and education needs of children, partners had the challenge to engage

parents and caregivers for child protection interventions.

While the number of cases reported on sexual and gender-based violence (SGBV) and child protection increased, there was minimal capacity, resource mobilization and a shift in the prioritization of this issue in the Government. During the severe energy crisis, service providers did not have sufficient fuel for field visits, home visits, care and protection support, which hindered timely responses for children and women. Though the fuel crisis has eased a bit, government's social services remain limited for protection and education

Responsible government GBV and child protection counterparts demonstrated minimal capacity and resource allocation amidst the significant need to expand GBV response services and strengthening both effective referral mechanisms and information dissemination strategies for safe access to essential care and support services by GBV survivors.

Schools have re-opened and are functioning. However, lack of transportation or its high cost, when available, continue to affect school attendance by students and teachers. Simultaneously, food insecurity at the family-level is causing increased school absenteeism or drop-outs among children as well as psychological and mental health issues among students.

The Education Sector remains the least funded sector in the HNP, recorded at 15 per cent, though children's needs for education continues to increase.

Preferences for response modality

In May, community consultations were conducted in Trincomalee and Mullaitivu districts to understand priority needs and preferences for a particular response modality, whether cash, or voucher, or in-kind. Food, medicine, education of the children and energy supply such as cooking gas, electricity were identified by about 90 per cent of respondents as priority needs. About 80 per cent of respondents indicated a preference for cash, both multipurpose and cash for work,

compared to other response options, as they understood cash gives them better capacity to meet their needs. Their perception was supported by the functioning markets in the nearby areas²⁰.

A consultation with local actors on the HNP plan in September confirmed cash as the preferred modality of assistance. However, it was highlighted that while online cash transfers may be best for some groups, physical cash distributions may be more suitable for people in remote or hard-to-reach areas, or for those who cannot read.

Principles of Implementation: Coordination and Localization

Coordination: The identification and prioritization of needs and corresponding response activities has been conducted with strategic guidance from the HCT under the leadership of the Resident Coordinator (RC). The HNP response will be coordinated through five priority sectors for operational concerns, with progress presented to the HCT on a monthly basis or as needed. Technical expertise is provided by the Resident Coordinator's Office (RCO) and the Office for the Coordination of Humanitarian Affairs, through the Regional Office for Asia and the Pacific (OCHA ROAP). OCHA provides support for operational coordination, ensuring seamless reporting and accountability to the HCT.

Localization: With the launch of the HNP in June 2022, a dedicated HCT for the HNP Plan was established. It is composed of Heads of Agencies from nine UN agencies and nine NGOs, including six international and three local NGOs. Of the five sectors²¹, three are co-chaired by NGOs, including two by international NGOs (Save the Children for the Child Protection Sub-Sector and World Vision

Lanka for the Food Security Sector) and one by a local NGO (Sarvodaya, for the Health Sector).

The HCT values national capacity and is committed to support the strengthening of localization principles. The HCT recognizes that local actors are critical to the success of humanitarian action, often the first responders and at the heart of humanitarian response. Local actors provide an invaluable understanding of local challenges and potential solutions, they can mobilise local networks, and offer greater access to crisis-affected populations. As they may themselves be members of the affected community, they are often well-informed about community and conflict dynamics that may exclude or marginalise certain groups or individuals. Their presence within communities before, during, and after crises means they are generally best placed to link immediate response efforts to longer term resilience-building, preparedness, and recovery. Meaningfully engaging local actors in leadership and decision-making across all phases of the response contributes to more effective, efficient, and sustainable humanitarian action and contributes to enhanced accountability to affected populations.

Out of 22 operational partners participating in the HNP, there are five national NGOs that will implement projects under the Food Security, Child Protection, Education, GBV and Sexual and Reproductive Health (SRH). They will coordinate their response through the relevant sector leads. Correspondingly, the sectors coordinate and harmonize approaches with their respective government counterparts, namely: FSL works with the Ministry of Agriculture, the Health Sector with the Ministry of Health (MOH) and Protection works with the Ministry of Women and Child Affairs.

To inform the revision of the HNP Plan, OCHA and the RCO convened a series of consultation workshops with local actors. Three consultations were held with 44 NGOs and CSOs that are

²⁰ Based on community consultations led by Save the Children Sri Lanka.

²¹ From the initial three sectors under the first iteration of the HNP in June, the sectors were expanded to five. These are: Food Security, Agriculture and Livelihoods,

Health, Nutrition and WASH, and, Protection, including child protection, gender-based violence and education.

providing humanitarian assistance to affected people across Sri Lanka. Two consultations were specifically focused on organisations working in the northern and eastern provinces of the country. Consultations were held in-person, in Colombo and Jaffna, and virtually. These were facilitated in Sinhala, Tamil, and English. A roundtable discussion on localisation is being planned to include donors, UN agencies, NGOs and CSOs. This is in recognition of the unique contributions of local actors and to explore opportunities for enhanced partnership and cooperation.

Operational Capacity and Constraints

A total of 22 organizations have been involved in the prioritization of humanitarian interventions and participate in the implementation of the HNP. Food Security has 12 participating organizations, while Agriculture and Livelihoods has eight participating organizations. Other participating agencies per sector include GBV (9), Child protection (6), Education (5), Health (4), SRH (3), Nutrition (3), WASH (2). Some agencies are working on both sectors. The Health Sector will be primarily implemented by WHO, UNICEF, UNFPA and UNDP in close coordination with its government counterpart, the MoH.

The capacity of Sri Lanka to import a wide range of goods has been severely constrained by the prevailing foreign exchange crisis. While international organizations would be less affected, the risk of delays or inability to procure certain inputs for the response needs to be accounted for. The ongoing global food and energy crisis are compounding factors that may continue to influence a spike in prices and/or the unavailability of some products for programme interventions. The current challenges and disruptions experienced by both global and local logistics and transportation providers are expected to result in further delays. The ability to reach field locations will increase as fuel crisis and restrictions are somehow eased up.

The uncertainty of inputs supply, including agrochemicals, seeds and fertilizers, delays in land preparation, high cost of inputs intensified by high

fuel costs, as well as the lack of capital from reduced yields are expected to affect interventions on agriculture and emergency livelihoods.

While COVID-19 measures/restrictions have been eased; humanitarian partners will continue to monitor the COVID situation in the country.

In mid-October, heavy rains and strong winds have caused severe flooding and landslides in several parts of the country. According to the Disaster Management Centre of Sri Lanka, there were 11 districts affected, namely: Trincomalee, Galle, Kilinochchi, Kalatura, Gampaha, Colombo, Puttalam, Ratnapura, Kandy, Hambantota and Kegalle, with Gampaha being the hardest hit. In total, 56,000 people were affected, with over 5,000 displaced. Three people have died. Level three landslide evacuation warnings have been issued in several regions of Kalutara, Ratnapura and Nuwara Eliya districts. While the southwest monsoon, which usually lasts from May-September, is over, any above-average rainfall for the rest of the year will compound the current situation. The Government will unlikely be able to respond to additional caseloads in the case of flooding events, given the current circumstances. Flooding would also mean further food and medicine shortages, as well as additional disruption of livelihoods. To strengthen preparedness, the HCT, through the Inter-Sector Coordination Group (ISCG), is currently updating the flood contingency plan for the country.

Cash and Voucher Assistance (CVA)

Modality to meet a range of needs: Several agencies, INGOs, and national entities in Sri Lanka have experience in the use of cash transfers to address the needs of specific vulnerable households. Considering the lifesaving focus and timeline of this HNP, the overall use of cash assistance delivered in conjunction with in-kind support and services is intended to support vulnerable households, maintain their purchasing power and dignity of choice to meet their essential needs and preserve livelihoods.

The current situation warrants intervention in the short and medium term to address the threat to people's essential needs, especially the poor and marginalized. As implementing agencies use CVA to deliver humanitarian assistance, this is done through different approaches such as multi-purpose cash (MPC), sector cash and social protection assistance.

Cash Working Group (CWG): Since June 2022, the CWG in Sri Lanka, composed of national and international actors, was re-established with a focus on the implementation of the HNP response and integration of the ongoing programming. In transition to the recently IASC endorsed model on cash coordination, the group has three programmatic co-chairs (WFP, UNICEF, and Save the Children) and the RCO through inter-agency surge coordination support that fulfils a non-programmatic role. The CWG worked on developing a preliminary Minimum Expenditure Basket (MEB) as well as gap analysis based on data available at that time and to assist in immediate emergency planning and HNP design. As a result of such technical discussions, two suggested Transfer Values (TV) were defined to recommend the Food Security sector and MPC programs. Since the MEB calculations in April, exponential inflation increases have continued. Based on the most recent national Consumers Price Index (NCPI) in August, the CWG looked at the data sources to take into consideration the hyperinflation and to propose adjustments to the transfer values during the HNP extension period.

The CWG's role is to coordinate and ensure coherence between the various cash programmes. The current priorities of the group include: 1) Effective coordination of cash transfers during the response for a coherent approach; 2) Harmonized targeting and transfer values; 3) Strengthen coordination with government through current/ other existing mechanisms; 4) Supporting the linkages and complementarity with the government's response and social protection

system, and; 5) Identifying approaches to minimize potential risks of social tensions.

Cash and Voucher Assistance (CVA) in the HNP: The sectors have implemented a variety of cash-based interventions as the main way of support and service delivery, with focus on providing short-term life-saving humanitarian assistance to the most vulnerable. The main sectors using cash as a modality, including multi-purpose cash assistance, are Food Security, Agriculture and Livelihoods, Nutrition and Protection. Together, they are collectively targeting a total of 362,000 people with CVA. The share and scale of cash transfers can be adjusted based on market functionality, and other programmatic considerations, but the August market functionality index has shown that remains conducive to use CVA. Ongoing cash programmes in the HNP are covering immediate food and nutrition needs and livelihoods support. Currently, the implemented CVA amounts to \$1.6 million benefitting 299,903 individuals against the target of 573,415.

Cross-cutting concerns

Gender

Effective, equitable and participatory humanitarian action cannot be achieved without understanding and responding to the specific needs, priorities and capacities of diverse women, girls, men and boys in different age groups. Integrating gender equality reinforces a human-rights based approach to humanitarian action, which improves programming by respecting and protecting the universally recognized rights and dignities of every individual as human being. Incorporating gender equality in humanitarian action, therefore, enhances the impact of humanitarian strategies and interventions.²²

The multi-dimensional crisis in Sri Lanka highlighted the exacerbation of vulnerabilities and risks among women, men, girls and boys. Humanitarian partners analyze the gender dimensions of the crisis by looking into the specific situation of women, men, girls and boys through rapid gender analysis, gender and age

²² The Gender Handbook for Humanitarian Action, 2017

specific questions in assessments as well as analyzing the situation of persons with disabilities. Sex, age and disability disaggregated data (SADD) was collected and analyzed to inform programming, where interventions are targeted towards specific vulnerable groups such as women in reproductive age, pregnant and lactating women (PLW), children who are at risk of or suffering from malnutrition or protection-related conditions. The prioritization of target groups in the HNP is also mentioned in the section on Scope of the Response.

Consultations for Accountability to Affected Populations are likewise based on sex, age and disability to ensure that different perspectives are collected in terms of their priority needs and how they view the assistance received so far. This is to inform humanitarian programming on the most appropriate assistance including the modality for such, either the preference by the affected populations is in-kind, cash or mixed of both, depending on their circumstances and realities in their localities.

Assessments show that women and children have continued to bear a huge impact amidst the current crisis in Sri Lanka. For instance, women-headed households and irregular income households are among the most vulnerable to food insecurity. Stress and mental health impacts are rising with a disproportionate impact on women and girls who are responsible for care work in the household.²³ As families reported to reduce meals due to limited income and access, adults tend to eat less to let children eat; however, women are also reported to be last to eat in the family. Reports of a rise in domestic violence driven by women's financial independence are extremely limited due to many factors. Women's economic engagement is low and most of those who are engaged are not the financial decision makers in the household; most of them are engaged in the informal sector or in low-paid jobs. Financial literacy among women is likewise limited, which is another reason why independent decision making is low among women. Women's and girls' needs as well as the families' are de-prioritized in favor of spending the meagre income on a son's education over a daughter's. Women's

needs are also given less priority in the household; limiting their access to essential commodities and services, such as sexual and reproductive health (SRH) services and support to mental health.

As much as efforts are being made for gender-specific interventions, it is acknowledged that more needs to be done, and gaps to fill. Therefore, going forward, the humanitarian community will continue to reinforce gender in humanitarian programming as well as continue to understand the social determinants that may impact women, men, girls and boys in different ways.

Accountability to Affected Populations

Accountability to Affected Populations (AAP) is defined as an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian responders seek to assist. In practice, this means effectively communicating with crisis-affected people in formats and languages they prefer; listening to the views of affected people and using feedback to design and adjust programming; and ensuring affected people have access to safe and confidential mechanisms to make a complaint about humanitarian programming, staff and organisations particularly on sensitive matters such as sexual exploitation and abuse (SEA).

In Sri Lanka, an Accountability to Affected Populations Working Group (AAPWG) was established in June 2022 under the auspices of the HCT with the aim to establish collective engagement with crisis-affected people, communities, and local actors to ensure a more principled, effective, and accountable humanitarian response. The AAP WG supports the HCT to prioritise the implementation of commitments to AAP in the humanitarian response, in line with the [Statement by IASC Principals on AAP in humanitarian action](#) and [IASC Standard Terms of Reference for HCTs](#). The AAPWG supports humanitarian responders to put affected people – including women, people with

²³ Based on the Joint Rapid Food Assessment Survey conducted by the Department of National Planning and WFP in April 2022

disabilities, children, and older people – at the centre of the response.

The AAP WG is composed of nine participating agencies and chaired by the OCHA, through its AAP/PSEA Officer. The AAP WG meets on a fortnightly basis and includes good practice sessions as a standing agenda item to promote sharing and reflection between members. Over the coming months, the AAP WG will seek to expand the membership and identify an NGO co-chair. An AAP Action Plan has been developed to guide collective AAP approaches that address global, national, and local commitments and priorities. To further institutionalize AAP, it is included as a standing agenda item in the HCT and ISCG meetings. An AAP lessons learned workshop is planned for December 2022 that could inform future response planning.

Under the previous iteration of the HNP Plan, a 3W (who-what-where) mapping exercise was completed to better understand how humanitarian responders are fulfilling their commitments towards AAP, particularly in the areas of information sharing, community engagement, and feedback and complaints response mechanisms. To ensure that the needs and priorities of crisis-affected people are reflected in strategic planning processes, OCHA convened a series of consultations with 44 national and local NGOs and CSOs to identify priority humanitarian needs and target groups and gather feedback to inform the revision of the HNP Plan. The consultations were facilitated in Sinhala, Tamil, and English. To support and provide relevant, accurate and timely information and communication to affected people, common messaging documents will be developed for priority sectors in appropriate languages and formats and shared with humanitarian responders, including UN agencies, NGOs, CSOs, and government representatives. A summary of the HNP Plan extension will be made publicly available in Sinhala, Tamil, and English.

Among the key priorities of the AAP WG include:

- Scale-up an existing agency feedback and complaints mechanism to establish inter-agency reporting and referral channels, including sensitive matters.
- Roll-out an online AAP perception survey to affected people through existing communication channels to gather feedback on the response.
- Undertake AAP qualitative assessment to consult affected people, communities, and local actors to identify their own priority needs and determine their satisfaction with the humanitarian assistance provided. It is expected that based on the results, humanitarian responders will implement corrective actions or adjust programmes in response to feedback from the affected people.

Protection from Sexual Exploitation and Abuse (PSEA)

Humanitarian responders are called to respect and ensure that the zero-tolerance policy to SEA is strictly observed as provided for in the [Secretary-General's Bulletin ST/SBG/2003/13](#). SEA refers to the grave abuse of power by those responsible for delivering humanitarian assistance against crisis-affected people and other community members. SEA occurs in situations where there is existing gender inequality and asymmetries of power, and where the needs of affected people are not being met. SEA constitutes one of the most serious breaches of accountability to affected people. The HNP Plan recognizes that high levels of need resulting from economic insecurity, food shortages, scarce resources, and lack of essential services can combine to make affected people, particularly women and girls, more vulnerable to SEA. In coordination with the Sri Lanka PSEA Network, OCHA is developing common messages, a glossary of key terms, and awareness-raising materials designed for affected communities and humanitarian responders. Awareness-raising materials will reflect the IASC Six Core Principles on PSEA, and all materials will be made available in appropriate languages and formats. PSEA trainings will be offered to national and local NGOs and government partners, using materials adapted and translated from the IASC Learning Package on Protection from Sexual Misconduct. UN agencies working with operational partners under the HNP Plan will utilize the UN Implementing Partners' PSEA Capacity Assessments as the basis for engagement to increase transparency and reduce duplication. OCHA is also collaborating with the

PSEA Network, AAP Working Group and Protection Sector to develop a common SEA reporting and referral pathways document.

Transition to recovery

With the largely development context of Sri Lanka, the HCT will ensure the seamless alignment of humanitarian and development interventions. While the HNP is a short-term measure to address food security along with the compounding needs on health and protection, the UN System will continue to support the Government to move towards medium and long-term recovery and development assistance, as guided by the principles of the 2030 Agenda and the United Nations Sustainable Development Cooperation Framework for Sri Lanka (2023-2027).

Under the leadership of the RC, the HCT will work with the UN Country Team (UNCT) to ensure strategic linkages between the HNP and development frameworks supporting inclusive, sustainable and rights-based recovery and development over a longer time horizon, with particular attention to the most vulnerable groups and the Leave No One Behind (LNOB) promise. Upon completion of the HNP in December 2022, residual needs will be carried over by development actors through the Humanitarian Development Nexus (HDN) framework. Initiatives started through the AAP Working Group and PSEA Network for the humanitarian response will likewise be embedded into the most appropriate structures within the UN system and larger development community to continue.

Complementarity with other appeals

In early June 2022, the International Federation of the Red Cross and Red Crescent Societies (IFRC) launched an emergency appeal in response to the crisis in Sri Lanka. The appeal identified 2.2 million people affected/at risk of which 500,000 people were prioritized for assistance, and funding requirements of CHF28 million (see annex 4 for detailed response plans).


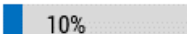
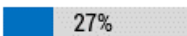



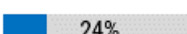
Through the Emergency Appeal, the IFRC aims to support the Sri Lanka Red Cross Society (SLRCS) in responding to the civil unrest/food insecurity. The IFRC's response strategy addresses the immediate needs of the most vulnerable populations affected by the civil unrest and food insecurity and focuses on 1) integrated assistance (shelter, livelihoods and multi-purpose cash); 2) Mental Health and psychosocial support / Community Health; and 3) Protection, Gender and Inclusion (PGI), Community Engagement and Accountability. Cash grants, cash for work, health interventions, and PSS support is rolled out across all provinces in Sri Lanka, while schools packs and support to pregnant and nursing mothers are provided primarily in the western, southern, and central provinces. First aid and community health interventions focus on the western and central provinces. The most vulnerable people are targeted, including those with disabilities, the elderly, single/female headed households, and young mothers.

Complementarity and avoidance of duplication between activities and interventions implemented under the IFRC emergency appeal and the HNP is ensured through strong coordination at the ISCG and relevant coordination mechanisms, namely the Health, Protection and Education, Agriculture and Livelihoods sectors and the Cash WG.

Monitoring Framework

The HCT, through the ISCG and implementing the activities, will monitor progress of the HNP. An Information Management and Analysis Working Group (IMAWG) has been established under the HCT. The IMAWG coordinated the setting up of a set of standardized tools and processes to track the implementation of response activities, as well as the number of people reached. This system, traditionally called “5W” (Who does What Where), will continue to allow humanitarian organizations to report to the respective sectors on their activities and achievements in terms of what was delivered, how many people were reached. Sector coordinators consolidate the data received at the sector level, which allows for the identification of gaps and the adjustment of the response as needed, to maximize efficiency. An online interactive dashboard is developed to report the progress in response – [Dashboard](#).

People in Need, Target and Reached by Sector

Sector	Revised PIN	Revised Target	Reached (since June)	% Reached (since June)
Food Security	6,262,955	2,437,818	390,605	 16%
Agriculture & Livelihoods	3,660,415	1,554,127	159,720	 10%
Nutrition	2,810,062	2,059,412	547,784	 27%
WASH	2,286,161	929,472	407,059	 44%
Health (including SRH)	3,102,010	867,939	308,000	 35%
GBV & Child Protection	1,175,115	333,412	7,071	 2%
Education	2,085,688	1,394,227	329,080	 24%

The RC office, with support from OCHA, will continue consolidating sectoral reports into overall reporting on results for the HNP, including on how many people have been reached through interventions, where they have been reached, and with what type of assistance. This information will continue to be shared publicly and with an agreed frequency, to ensure the full transparency of the humanitarian response and the use of funding received. Data on the achievements of the response will, wherever possible, be disaggregated by sex and age.

Various information products and analyses will be produced monthly; including a Humanitarian Response Dashboard, with an update on the status of humanitarian needs, response and gaps, as well as funding and funding needs.

Financial and in-kind contributions will also be tracked through the [Financial Tracking Service \(FTS\)](#).

PEOPLE IN NEED, PEOPLE TARGETED AND FINANCIAL REQUIREMENTS PER SECTOR

7.0M

PEOPLE IN NEED

3.4M

PEOPLE
TARGETED

\$149.7 M

FUNDING
REQUIRED (US\$)

FOOD SECURITY



Food Security

6.3M

2.4M

76.5M

AGRICULTURE AND LIVELIHOODS



Agriculture & Livelihoods

3.7M

1.6M

23.3M

NUTRITION (with WASH)



Nutrition

2.8M

2.1M

29.4M



WASH

2.3M

0.9M

1.8M

HEALTH



Health

3.1M

0.9M

9.7M

PROTECTION (with EDUCATION)



Child Protection & GBV

1.2M

0.3M

4.1M



Education

2.1M

1.4M

5.0M

Sector Plans



Food Security

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
FOOD SECURITY	6.3M	2.4M	\$76.5M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

The humanitarian situation has deteriorated in the recent months driven by the persisting economic crisis, shortages and spikes in food, fuel, agriculture inputs and medicine. The prices of most food items have been on a steady increase since the last quarter of 2021, reaching record highs in recent months. For example, the overall inflation has increased for the tenth consecutive month to 70.2 per cent in August, up from 66.7 percent in July. This was largely driven by food commodities inflation recorded at 40.4 per cent.

The crisis's impact on food security and nutrition has been particularly concerning, with nearly one-third of the population facing acute food insecurity as of June. It is estimated that 6.3 million are food insecure, as per CFSAM report. This has been driven by a range of converging factors, including poor harvests, rising food prices, reduced income opportunities as well as market and food supply chain disruptions.

For a country in which food insecurity was only recorded at 9.1 per cent in 2019²⁴, the shock of the current crisis is reverberating across all facets of life. Without further assistance, the food security situation is expected to deteriorate further; the latest WFP surveys have indicated that acute food insecurity has already worsened further in the subsequent months since June.

The impact on agriculture production is immense. Decreasing food production and increased cost of food, fuel and agriculture inputs are impacting on livelihoods on agriculture-dependent communities including small-scale farmers, livestock keepers and fishers. According to the FAO/WFP CFSAM, the agriculture production during 2021/2022 Maha planting season decreased by 40 percent, while the 2022 Yala production decreased by 50 percent.

Among these factors, the high prices have been especially consequential. A substantial proportion of markets are reporting concerns around rising and/or unstable prices, according to WFP's recently released Market Functionality Index (MFI) report for August. These high prices threaten to further impact food security, with more than two in five households already spending over 75 per cent of their income on food. This comes amid a decline in income opportunities for many unskilled day labourers and those dependent on the informal sector. The crisis is wreaking disproportionate impacts across different segments of society. This was seen across a range of divides –female-headed households are faring worse than male-headed households, while those in estate and urban areas are also faring worse than those in rural areas. Similar disparities, particularly among non-educated HH heads, large families, Samurdhi beneficiaries, daily wage

²⁴ Food and Income Expenditure Survey, 2019

labourers, female headed HHs, HHs with pregnant and lactating women (PLW), children under 5 or with persons with disabilities.

The situation could deteriorate further as households exhaust their coping strategies. Approximately 61 per cent of households are already regularly using food-based coping strategies because they did not have enough food or money to buy food. About one in every four households, or 24 per cent, have reported that they have been reducing the number of meals consumed in a day and 46 per cent of households reported that they have been limiting portion sizes.

The food insecurity in Sri Lanka is closely interlinked with nutrition, agriculture and livelihoods. Even before the ongoing crisis and the COVID-19 pandemic, Sri Lankan women and children suffered from high rates of malnutrition with 17 per cent of children under 5 being too short for their age (stunted) and 15 per cent being too thin for their height (wasted), a figure which is considered 'very high' according to WHO

classification. This places Sri Lanka as one of the countries with the highest rates of acute malnutrition (wasting) in children under 5 years of age, globally. The current economic crisis has already aggravated the nutrition situation; approximately 8.7 million people, or 39 per cent of population, are not consuming adequate diets. This represents a dramatic deterioration compared to the third quarter of 2021, when a survey conducted by the Medical Research Institute (MRI) estimated only 3.4 per cent of the households had inadequate food consumption.

With the reduced yield in the last two seasons, Maha 2021/2022 and Yala 2022, coupled with reduced imports of food grains due to foreign exchange constraints, food insecurity will continue. The below average production of maize, which is a staple, will further exacerbate the situation.

Priority Activities

- Provision of in-kind assistance to prioritized districts and communities with low market functionality, and with less access to cash transfer agents in the coming three months.
- Cash and voucher assistance will be provided to food-insecure households through financial service providers and through top-ups or horizontal expansions of government social protection systems including health, in coordination with the CWG.

Response Strategy

The Food Security Sector (FSS) aims to immediately halt the alarming deterioration of food security in the country, in firm alignment with the HNP Strategic Objectives. Specifically, the sector aims to 'meet the immediate food and nutrition needs of food insecure and the most vulnerable populations.

The Food Security Sector has vast experience to respond to the immediate needs of affected population. The sector partners have been present in the country and can draw from existing operational structures, whilst being supported by international surge to facilitate timely scale up of implementation. The sector conducts regular coordination meetings to facilitate exchange of

information to maximize resources and avoid duplication.

Targeted food and cash assistance will be provided to the most vulnerable and food-insecure households with the last three months of 2022. This will be informed by the CFSAM, as well as the Department of National Planning/WFP Joint Rapid Food Security Assessment of April 2022, the Household Income and Expenditure Survey (HIES) data of 2019, and other needs assessments, market assessments and consultations with affected populations. Emergency in-kind food assistance will be provided to food-insecure households, particularly where markets are not functioning or where basic commodities are too expensive or unavailable. Given the unavailability

of certain in-country contingency stocks and considering the significant lead time for the procurement of key commodities, the sector is relying on a flexible procurement strategy focusing on local and international procurement, including possible advance procurement options. While the majority of stocks are being internationally procured, essential commodities are being procured in-country where feasible; in-kind commodities will be vital in supplementing the lack of commodities on local markets, and to guard against further inflation and price hikes in the coming three months.

The Government of Sri Lanka will continue to facilitate logistics operations from the port of Sri Lanka including clearance and storage, where possible. However, recognizing the Government's possible financial constraints, sector partners have accounted for upstream and downstream supply chain costs.

Cash and voucher assistance (CVA) will be delivered to food-insecure households and to support nutritional outcomes. The transfer value is determined through the Cash Working Group (CWG), to cover food security and related essential needs. Market functionality assessments are used to inform CVA. Where feasible, government systems including social assistance programmes will be utilized in a shock-responsive social protection approach to provide vertical top-ups through cash or vouchers, and horizontal expansion through extending support to social

assistance waiting lists. Efforts will also be made to align with cash-based interventions run by FSS partners outside government programmes. Shock-responsive cash assistance would aim to complement the support committed by International Financial Institutions (IFIs) to the Government of Sri Lanka.

The CWG will be tapped to support coordination and analysis of CVA particularly to ensure alignment, where feasible, on transfer values, modality choices, delivery timing, vulnerability status of recipients and nutritional considerations. Given the high levels of inflation, mitigation measures will be pursued by applying an inflation index-based transfer value or a combination of in-kind and cash-based modalities, depending on the results of an ongoing feasibility analysis. Digital delivery mechanisms and well-positioned financial services providers will be utilized to extend reach and enhance efficiency and accountability.

The Food Security Sector will undertake a cash plus programming approach that integrates social behavior change communication that promotes gender equality, education and cash management to support longer-term impacts on food security, learning, and nutrition.

Participating organizations

ACTED, Child Fund Sri Lanka, Islamic Relief, Kindernothilfe, LEADS, Muslim Aid, Sarvodaya, Save the Children, UNFPA, UNOPS, WFP, World Vision Lanka

Contact

Name	Agency	Email
Mr. Abdur Rahim Siddiqui WFP Representative & Country Director	World Food Programme	Abdurrahim.Siddiqui@wfp.org
Dr. Dhanan Senathirajah National Director	World Vision Lanka	ghanan_senathirajah@wvi.org





Agriculture and Livelihoods

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
AGRICULTURE & LIVELIHOODS	3.7M	1.6M people (398K households)	\$23.3M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

The persisting economic crisis and shortages in fuel and agricultural inputs such as agrochemicals have a tremendous impact on agricultural production, with harvests and immediate forecasts to be at their lowest in years. Decreasing food production and increased cost of food, fuel and agriculture inputs are impacting livelihoods in agriculture-dependent communities, including small-scale farmers, livestock keepers and fishers. There are about 2 million farmers or representing 9 per cent of the population and, 8.1 million people, 40 per cent of the population, who are engaged in either agriculture or livestock production.

Nearly one-third of the country's population, or 6.3 million individuals, is facing acute food insecurity, including small-scale farmers who cultivate less than one hectare of land and fisher folks who rely on traditional and non-motorized boats are the most affected. Two consecutive seasons of poor harvests led to significant decline in production, exacerbated by reduced imports of food grains due to foreign exchange constraints. Maha 2021/22 only had yield of 2.4 tonnes per hectare to the usual 4 tonnes per hectare, showing a 40 per cent decrease. This is the lowest yield since 1975/76. Yala 2022 showed a decrease from 4 tonnes to 2.4 tonnes per hectare, or 50 per cent decrease in output. Production of maize, mostly

used as feed, is about 40 percent below the last five-year average, with negative effects on poultry and livestock production. The produced maize in 2022 can only cover for 30 per cent of the country's total requirement.

The yields of the 2021/22 "Maha" paddy crops were severely caused by the low application of fertilizers and agrochemicals as well as unfavourable weather conditions in many parts of the country. In 2022, the extremely low availability and access, and reduced use of fertilizers and pesticides were the main factors that negatively impacted the 2022 crop production. Above-average pest attacks and fungal diseases on vegetables, fruits and rubber crops were reported by farmers and district authorities, with a significant impact on yields, due to the low application of pesticides. This situation had a severe negative effect on agricultural operations and across the whole supply chain, resulting in lower sales, reduced farmers' income and increased post-harvest losses. The impact of the fuel shortages on fishing communities is severe, preventing small-scale fishers from operating daily and forcing them to reduce fishing to a few days a week. These communities tend to lack alternate livelihoods and income opportunities, increasing their vulnerability to food insecurity.

Priority Activities

- Provision of agricultural inputs including seeds and fertilizers
- Provision of conditional and unconditional cash transfers to vulnerable farmers, livestock keepers and fisher folks
- Provision of livestock management services and inputs (including feed and animal health services)
- Diversification of livelihoods through support of non-agricultural activities
- Establishment of household and communal gardens

Response Strategy

The Agriculture and Livelihoods sector interventions are closely linked to agricultural seasonality, and most of the support was aligned with the two main cropping seasons, Yala (April-September) and Maha (September-May). Poor farming households require support to access agriculture inputs during these periods to enable them to engage in farming. As of late September, the sector has reached 10 per cent of its total targeted households with cash assistance, and with the start of the Maha 2022/2023 planting season in October, this number of farmers reached will increase considerably.

In order to address key constraints affecting the agriculture sector, the Agriculture and Livelihoods sector will aim at providing all necessary agriculture inputs to enable smallholder farmers to re-engage in production, livestock keepers to maintain their animals, and fisher folks to re-engage in fishing interventions. During the next three-month period (October-December), the interventions will mainly focus on supporting small scale farmers to engage in the Maha 2022/2023 planting season. This will include distribution of very much needed agricultural inputs such as seeds, organic and chemical fertilizers, tools and equipment. Scope of support will be based on district-wise beneficiary numbers, crop type and access to land. Beneficiaries will be selected in close consultation with the Provincial Department of Agriculture. These inputs will be distributed through existing government systems, in collaboration with the Department of Agrarian Development (DAD), local civil society organizations and financial institutions. As part of the effort to improve availability of and access to quality inputs, community level seed banks and market linkages will be established. All support in crop production will be coupled with customized

trainings in good agricultural practices, production of organic fertilizer, climate smart agriculture, and pest management.

Increased cost of land preparation and of other inputs will be addressed through the provision of conditional and unconditional cash transfers. Agriculture and Livelihoods partners will also promote vegetable gardening, both at households and community level in urban and rural areas. Customized trainings and backyard vegetable production kits will be provided to the most vulnerable households, especially those with malnourished children.

In order to strengthen livelihoods of communities affected by the crisis, the unconditional cash transfers will be continued to be provided to fisher folk communities to enable them to procure fuel and fishing gears to re-engage in fishing activities. The livestock sector, including dairy producers, will be supported through the provision of feed, cash and animal health services. The livestock keepers will also be provided with essential skills in animal health and feed management. The sector will extend support to non-agricultural activities for the same target communities to diversify livelihoods.

Participating Organizations

Child Fund Sri Lanka, FAO, ILO, IOM, Muslim Aid, Save the Children, UNDP, World Vision Lanka

Contact

Name	Agency	Email
Vimlendra Sharan Country Representative	FAO	Vimlendra.Sharan@fao.org

Nutrition and WASH

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
NUTRITION	2.8M	2.1M	\$29.4M
WATER, SANITATION AND HYGIENE	2.3M	0.9M	\$1.8M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

The deteriorating economic crisis following COVID-19 and government policy decisions that have driven a significant reduction in agricultural production and yield and sharp decrease in foreign exchange reserves have led to steep rise in inflation and food prices. While low-income households face ever-increasing threats to their food security, the Government is largely unable to meet demands through imports or interventions to enhance production capacities in the short term. The high cost of nutritious foods, breakdown of supply chains and consequent disruptions in government nutritional support programmes have worsened the nutrition situation in Sri Lanka. Purchasing diverse food groups is becoming increasingly unaffordable and out of reach for most low-income households. Pregnant and lactating women (PLW) are particularly at risk, with many forced to choose between competing priorities and unable to purchase the required nutritious food. Higher rates of child malnutrition and poor pregnancy outcomes are an increasing risk. Similarly, the current crisis has led to a severe constraining of the Government-sponsored school meals programme that targets 25 per cent of school-age children, focusing on children in grade 1-5 in the most marginalized schools across the country. Children from poor households living in urban, rural and estate sectors depend on this programme to access nutritious food in their daily diets, and school attendance is reported severely impacted due to the interruption of this programme.

The current situation warrants intervention in the short and medium term to address the threat to food security and nutrition, especially of the poor and marginalized. Urgent steps need to be taken to prevent further deterioration in nutrition. There are indications of increased cases of growth faltering and malnutrition that are being reported through the health system. Surveys to update the prevalence of General Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) estimates are ongoing. Failure to respond on time and according to the scale of needs will result in a further increase in the prevalence of malnutrition, which is already alarmingly high with Global Acute Malnutrition (GAM) rates at 15 per cent.

To prevent and treat undernutrition, the government has been providing Thripasha, a locally produced nutritious food supplement, to all children with moderate acute malnutrition (MAM) and children with faltered growth in the country, as well as to all PLW. However, the national programme has been disrupted since November 2021 and subsequently suspended due to the breakdown of the supply chain for raw materials to produce Thripasha. Since then, the Thripasha program has now been re-established for pregnant and lactating women, but yet to be made operational for children with moderate acute malnutrition (MAM) and children with faltered growth. The cash voucher program for pregnant women was also disrupted and instructions to re-establish the same have only recently been issued. The program is yet to be consistently re-

established across the island. These issues coupled with loss of household income sources and increased poverty risk leading to poor pregnancy outcomes and higher rates of child malnutrition.

The crisis has led to a severe constraining of the Government-sponsored school meals programme which is one of the largest safety nets in the country. The national school meals programme targets 25 per cent (1.085 million of 4.3 million school age children) focusing on children in grade 1-5 in the most marginalized schools across the country. In addition, the number of children coming to school without breakfast has increased substantially since the beginning of 2022. Children from poor households depend on this school meals programme to access nutritious food in their daily diets, and school attendance is reported severely impacted due to the interruption of this programme. Some positive action has been taken recently. Government has increased the per child per meal allocation from LKR 30 to LKR 60. There was a top-up allocation of LKR 2 billion from the Supplementary National Budget approved in August.

Nutrition: The nutrition situation in Sri Lanka was already alarming prior to COVID-19. According to Sri Lanka's 2016 Demographic Health Survey, the prevalence of stunting was 17.3 per cent, wasting was 15 per cent and underweight was 20.5 per cent among children under 5 years of age. The acute malnutrition (wasting) rates are considered 'very high' according to the WHO classification. This high rate of wasting has stagnated over the last two decades and the current economic crisis will likely aggravate this further. Furthermore, according to the national nutrition survey conducted in 2017, wasting and stunting prevalence among school children aged 6-12 years were 30.2 per cent and 11.1 per cent, respectively. In addition, budget allocations for vouchers for pregnant and lactating women (PLW) and children under two years of age, as specific vulnerable groups, were constrained even before the crisis.

At present, the risk of an increase in the rates of malnutrition is exacerbated by the high cost of

nutritious foods and disruptions in government programmes. Purchasing diverse food groups is becoming increasingly unaffordable and out of reach for most low-income households. In April 2022, the average monthly cost of a nutritious diet per household stood at LKR 35,423 – a 156 per cent increase in the cost of a nutritious diet compared with 2018. Dietary diversity is low, particularly for households with unacceptable food consumption scores. As per the CFSAM report, 8.7 million or 39 per cent of the population are not consuming adequate diets. Animal protein is consumed only two days per week and 43 per cent of households did not consume any source of iron rich food groups in the week prior to the assessment. Further, the report also highlights that 13.5 million people or 61 per cent of the households are eating less preferred foods and limiting portion sizes. Adults reduce consumption so children can eat, and women being the last to eat in the household.

Water Sanitation and Hygiene: The economic crisis has resulted in an acute shortage of water treatment and water testing chemicals and has negatively affected water treatment services. Rehabilitation and construction work of rural water supply schemes has been stopped due to a lack of funding, lack of availability of raw materials in the local market and increased prices of construction material, water meters, water pumps and chlorinators. Further attending to urgent operation and maintenance issues has been changing due to increased maintenance costs, reduction of tariff collection efficiency and lack of financial capacity of community-based organizations to meet financial requirements, mainly to recover Operation and Maintenance costs. Despite having safe drinking water coverage of 84 per cent across the country, it is estimated that 66.8 per cent of households in the estate sector do not have access to safe drinking water sources. Furthermore, over 48.5 per cent households in the country do not practice any water treatment methods such as boiling or chlorinating. If the situation is not addressed urgently, children will be at a significant risk of water-borne diseases.

Priority Activities

- Provision of and support access to health services for children with severe acute malnutrition.
- Treatment and prevention of moderate acute malnutrition (MAM) in children 0-59 months
- Provision of school meals to pre-school children 2-5 years old and children 6-10 years old
- Provision of nutrition packs and awareness raising for PLW
- WASH services to MCH clinics, urban settlements, estate and rural communities.

Response Strategy

Undernutrition, which was already a significant public health problem among children before the current crisis, is set to worsen in the coming months. The economic crisis has directly disrupted food systems by decreasing food supply and demand, purchasing power, and distribution capacity– all of which will have more severe consequences on the nutritional outcomes of poor and vulnerable people. Thus, the Nutrition Sector will support and facilitate access to essential nutrition services and social protection mechanisms.

The procurement of ready-to-use therapeutic food (RUTF) BP-100 required for the management of children with SAM by the Ministry of Health (MOH) is currently challenged by financial constraints. Hence, the sector will support the MOH to procure RUTF BP-100, to ensure continuous supply to treat children with SAM. Children with SAM complications are treated as in-patients and children without complications are managed as outpatients. Both these groups of children face grave consequences if RUTF is not available in the hospitals where children are referred. To address key bottlenecks in early identification and prompt treatment of children with SAM such as the provision of decentralized care, provision of growth monitoring devices to outreach clinics will be done to ensure that identified children with SAM are provided with the appropriate treatment.

Thriposha is the national supplementation programme that helps to address nutrition vulnerability among children 6-59 months with MAM and children with growth faltering, and pregnant and lactating women in the country. Locally sourced or imported maize, soya beans, milk powder, and vitamin premix are used in the production of Thriposha. However, due to the

breakdown in the supply chain for raw materials and while securing a credit line with India for maize and soya beans, the Government of Sri Lanka is in immediate need of support. Therefore, the Food Security Sector will support the Nutrition sector by securing supply of maize and soya bean to be handed over to the Thriposha factory that will manage the production, processing, and distribution through the government malnutrition treatment and prevention programmes.

Child Health Development Record (CHDR) and Infant and Young Child Feeding (IYCF) counselling will be supported for children 0-24 months through appropriate tools and materials to frontline workers for counselling.

School meal caterers will be supported to continue delivering nutritious meals to all children; pre – school aged 2-5 years and school children aged 5-10 years enrolled in the National School Meals Programme by providing at least fortified rice to children in urban underserved preschools through in-kind food assistance or a voucher. The selection of in-kind or voucher will be assessed based on cash and voucher assistance appropriateness and feasibility analysis. This assistance will also be planned with consideration of the ongoing in-kind food assistance provided by sector partners to the preschool and school meal programmes.

Recognizing that the first thousand days of the child's life, from conception until age two years, is a critical stage of the life-course. Constraints faced by the mother-child pair during this period can have devastating life-long consequences. World Vision support families with pregnant women and women with young children below two years of age through a combination of cash assistance and in-kind assistance, including

provision of Thriposha supplementation or provision of support package to PLW.

The provision of water purification supplies and support to improve water treatment systems to ensure safe drinking water for 929,472 people in urban and rural areas to minimize waterborne

disease outbreaks such as diarrhea and prevent further deterioration of undernutrition in these already vulnerable areas. World Vision will support hygiene awareness to 33,992 individuals through existing community-based WASH committees as well as provide water and sanitation facilities in rural communities.

Participating Organizations

Save the Children, UNICEF, World Vision Lanka

Contact

Name	Agency	Email
Dr. Abner E. Daniel	UNICEF	adaniel@unicef.org



	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
HEALTH	3.1M	0.9M	\$9.7M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

Sri Lanka provides free healthcare at no cost to the patient at point of care. The public sector provides nearly 95 per cent of inpatient care and around 50 per cent of outpatient care. The preventive services are provided through 365 medical officers of health units spanning across the island. The curative services are mainly provided through the primary, secondary and tertiary level hospitals across the country. Although the private sector is increasing its presence in health services, accessibility is limited to only a fraction of the population due to the costs involved. Sri Lanka has performed consistently well on basic health indicators with achievements above its income group. Free healthcare constitutes the largest social protection effort in Sri Lanka, providing effective access to quality and equitable health services for all.

However, as with many other countries, Sri Lanka is facing the dual challenge of recovering from the COVID-19 protracted emergency and the country-specific financial crisis. For the Health Sector, the key impact has been on the procurement of medicines and medical supplies. Without adequate foreign exchange reserves, Sri Lanka has not been able to import essential commodities to keep the health system functional. In early April, MoH suspended all routine surgeries and procedures. In light of this, the Government made an appeal for donor assistance on 13 April to provide essential medicines and consumables. The health sector has been challenged by the lack of foreign exchange reserves since May 2022 to fulfil procurement orders. Shortages of medicines and medical supplies have significantly affected the healthcare system in the country, disrupting

routine surgeries and clinic visits and at instances emergency care. The prescription of drugs has been curtailed to the bare minimum to extend the availability of medicines.

During the past six months several interventions have been taken to replenish stock-outs at health facilities including repurposing of funding from other development partners including the WB, ADB, AIIB, and the credit line with India. Even though the funding commitments have been made, the full operationalization of the process will take a significantly longer time taking into account the global shortage of some medicines and longer lead times for delivery. In the meantime, awaiting the realization of the longer-term interventions urgent and immediate assistance is needed to avoid stock-outs in the next months.

To prevent deaths and protect lives, there is an urgent need to replenish essential medicines and medical supplies that are out of stock. The inability to do so can have a long-lasting impact on the health outcomes of the population.

As of 4 October, 151 essential drugs were out of stock at the national level. Additionally, over 3,500 essential surgical consumables and 531 regular laboratory items are also out of stock. The Ministry of Health (MOH) has medical equipment being used in the hospital network. The funds are needed to make payment for the annual service agreements to cover the medical equipment, to purchase the critical spare parts and replace the obsolete equipment. The routine maintenance of the equipment is as critical as the medicines, to provide the essential medical care.

Based on the assessment conducted mapping of access to emergency obstetric care in Sri Lanka by the MOH in March 2022, poor access to Basic Emergency Obstetric and Newborn Care (BEmONC) was revealed mainly in the North-western province. Given the deepening economic crisis, the beneficiaries are not able to access and utilize the services due to the infrastructure breakdown including lack of medical supplies. The lack of financing to support integrated public health services has serious life-threatening implications and negative consequences to the wellbeing of pregnant, lactating and young women of reproductive age group.

At present, more than 224,000 women are pregnant and are at risk to experience shortage of MCH services that would lead to unsafe deliveries and potential rise in maternal mortality and morbidity, unsafe abortions, unplanned pregnancy and rising numbers of sexually transmitted infection (STI) and incidents of exposure to human immunodeficiency virus (HIV). This in turn creates significant psychological and social stress on individuals, families and communities who end up in need of mental health and psychosocial services support (MHPSS).

Priority Activities

- Procurement of essential medicines, equipment, supplies and devices required urgently in the short-term for emergency care.
- Provision of essential and life-saving sexual and reproductive health (SRH) medications, commodities and supplies for women of reproductive age group and adolescents.
- Provision of life-saving interventions on SRH and MCH services and improving the referral mechanism through co-creation and delivery of SRH outreach program including mobile clinics with the provincial and regional directors of health services, MOH officers and other stakeholders in the estate sector population, urban poor and the rural geographies in selected districts of western, north, east and north-western provinces.
- Integration of psychosocial support services into the SRH service package for women and girls, adolescents and other vulnerable/special populations.

Response Strategy

For the next three months, health support provided by humanitarian partners will focus on ensuring the availability of vital and essential medicines, equipment and medical supplies in order to save lives and keep vital health services functioning. All drugs and devices needed are included in the drug information system of the Medical Supplies Division (MSD) of the MoH which has real time information on the availability of each drug and surgical consumable available in each of the hospitals with secondary and tertiary care, estimated at 80 per cent of total inpatient care.

WHO and partners are assisting the MoH to track the availability of medicines, consumables, devices and equipment across the country, and making this information available on a real-time basis. Out-of-stock drugs are being monitored and

updated at the MoH on a daily basis with donations being received.

WHO and partners intend to procure medicines urgently through their existing procurement mechanisms. The final list of medicines will be agreed after consultation with MoH and based on the position of the stock at the time of a pledge confirmation.

UNFPA together with implementing partners and stakeholders in the SRHWG will deliver the project activities as per their respective work plans. The partners have been drawn from the local organizations who have existing operational structures who will, therefore, further enhance the response in a timely manner. Further on, the MOH will be involved as it is a key stakeholder in health service provision.

Key implementing partners will include the Ministry of Health, Colombo Municipal Council, Family Planning Association, Ministry of Plantation, World Vision, and Alliance development trust.

Monitoring and evaluation activities will be carried out by the designated M&E officer within each implementing partner agency with the support from the UNFPA M&E focal point.

Essential commodities, supplies, and maternity kits will be procured by UNFPA as per the UNFPA policies and procedures and distribution of items will be the responsibility of implementing partners. UNFPA will directly organize and conduct training for health service providers on MHPSS and Minimum Initial Service Package (MISP). The

training will empower service providers to implement and scale up MISP but will also be an opportunity to identify staff who can train others to ensure future scale up and sustainability of the project.

In the longer run, the Ministry of Health, as Health Sector Lead, plans to secure bi-lateral and multi-lateral support to sustain and strengthen the health system by addressing critical gaps in the system through the Strategic Preparedness, Readiness and Response Plan to End COVID - 19 Emergency in 2022 which includes the critical activities related equipment, emergency care, and provision of essential preventive health services required to maintain health gains that the country has achieved over the years.

Participating Organizations

Family Planning Association of Sri Lanka (FPA), UNDP, UNFPA, UNICEF, UNOPS, WHO, World Vision Lanka, Sarvodaya

Contact

Name	Agency	Email
Dr Shalala Ahmadova Emergency Coordinator	WHO	ahmadovasha@who.int
Dr Vinya Ariyaratne President	Sarvodaya	vinya@sarvodaya.org
Sarah Soysa SRH Specialist	UNFPA	soysa@unfpa.org



Protection (including Child Protection & Gender-based Violence) and Education

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
PROTECTION	1.2M	0.3M	\$4.1M
EDUCATION	2.1M	1.4M	\$5.0M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

Child Protection

The unprecedented economic crisis soon after the COVID-19 pandemic is resulting in an increasing trend of protection concerns and psychosocial issues among children²⁵. Protection agencies have monitored an alarming increase of high-risk child protection incidents including cases of sexual assault, physical abuse and child negligence in Moneragala, Nuwara Eliya, Batticaloa and Mullaitivu districts²⁶.

Child Protection agencies in a recent consultation with the National Child Protection Authority (NCPA) and Department of Probation and Child Care Services (DPCCS) identified that due to severe shortage of financial resources, government child protection and social work services are unable to provide legal, psycho-social and other protection support for the reported and verified cases of children, which has created a crippling backlog. Further, as the country's only

operator of child helpline (1929 ChildLine), where child protection cases are reported, NCPA anticipates an increase of incident reports in the coming months with the worsening crisis in the country. This is based on the trend between years 2020 and 2021; in 2020, there were 8,165 cases reported which increased to 11,187 in 2021. Complaints received from January to August 2022 have already been recorded at 6,318 (or 56 per cent of the 2021). Parents and caregivers are spending hours in long queues to buy essential food items, while leaving their children unattended or unsupervised. With mounting economic pressures, reports of violence against children as well as gender-based violence (GBV) including exploitation are increasing and child protection officials are not able to monitor households due to lack of fuel. Over 10,000 children are currently in institutions, with poverty being the major driver for placement²⁷ and their conditions will be further compromised as the crisis grips the country. In

²⁵ Based on an assessment conducted by ChildFund Sri Lanka in nine districts with the participation of 590 children and 262 parents in May 2022.

²⁶ Over a span of six months (Jan-June), ChildFund Sri Lanka received over 30 high risk child protection incidents from the above districts,

compared to previous years where ChildFund used to record 3-5 cases of high child protection incidents per year.

²⁷ Department of Census and Statistics (2019), Census of Children in Childcare Institutions

addition, new families are demanding to place their children in institutional care as they are not able to afford to feed or educate them; around 585 children were admitted in children homes within first half of 2022. At the same time, institutions are struggling to maintain adequate standards of care. Beyond institutionalization, the crisis exacerbates the risk of children dropping out of school and being involved in child labour. As parental migration for labour increases, children are also at risk of being left behind²⁸, with forced labour^{29,30}. The mental health of young people is also a concern as they struggle with multiple pressures and concerns for the future.

Amid deepening economic and political crises in the country, Sri Lanka's outward labour migration increased by a record 286 per cent Year-on-Year (YoY) to 105, 821 in the five months up to May this year, according to official figures compiled by Sri Lanka Bureau of Foreign Employment (SLBFE). Compared to 27, 360 outward labour migrations during the first five months of the last year, SLBFE highlighted that the outward labour migration increased by a record 78, 461 during the first five months of this year.

Gender-based Violence (GBV)

Furthermore, the socioeconomic crisis has exacerbated pre-existing forms of discrimination and inequalities, including gender inequalities, increasing harm and risks for women, girls and gender diverse people both in the home and in the community. The Women's Wellbeing Survey (2019) measuring the prevalence of GBV indicated that one in five (or 20.4 per cent) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime and two in every five women (or 39.8 per cent) have experienced physical, sexual, emotional, and/or economic violence and/or controlling behaviours by a partner in their lifetime. Further, economic, sexual, physical and emotional abuse indicators are higher in the estate sector which falls within the key targeted areas of the interventions for the appeal.

Financial constraints coupled with high inflation, has had a devastating impact on families not being able to secure essential medical care and food. As indicated through assessments, this has led to negative coping mechanisms, job and food insecurity that will place women and girls and other marginalized groups who are already vulnerable to further risk of GBV, including sexual exploitation and abuse (SEA), and harmful practices such as child marriage. The impact of the socioeconomic crisis on water, electricity, transportation and telecommunications has disrupted the availability and accessibility of services provision, limiting the ability of gender-based violence survivors to access essential services. Health services have also deteriorated due to the national shortages of medical supplies and commodities, limiting availability and access to lifesaving sexual and reproductive health services as an essential part of the health sector response to gender-based violence. Further, the Sri Lanka Joint Rapid Food Security Assessment conducted by WFP in May 2022 indicated "multiple district officials reported a rise in domestic violence, while also acknowledging that these cases are largely underreported, particularly during the current economic crisis."

Access to shelter facilities, health, and legal services for women are impacted as indicated through the consultations with shelter providers and the hospital-based GBV desks. Women Development Officers, Counselling Assistants and Public Health Midwives are partially immobile and constrained due to minimal resources to continue to provide essential services and the police being occupied with the ongoing unrest due to the lack of basic needs. Legal aid for the SGBV survivors is limited due to high costs and the longer the delays are in court hearings, the further victimized will be the survivors. The shelters have limited competent staff to manage cases having to reduce the human resource to bare minimum as a result of the economic crisis.

²⁸ Peiris, P. (2021) Child Sex Trafficking in the Tourism Sector. Colombo: Save the Children

²⁹ wcms_745287.pdf (ilo.org)

³⁰ Interviews with National Child Protection Authority, Department of Probation and Child Care Services, CSOs

The cost of not prioritizing protection in the socio-economic crisis response will be seen in violence left unchecked, soaring psychological distress, potentially fatal incidents of GBV, erosion of gender equality gains, and reinforcement of existing power dynamics to the detriment of women, girls and other marginalized groups. Within this context, migrants in vulnerable situations and victims of trafficking have been disproportionately affected. Specific and targeted assistance will be required to address their immediate needs such as food, non-food items, sanitation, medical assistance, psychosocial support, legal support and repatriation support. IOM will capacitate the National Anti-Human trafficking task force to escalate the support provided to these individuals in vulnerable situations.

Education

The deterioration of the learning environment has continued due to the lasting economic crisis, affecting 4.8 million children and adolescents. This has been contributing to worsening protection concerns and psychosocial issues, especially among the most deprived. Schools had been continuously closed (fully or partially) until they were finally opened at a full-scale in mid-August 2022. However, schools are not functional at optimal level because of irregular attendance of teachers due to continuing transport issues. Since the outset of the economic crisis, education authorities and schools have reported that school attendance has sharply dropped to a lowest-ever level - as low as only between 10 to 50 per cent of students attending school in disadvantaged districts and schools. The major reasons for children not attending school include: 1) the economic crisis compelling most deprived families to prioritize food and medical needs over education; 2) non-availability of school meal services due to lack of funding and, therefore, no incentives especially for those from poor families; 3) the number of children coming to schools without breakfast has increased substantially since the beginning of 2022, and; 4) lack of transport measures for students to come to school from a long distance due to fuel shortage and/or increased fee of school transport services to an un-affordable level. In addition, continuous

learning, including curricular and extra-curricular activities, is severely interrupted since families cannot afford purchasing essential school stationaries, and schools lack funding to avail necessary papers and teaching aids because of the non-availability of papers (the country is facing severe shortage of papers due to its inability to import goods under the crisis) and sharp price inflation of those essential teaching-learning materials. Demands for papers and teaching-learning materials are high also because online learning is continuously constrained. Major increase in need has been found in school-aged children in the Estate sector and urban poor settings because of economic reasons, including costs for education materials and transport, lack of school meals, among others. Secondary students are at a greater risk of irregular school attendance and eventually drop out for engagement in income-generating activities. About 77 per cent of teachers indicated that students' behavioural problems have increased especially at the secondary level and for most of the students in a classroom, presenting a crucial need for psychosocial support at a significant and urgent scale.

The afore-mentioned challenges increase the risk of school dropouts, especially among the most disadvantaged, as well as further extending their learning loss which is another driver for children's irregular school attendance and eventual drop-out. The longer children and adolescents stay out of school, the higher chances they will not return to school. Increased level of protection concerns is therefore evident, since missing schooling limits children to maintain a sense of normalcy, which significantly affects their mental and physical health. School dropouts, and being at risk of school drop-out, will pose greater risks for exposure among children and adolescents to child/forced labor and exploitation, violence and engagement in risky behaviors. Therefore, ensuring that children and adolescents attend schools regularly and continue their learning is paramount to mitigate and proactively address the worrying increase of protection challenges.

Priority Activities

- Strengthen emergency case management and family strengthening services to ensure critical child protection needs are supported on time for children in need of protection and to prevent/ respond to family separation.
- Provision of targeted mental health and psychosocial support services (MHPSS) to vulnerable children, adolescents and women in institutions, communities, in child friendly spaces (CFS) and in schools complemented by urgent capacity building for frontline workers and teachers, as well as positive parenting/MHPSS awareness for families to manage stress and prevent violence against women and children.
- Strengthen community-based child protection structures as well as support community protection networks to continue to support children requiring child protection and MHPSS support, including meaningful engagement with children through positive recreational activities.
- At district/divisional levels, support government authorities and community counterparts, including Child Rights Promotion Officers, local CBOs, police and religious leaders, to collaborate and monitor children's protection, and vulnerable groups in the community.
- Provision of survivor-centred multi-sectoral lifesaving GBV response services including counselling, case management, referral to health care, legal aid for GBV survivors and functional service delivery points like shelters, and health facilities.
- Provision of Psychological First Aid (PFA), psychoeducation, counselling and other psychosocial support services to vulnerable women, girls and GBV survivors through remote and mobile services and ensure legal aid to survivors.
- Conduct of rapid assessment/mapping of service providers for GBV in the targeted locations and the establishment of referral pathways / service points to promote survivors' access to services.
- Provision of essential commodities (including dignity kits), cash and voucher assistance and livelihood support to support women and girls at risk of GBV and survivors. Provision of capacity building support to frontline GBV service providers to enhance GBV survivors' access to quality services and multi-sectoral referral systems.
- Technical and Financial support the national Anti-Human Trafficking Task Force to scale up interventions to combat and protect/assist victims.
- Support most deprived children in small, resource-poor schools in rural and urban areas nation-wide, to ensure their uninterrupted access to education and learning through cash and in-kind modalities.
- Support students and teachers with teaching-learning materials and items to assist continuous learning and prevention of school dropouts in resource poor schools island-wide.
- Awareness Raising and supportive educational programs for children dropped out of school due to the economic crisis and their parents.

Response Strategy

The Protection Sector Group is led by UNICEF Sri Lanka, together with Save the Children and UNFPA, to provide inter-agency guidance, tools and policy advice on the implementation of a 'protection-sensitive' approach³¹ in all sectoral responses and coordination of protection responses. Two sub-groups within the Protection Sector coordinate thematic areas of Child Protection and GBV. Save the Children and UNICEF coordinate the Child Protection sub-group which facilitates the protection of children in the current emergency. The sub-group is based on the regular inter-agency Child Protection Working Group³² and brings together NGOs, UN agencies and other key stakeholders under the shared objective of ensuring more predictable, accountable and effective child protection response. The GBV sub-group is facilitated by UNFPA and includes representatives from civil society organizations, national and international non-governmental organizations, and UN agencies. The GBV Forum is a multi-sectoral coordination platform that facilitates GBV prevention, mitigation and response during emergencies. The Education sector is co-lead by UNICEF and Save the Children, closely liaising with the Ministry of Education and civil society organizations.

In Child Protection, there are two major areas of concern: institutionalization of children and the impact of violence and crisis on mental health. Thus, the response strategy is to accelerate the implementation of case management and MHPSS. In the area of MHPSS, various approaches will be undertaken including digital and community-based approaches to reach as many children, adolescents and parents as possible, as well as the continuation of the Child Helpline and training of frontline workers. In addition, humanitarian actors will be engaged in interventions aiming at providing holistic support to children including safe child protection identification and referral to formal and informal mechanisms as well as supplementary education to integrate

children back to mainstream education. Supporting activities under this intervention will also include the provision of cash assistance which will be linked to the services provision in CFS and education activities. Children with disabilities are more vulnerable during this crisis and special supporting services including provision of assistive devices and other relevant services will be established at division level.

Given the severity of the crisis and leveraging on the existing resources and services, the GBV Area of Responsibility³³ (AoR) has prioritized interventions to ensure inclusive mechanisms that are comprehensive and coordinated to address GBV. After analysis of the various assessments and the Household Income and Expenditure Survey (HIES) data for the GBV response, the districts of Nuwara Eliya, Monaragala and Badulla were prioritized to ensure strategic and focused activities, also based on the principles of LNOB. The strategy will attempt to integrate risk mitigation actions to ensure women and girls are not exposed to further harm and their rights and dignity are not compromised. The response will ensure shelters are strengthened for ongoing operations and the provision to take new victims/survivors; psychosocial support services for women and girls including those with disabilities and young persons; referral pathways are established and disseminated for holistic response to survivors of GBV. Given the requisite rapid action, the proposed priority activities will build upon strengthening ongoing interventions, service providers and networks to ensure immediate roll out and highest impact. The GBV response and prevention strategies will also include targeted provision of dignity kits, CVA to most vulnerable women and girls to promote safety and dignity and reduce GBV risks.

³¹ A 'protection-sensitive' approach requires mainstreaming protection concerns in all sectoral responses to ensure that people with specific needs are not excluded.

³² The purpose of the interagency Child Protection Working Group is to provide a consultative and coordination forum that can effectively coordinate programmes, strategies, interventions, projects, advocacy and policy advice related to Child Protection and Child Rights in Sri Lanka.

³³ The GBV AoR brings together non-governmental organizations, UN agencies, academics and others under the shared objective of ensuring life-saving, predictable, accountable and effective GBV prevention, risk mitigation and response in emergencies, both natural disaster and conflict-related humanitarian contexts".

In Education, there are four major areas of concern:

1) poor school attendance and interruption of continuous learning and hence further extending learning loss, leading to school drop-outs, with the most disadvantaged children and adolescent adversely affected; 2) lack of papers, teaching-learning materials and stationery for students and teachers to support their regular school attendance and continuous learning, especially among the most marginalized; 3) increased demands for creating supplementary education and skills development opportunities and 4) increased needs for MHPSS in and through schools. In the areas of support to ensure regular school attendance and continuous learning, focused support will be provided targeting disadvantaged, resource-poor schools and most marginalized children and adolescents, to enable implementation of continuous learning programmes including both curricular and extra-curricular activities and thereby to mitigate further learning loss and school dropouts, as well as to help sustain the normalcy of children and adolescent. The support will be provided in various modalities, including cash assistance to schools to enable them to provide uninterrupted learning and provision of teaching-learning materials and stationery, which is among the

top priorities of immediate needs. In most vulnerable and hard to reach communities, partners will support students and their families, including through cash assistance, to mitigate risks of school-dropouts and to ensure that children's education remains a priority in those families. The support for teaching-learning material is essential as those targeted disadvantaged children and resource-poor schools cannot afford due to the sharp increase in price, and the country is experiencing long-hour power cuts and hence online-learning experiences are seriously constrained as well. In addition, supplementary education and skill development opportunities will be provided to children through child-friendly spaces (linked to afore-mentioned Child Protection activity), which will address the holistic needs of children in their development and protection. MHPSS in and through school has emerged as an essential intervention needed as the economic crisis has prolonged, as a preventative measure for school dropouts and ensuring students' wellbeing. All secondary teachers will be trained to be capable of serving as a first responder at school to identify and support children at risk and challenged by mental and behavior problems.

Participating Organizations

Child Fund Sri Lanka, IOM, Islamic Women Association for Research and Empowerment (IWARE), LEADS, Sarvodaya, Save the Children, The Asia Foundation (TAF), UNDP, UNFPA, UNICEF, Women in Need (WIN), World Vision Lanka

Contact

Name	Agency	Email
Emma Brigham Deputy Representative	UNICEF	ebrigham@unicef.org
Ranjan Weththasinghe Director	Save the Children Sri Lanka	Ranjan.Weththasinghe@savethechildren.org
Sharika Cooray Program Officer	UNFPA	cooray@unfpa.org
Takaho Fukami Chief of Education	UNICEF	tfukami@unicef.org

How to Support the HNP

Donating through the Humanitarian Needs and Priorities Plan

The HNP Plan is focused on: Food Security, Agriculture and Livelihoods, Nutrition, WASH, Health, and Protection. The complete list of activities in the plan are listed under Annex I of the HNP. Each sector also has a designated focal point that can be contacted for additional information.

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. Public and private sector donors are invited to contribute cash directly to aid organizations participating in the HNP Plan.

Guidance for contribution can be found here: [UN Business Guide – Humanitarian Needs and Priorities – Sri Lanka](#)

Make an in-kind contribution of goods and services

While humanitarian aid is needed urgently, The United Nations urges companies to refrain from sending unsolicited donations that may not correspond to identified needs or meet international quality standards. Donors are highly encouraged to send cash rather than in-kind donations. Donations-in-kind are useful when they meet a pre-identified need on the ground for which supply through other means (procurement, prepositioned stock) is not available. In other circumstances they may not fit needs, can potentially be administratively burdensome (placing demands on thinly stretched emergency personnel), and may undermine local markets (where local supply is available). For any additional questions about in-kind donations, please reach out to OCHA with as much detail as possible, including what you wish to donate and how much, the estimated market value, your time frame for delivery, details on shipping and any other conditions. We will then guide you to the most appropriate recipient organisation(s). Companies with employees, suppliers, or customers in the country or region, or those with existing agreements with responding humanitarian organizations should aim to provide support directly to these groups. For more information, please contact OCHA's Private Sector Engagement Advisor at ocha-ers-ps@un.org.

Registering and recognizing your contributions

We thank you in advance for your generosity in responding to this urgent request for support. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at: <https://fts.unocha.org/content/report-contribution>

Annexes

Annex 1

Activity costing by sector

FOOD SECURITY

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Food Security			
Food assistance to food-insecure households	840,000	WFP	31,510,601
	194,068	World Vision Lanka	7,797,375
	40,000	Save the Children	543,175
	15,000	Islamic Relief	400,000
	14,000	ChildFund Sri Lanka	550,000
	25,000	Sarvodaya	900,000
	47,142	UNOPS	726,213
	9,254	Kindernothilfe	90,030
	103,310	Muslim Aid	540,000
	520	ACTED	25,350
Unconditional cash and voucher assistance to food-insecure households	80,000	Save the Children	5,323,119
	26,180	World Vision Lanka	1,290,300
	560,000	WFP	24,101,950
	107,375	UNFPA	1,600,000
	24,131	LEADS	358,436
	13,332	ACTED	779,922
Total Food Security	2,437,818		\$76,536,471

AGRICULTURE & LIVELIHOODS

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Agriculture and Livelihoods			
Agriculture, livestock, fisheries and emergency livelihoods supported critical inputs and cash assistance (Households)	398,494	FAO	14,900,000
	11,320	ChildFund Sri Lanka	148,500
	96,780	UNDP	2,615,000
	6,000	Save the children	325,905
	5,000	IOM	90,000
	28,866	World Vision Lanka	5,243,115
	700	Muslim Aid	69,412
	1,000	ILO	125,000
Total Agriculture and Livelihoods	398,494 households (1,554,127 people)		\$23,263,980

NUTRITION

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Nutrition			
Procure and distribute multiple micronutrient powders for children 6-24 months	430,650	UNICEF	1,230,000
Procure and distribute ready to use therapeutic food (RUTF) BP-100 to children 6-59 months with SAM	47,567	UNICEF	1,793,752
Support for the access to health services for SAM children	596	World Vision Lanka	5,321
Treatment and prevention of moderate acute malnutrition in children 6-59 months	790,242	WFP	4,376,475
	3,480	World Vision Lanka	74,571
Child Health Development Record (CHDR) and IYCF	320,000	UNICEF	323,438
Provision of pre-school meals to children 2-5 year	100,000	UNICEF	2,469,328
	23,342	World Vision Lanka	5,001,857
Provision of school meals to children 6-10 years	1,078,223	WFP	3,884,888
	53,140	World Vision Lanka	1,708,071
	177,399	Save the Children	588,609
Provision of cash or in-kind support to pregnant women and mothers of children below two years	105,772	UNICEF	6,713,750
Provision of Thripasha for Pregnant and Lactating Women	332,460	WFP	NA
Pregnant and Lactating mother support – Nutrition pack and awareness	9,393	World Vision Lanka	1,239,281
Total Nutrition	2,059,412		\$29,409,341

WATER, SANITATION AND HYGIENE (WASH)

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
WASH			
Laboratory chemicals for water quality testing (given to the central laboratory)	NA	UNICEF	167,363
Provide water treatment chemicals for water purification	754,480	UNICEF	209,349
Provide WASH supplies for Rural water supply scheme (water pumps, water meters and bleaching powder)	50,000	UNICEF	836,088
Provide water treatment systems for water schemes (105 Chlorinators)	85,000	UNICEF	206,412
Provision of WASH facilities in 6 MCH clinics	6,000	UNICEF	3,000

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Promote hygiene awareness through existing community mechanisms (WASH committees) and provide water and sanitation facilities to rural communities	33,992	World Vision Lanka	333,021
Total WASH	929,472		\$1,755,233

HEALTH

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Health			
Provision of essential medicines, equipment, supplies and devices required urgently in the short term for emergency care	414,279	WHO/ UNICEF/ UNDP/ UNOPS/UNFPA	8,000,000
Total Health	414,279		\$8,000,000

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
SRH³⁴			
Provision of essential and lifesaving sexual and reproductive health medications, commodities and supplies for women of reproductive age group and adolescents.	89,728	UNFPA	1,500,000
Co-creation and delivery of SRH outreach program including mobile clinics with the provincial and regional directors of health services, MOH officers and other stakeholders in the estate sector population, urban poor and the rural geographies in selected districts of western, north, east and northwestern provinces to provide lifesaving interventions on SRH and MCH services and improve the referral mechanism.	348,413	UNFPA, FPA, World Vision Lanka	150,000
Integrate psychosocial support services into the SRH service package for women and girls, adolescents and other vulnerable/special populations.	15,519		
Total SRH	453,661		\$1,650,000

³⁴ Sexual and reproductive health

PROTECTION

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Child Protection			
Strengthen emergency case management and family strengthening for children in need of protection and prevent and respond to family separation, including children with disabilities	3,000 – as identified by Probation and Child Care Services	UNICEF	508,583
	3,000 children	Save the Children	430,000
	1,250 children or 500 Families	ChildFund Sri Lanka	187,500
Support to ensure that children have safe and accessible channels to report sexual exploitation and abuse	1,800 calls in 3 months	UNICEF	24,000
Provide basic MHPSS training for frontline workers	2,000 frontline workers	UNICEF	10,000
	400 Govt officers	LEADS	13,000
	300 Frontline workers (Gov & CSO)	Save the Children	6,500
Provide positive parenting tips and MHPSS messaging for every family to manage stress and prevent violence against women and children	15,000 parents and caregivers	UNICEF	35,000
Provide targeted MHPSS for vulnerable children and adolescents (in institutions and in Child Friendly Spaces)	2,500 adolescents	UNICEF	120,000
	7,500 children	ChildFund Sri Lanka	267,500
	1,500 children in CDCs	LEADS	37,279
	3,000 children between 5 to 14	Save the Children	51,000
Meaningful engagement with children through recreation activities through children's forums.	160,859 children	World Vision Lanka	450,000
Strengthen community-based child protection systems and networks	12,500 children or 37,500 People	ChildFund Sri Lanka	60,000
	1,200 Children and 800 adults	Sarvodaya	66,852
	650 relevant officers	World Vision Lanka	100,000
Total Child Protection	211,559		\$2,367,214

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Gender Based Violence (GBV)			
Providing targeted lifesaving and survivor-centered protection services for GBV, through shelters	7,406	UNFPA	300,000
Provision of Psychological First Aid (PFA) to vulnerable women, girls and GBV survivors through remote and mobile services and the capacity enhancement of service providers.	1,613	UNFPA	50,000
	500	Save the Children	19,895
Rapid assessment/service mapping of service providers for GBV in the targeted location and the establishment of referral pathways / service points to promote survivors' access to services	161,270	UNFPA	43,873
Support through relief items for the protection of women and girls	300	ACTED	20,014
Provision of relief items for protection & PFA clinics	1,200	IWARE	30,000

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Procurement of Distribution of hygiene and sanitary items to Elderly women and Girls	600	IWARE	4,500
Emergency, Protection support for GBV Victims	50	IWARE	2,500
Procurement and Distribution of hygiene items for women and girls.	22,491	World Vision Lanka	338,890
	10,000	Save the Children	181,058
Support for Shelters	1,470	Women in Need (WIN)	47,823
Provision of life saving support with counseling and legal aid / case management support services to GBV survivors, through shelters	2,034	UNDP	309,385
Capacitating WROs to reach WHHs in livelihood support and development and awareness building on GBV	1,150	The Asia Foundation (TAF)	42,140
Provision of Mental Health and Psychosocial Support (MHPSS) for survivors of SGBV and at-risk groups, including trafficked women and migrant workers.	20,050	IOM	314,000
Technical and financial support to the Government (National Anti-Human Trafficking Task Force) to scaleup interventions to combat trafficking and protect/assist victims/survivors of SGBV	6 key officials from 2 targeted institutions within the National Anti-Human Trafficking Task Force (NAHTTF)	IOM	20,000
Total GBV	216,190		\$1,724,078

EDUCATION

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Education			
Support most deprived children in small, resource-poor schools in rural and urban areas nationwide, to ensure their uninterrupted access to education and learning through cash and in-kind modalities	665,690 students in Type 3 schools	UNICEF	1,320,000
	1,000 primary students	Save the Children	43,000
	7,500 Children	ChildFund Sri Lanka	198,237
	2,500 Children (and families)	Sarvodaya	133,430
Support students and teachers with teaching-learning materials and items to assist continuous learning and prevention of school dropouts in resource poor schools island-wide	665,690 students	UNICEF	1,320,000
	10,000 children	ChildFund Sri Lanka	264,317
	37,500 children in 250 schools	ChildFund Sri Lanka	275,330

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
	16,120 students	Save the Children	77,131
	160,859 children	World Vision Lanka	965,154
	3,500 Children	Sarvodaya	97,493
Awareness Raising and supportive educational programs for children dropped out of school due to economic crisis and their parents	1,500 Children	Sarvodaya	87,744
	550 children	ChildFund Sri Lanka	20,000
Providing MHPSS support to students in secondary schools in the country	997,211 students in secondary schools	UNICEF	184,500
Total Education	1,394,227		\$4,986,336

Annex 2

Response monitoring framework by sector

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Food Security						
In kind assistance to food-insecure households	Number of people supported with food assistance	6.3 million	2,188,294	121,387	9%	S01
Unconditional cash and voucher assistance to food-insecure households	Number of individuals receiving cash and voucher assistance disaggregated by age and gender		811,018	269,218	33%	S02
Overall summary		6,262,955	2,437,818	390,605	16%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Agriculture & Livelihoods						
Agriculture, livestock and fisheries critical input and cash assistance	Number of smallholder farmers cultivating Paddy in Maha provided with agriculture inputs (seeds and fertilizer)	Smallholder farmers cultivating Paddy in Maha – 884,600 (3,449,940 people)	398,494 households (1,554,127 people)	14,518 households (56,620 people)	4%	S02
	Number of smallholder farmers cultivating Maize in Maha provided with agriculture inputs (seeds and fertilizer)	Small holder farmers cultivating Maize in Maha – 100,000 (390,000 people)	45,000 households (175,000 people)			S02
	Number of farmers receiving legume seed material and cash assistance to re-engage in agriculture during Yala season 2022	316,585 households (1,266,340 people)	82,440 households (321,516 people)	26,436 households (103,100 people)	32%	S02
Overall summary		3,660,415	1,554,127	159,720	10%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Nutrition						
Treatment of children with SAM	Number of children 6-59 months with SAM who received treatment	47,567	47,567	3,630	8%	S01
Treatment and prevention of moderate malnutrition	Number of children 6-59 months provided with Thripasha	790,242	790,242		0%	S01
Provision of micronutrient supplements	Number of children 6-23 months who received multiple micronutrient supplement	861,300	430,650	287,100	67%	S01
Counseling for Infant and Young Child Feeding	Number of children 0-23 months who receive IYCF counseling	640,000	320,000	213,333	67%	S01

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Nutrition						
Provision of pre-school meals	Number of children 2-5 years of age who receive pre-school meals	578,160	123,342	20,715	17%	S03
Provision of school meals	Number of children 6-10 years of age who receive school meals	1,308,762	1,208,762	10,532	1%	S03
Provision of cash or in-kind support to pregnant women and mothers of children below 2 years	Number of mothers of children below 2 years who received cash transfer	480,187	105,772	4,930	5%	S01
	Number of pregnant and lactating mothers who received in-kind support	341,853	341,853	7,544	2%	S01
Overall summary		2,810,062	2,059,412	547,784	27%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
WASH						
Provide support to water treatment and provision of water purification supplies	# of people accessing safe water through water quality improvements	2,283,170	929,472	407,059	44%	S01
		2,283,170	929,472	407,059	44%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Health						
Provision of essential medicines, equipment, supplies and devices required urgently in the short term for emergency care.	Number of persons accessing emergency health care services	1,967,858	414,279	308,000	74%	S01

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
SRH						
Provision of essential and lifesaving sexual and reproductive health medications, commodities and supplies for women of reproductive age group and adolescents.	Number of persons accessing maternal health care services through facilities providing BeMoNC and CeMoNC services	224,321	89,728			S01
Enhance logistics management system to keep stock of required drugs and commodities to ensure uninterrupted access to essential drugs and commodities						S01

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
SRH						
Co-creation and delivery of SRH outreach program including mobile clinics with the provincial and regional directors of health services, MOH officers and other stakeholders in the estate sector population, urban poor and the rural geographies in selected districts of western, north, east and northwestern provinces to provide lifesaving interventions on SRH and MCH services and improve the referral mechanism.	Number of people accessing SRH services from outreach mobile clinics	871,033	348,413			S01
	Number of people who accessed psychosocial first aid from outreach from the outreach mobile clinics	38,798	15,519			S01
Overall summary (SRH)		1,134,152	453,661			
Total Health and SRH		3,102,010	867,939	308,000	35%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Child Protection						
Case Management						
Strengthen emergency case management and family strengthening (including lifesaving services, a care plan, MHPSS and Fit Persons allowance/Cash) for children in need of protection and prevent and respond to family separation, including children with disabilities	Number of children who have received individual case management	365,632 children as identified by Government and NGO protection partners	7,250	998	14%	S03
Violence Against Children (VAC)						
Support to ensure that children have safe and accessible channels to report sexual exploitation and abuse (1929)	Number of calls received to the helpline	146,253 children	1,800			S03
Mental Health and Psychosocial Support Service						
Provide basic MHPSS training for frontline workers including PFA trainings	Number of frontline workers trained	2,400 frontline workers	2,400 frontline workers			S03
Provide positive parenting tips and MHPSS messaging for every family to manage stress and prevent violence against women and children	Number of parents and caregivers reached with messages on positive parenting and MHPSS	20,000	15,000	3,116	21%	S03
Provide targeted MHPSS for vulnerable children and adolescents (in institutions and in Child Friendly Spaces, SEL Kits)	Number of adolescents accessing mental health and psychosocial support	367,597 children	14,500	1,046	7%	S03

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Child Protection						
Meaningful engagement with children through recreation activities through children's forums.	Number of children provided with support for recreational activities.	430,555 children in 13 districts	14,500 people (13,700 children and 800 adults)			S03
Community-based Child Protection						
Strengthen Community Based CP Structures	Number of Communities with active Community Based Child Protection Structure	105,000 people or 120 Communities	14,500 people (13,700 children and 800 adults)			S03
Strengthen and support community protection networks: Support government officers to collaborate and monitor Children's protection, and vulnerable groups in the community (officers and persons to include Child Right Promotional Officers, Police, local CBOs. Religious leaders, etc.)	Number of government officials engaged in promoting protection of children	910 relevant government officers require support (70 officers per district in 13 districts)	650 government officers (50 officers per district in 13 districts)			S03
Overall Child Protection		746,787	211,559	5,160	2%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
GBV						
Provide survivor-centered multisectoral lifesaving GBV response services, including counseling case management, referral to health care, legal aid for GBV survivors, through functioning service delivery points (shelters, health facilities, etc)	Number of women and girls who received life-saving survivor-center GBV response	279,930	7,406	212	3%	S03
Provide Psychological First Aid (PFA) and psychosocial support services to vulnerable women, girls and GBV survivors through remote and mobile services.	Number of women and girls reached with PFA and Psychosocial Support	279,930	21,663			S03
Provide capacity building support to frontline GBV service providers to enhance GBV survivors' access to quality services and multisectoral referral systems (refresher trainings and increasing the number of counsellors for response)	Number of service providers who received capacity-building support	1,120	1,120			S03

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
GBV						
Conduct GBV service mapping and disseminate GBV referral pathways to promote survivors' access to services	Number of people reached with referral pathways information campaign through Women's Rights organization	899,942	161,270			S03
Provide essential commodities (including dignity kits), cash and voucher assistance and/or livelihood support	Number of women and girls receiving essential commodities (including dignity kits), cash and voucher assistance and/or livelihood support	279,930	25,739	1,699	7%	S03
Technical and Financial support to the Government (National Anti-Human Trafficking Task Force (NAHTTF) and protect/assist survivors of SGBV	Number of key representatives within the National Anti-Human Trafficking Task Force (NAHTTF) supported with escalated interventions	18 National Anti-Human Trafficking Task Force (NAHTTF) member institutions	6 key officials from 2 targeted institutions within the National Anti-Human Trafficking Task Force (NAHTTF)			S03
Overall GBV		899,943	216,190	1,911	1%	

Key Activities	Indicator	People in need (PIN)	People Targeted	People Reached	Percent Reached	Strategic Objective
Education						
Support most deprived children in small, resource-poor schools in rural and urban areas nation-wide, to ensure their uninterrupted access to education and learning through cash and in-kind modalities	Number of children (students) accessing uninterrupted learning	946,542	684,850	48,000	7%	S03
Support students and teachers with teaching-learning materials and items to assist continuous learning and prevention of school drop-outs in resource poor schools island-wide	Number of children accessing uninterrupted learning	950,807	948,149	281,080	30%	S03
Awareness Raising and supportive educational programs for children dropped out of school due to economic crisis and their parents	Number of children who dropped out of school and their parents reached with awareness raising	2,050 children and 2,000 parents	2,050 children and 2,000 parents			S03
Overall summary		2,085,688	1,394,227	329,080	24%	

Accountability to Affected People (AAP)		
1	Objective	Indicator
1.1	Sectors and operational partners incorporate AAP activities into programming	Percentage of sectors and operational partners that have incorporated AAP activities in their plans, programmes, and proposals
1.2	More affected people are satisfied with the humanitarian assistance provided	Percentage of affected people asked that say they feel satisfied with the humanitarian assistance provided
1.3	More affected people feel informed about available humanitarian assistance	Percentage of affected people asked that say they feel informed about available humanitarian assistance
1.4	More affected people know how to give feedback on humanitarian assistance, staff, and organizations	Percentage of affected people asked that say they know how to give feedback and make complaints
1.5	Feedback from organizations is collectively analyzed and presented to decisionmakers	Number of analytical products created and disseminated to response and organizational decisionmakers
1.6	More national/local NGOs and their staff participate in and help lead collective AAP activities	Percentage of national/local NGOs attending AAP Working Group meetings, and who lead the AAP Working Group

Protection from Sexual Exploitation and Abuse (PSEA)		
2	Objective	Indicator
2.1	Awareness raising on PSEA in each community affected by crisis and receiving humanitarian assistance	Percentage of project sites OR affected people reached with information and communication materials on PSEA
2.2	Safe, accessible, child-sensitive mechanisms are in place for reporting SEA, particularly in high-risk areas	Number of existing feedback and complaint response mechanisms used for reporting SEA allegations
2.3	Increased transparency and reduced processes for UN agencies and operational partners on PSEA assessments	Number of UN agencies reporting consistent implementation of the UN Implementing Partner PSEA Assessment

Annex 3

People in Need and Targeted by sector and location

Province	District	Food Security		Agriculture and livelihoods		Nutrition		WASH	
		PIN	Target	PIN	Target	PIN	Target	PIN	Target
Western	Colombo	546K	346K	31K	16K	214K	129K	73K	25K
	Gampaha	539K	31K	75K	52K	231K	148K	76K	29K
	Kalutara	286K	5K	115K	54K	129K	85K	53K	18K
Central	Kandy	627K	9K	118K	57K	154K	104K	233K	83K
	Matale	222K	108K	71K	63K	64K	46K	48K	17K
	Nuwara Eliya	327K	322K	42K	22K	160K	133K	80K	41K
Southern	Galle	282K	204K	100K	52K	124K	85K	120K	45K
	Matara	215K	1K	122K	59K	102K	73K	169K	59K
	Hambantota	166K	2K	170K	69K	107K	84K	234K	81K
Northern	Jaffna	242K	235K	72K	25K	92K	70K	4K	4K
	Mannar	44K	44K	59K	11K	18K	15K	9K	5K
	Vavuniya	74K	63K	65K	13K	29K	23K	2K	0
	Mullaitivu	38K	38K	61K	18K	24K	21K	4K	1K
	Kilinochchi	51K	35K	71K	17K	27K	23K	2K	0
Eastern	Batticaloa	186K	133K	169K	39K	118K	98K	10K	3K
	Ampara	236K	165K	287K	85K	70K	45K	50K	24K
	Trincomalee	138K	115K	163K	39K	78K	63K	3K	500
North Western	Kurunegala	551K	249K	564K	264K	202K	143K	123K	60K
	Puttalam	267K	39K	85K	38K	105K	76K	88K	68K
North Central	Anuradhapura	215K	7K	445K	196K	134K	101K	75K	73K
	Polonnaruwa	101K	5K	249K	91K	71K	56K	48K	18K
Uva	Badulla	264K	139K	146K	99K	164K	134K	161K	58K
	Monaragala	149K	127K	194K	80K	117K	100K	155K	54K
Sabaragamuwa	Ratnapura	282K	14K	106K	52K	179K	138K	374K	130K
	Kegalle	213K	1K	79K	42K	98K	67K	94K	33K
Total		6.3M	2.4M	3.7M	1.6M	2.8M	2.1M	2.3M	0.9M

(K - figures are in thousands)

Province	District	Education		Protection (CP + GBV)		Health (with SRH)	
		PIN	Target	PIN	Target	PIN	Target
Western	Colombo	166K	129K	103K	25K	455K	129K
	Gampaha	160K	123K	102K	28K	338K	104K
	Kalutara	94K	74K	41K	9K	90K	19K
Central	Kandy	112K	89K	62K	15K	261K	76K
	Matale	40K	32K	27K	7K	53K	11K
	Nuwara Eliya	161K	87K	116K	45K	104K	33K
Southern	Galle	90K	71K	48K	13K	189K	56K
	Matara	66K	53K	28K	6K	62K	13K
	Hambantota	53K	43K	28K	7K	63K	13K
Northern	Jaffna	66K	35K	53K	17K	115K	33K
	Mannar	10K	8K	6K	1K	17K	4K
	Vavuniya	15K	12K	10K	3K	11K	2K
	Mullaitivu	14K	10K	13K	3K	28K	7K
	Kilinochchi	29K	16K	21K	8K	11K	2K
Eastern	Batticaloa	86K	53K	74K	22K	102K	30K
	Ampara	46K	35K	38K	10K	83K	18K
	Trincomalee	72K	54K	38K	11K	46K	10K
North Western	Kurunegala	134K	108K	72K	18K	267K	81K
	Puttalam	95K	54K	69K	20K	116K	37K
North Central	Anuradhapura	78K	64K	21K	3K	162K	47K
	Polonnaruwa	48K	29K	26K	10K	53K	11K
Uva	Badulla	147K	57K	66K	22K	152K	45K
	Monaragala	77K	33K	36K	12K	84K	24K
Sabaragamuwa	Ratnapura	160K	72K	49K	12K	108K	23K
	Kegalle	67K	53K	29K	6K	131K	40K
Total		2.1M	1.4M	1.2M	0.3M	3.1M	0.9M

(K-figures are in thousands)

Annex 4

Complementary appeals from agencies

IFRC Emergency Appeal³⁵

	PEOPLE AFFECTED/AT RISK	PEOPLE TO BE ASSISTED	FUNDING REQUIREMENT (US\$)
IFRC EMERGENCY APPEAL	2.2M	500K	CHF28M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

The IFRC 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 living with disability, and marginalised people).

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

Food security, nutrition and livelihoods:

The 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.

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 (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.

³⁵ <https://www.ifrc.org/emergency/sri-lanka-complex-emergency>

Protection, gender and inclusion:

The 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 for work is in doubt, and there are concerns that parents are increasingly placing their children in institutions.

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

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

Priority Activities

- **Livelihoods:** The livelihoods of vulnerable households are protected and restored. Nutritional conditions of pregnant and lactating mothers have improved.
- **Multipurpose Cash:** Socio-economically vulnerable households have the ability to meet basic needs
- **Health & Care including Water, Sanitation and Hygiene (WASH):** Essential drugs, medicines, and medical consumables are provided to clinics, hospitals, and the National Blood Transfusion Service (NBTS) through the Ministry of Health (MoH), with other support, including first aid and psychological first aid services, and MHPSS hotlines are provided for the affected population. sanitary needs of female school children are provided to increase school attendance.
- **Protection and Prevention:** Integrating Protection, Gender, and Inclusion (PGI), Community Engagement and Accountability (CEA) across all response actions including actions to address issues of Migration, Risk Reduction, Climate Adaptation and Recovery, Environmental Sustainability and Education

Response Strategy

This operation will help mitigate the current food insecurity brought about by the economic crisis and help people affected in the country through integrated food security, nutrition, livelihoods, health, and education interventions targeting 500,000 affected people across Sri Lanka. The operation will contribute to the government's efforts to provide relief to poor people and cultivate home gardens by assisting low-income farmer communities to cultivate small plots of land through conditional cash grants. The support through the emergency appeal will build further the capacity of the SLRCS for a more sustainable approach from the emergency operation to the regular programming towards preparedness and response activities, merging with the country operational plan.

The operation will ensure that the most vulnerable and marginalised groups are able to meet their immediate basic needs with the provision of multi-purpose cash assistance for three months. The cash assistance aims to mitigate the depletion of household livelihood assets and reduce negative coping strategies. This response will also include nutritional food packages for pregnant and lactating mothers, school packages for students in poor schools in rural and urban areas, and menstrual hygiene packages for female students. Drinking water distribution at queueing hotspots like cooking gas outlets and fuel stations will continue and will be scaled up to accommodate food outlets as well. Support will be given to the health sector through the provision of medicines and consumables, providing first aid services and patient transportation, and helping to address mental health and psychosocial support (MHPSS) needs.

The operation will be especially focused on integrating Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) aspects across all activities as well as in other community resilience

Complementarity between HNP and IFRC appeal

HNP	Targeted people	IFRC EA	Target
Food Security	2.4M people	Food security and basic needs: mainly through multipurpose Cash Assistance	250,000
Agriculture and Livelihoods	1.6M	Livelihoods including nutrition: <ul style="list-style-type: none"> • Conditional cash grants to assist vulnerable small-scale farmers to re start home gardening • Nutritional food packs for pregnant/lactating mothers, elderly & children homes, other marginalised groups such as refugees 	250,000
Water	929,000	WASH: <ul style="list-style-type: none"> • Provision of safe drinking water for people waiting at queues at fuel stations • Provision sanitary napkins, including training/orientation sessions on menstrual hygiene practices. • Awareness campaigns/cleaning drives/environmental sanitation activities 	
Health (with SRH)	868,000	Health: <p>Essential drugs, medicines, and medical consumables are provided to clinics, hospitals, and the National blood Transfusion Service (NBTS) through the Ministry of Health (MoH), with other support, including first aid and psychological first aid services, and MHPSS hotlines are provided for the affected population.</p>	250,000
Protection	333,000	Protection Gender and Inclusion (PGI): Integration of PGI across all response	250,000
Education	1.4M	Education: Provision of school stationaries to 25000 poor school children	25,000

Participating Organizations

International Federation of Red Cross and Red Crescent Societies (IFRC), Sri Lanka Red Cross Society (SLRCS)

Contact

Name	Agency	Email
Udaya Regmi , Head of CCD Delhi	IFRC	udaya.regmi@ifrc.prg
Susil Perera , Consultant	IFRC	susil.perera@ifrc.org
Mahesh Gunasekera , Director General	SLRCS	mahesh.gunasekara@redcross.lk
Damitha Chanaka , Assistant Manager DM	SLRCS	damitha.chanaka@redcross.lk

Revised

HUMANITARIAN NEEDS AND PRIORITIES

MULTI-DIMENSIONAL CRISIS

SRI LANKA