

HUMANITARIAN NEEDS AND PRIORITIES

FOOD SECURITY CRISIS

SRI LANKA

JUNE - SEPT
2022

ISSUED
09 JUNE 2022



Photo: © WFP Sri Lanka

PEOPLE IN NEED

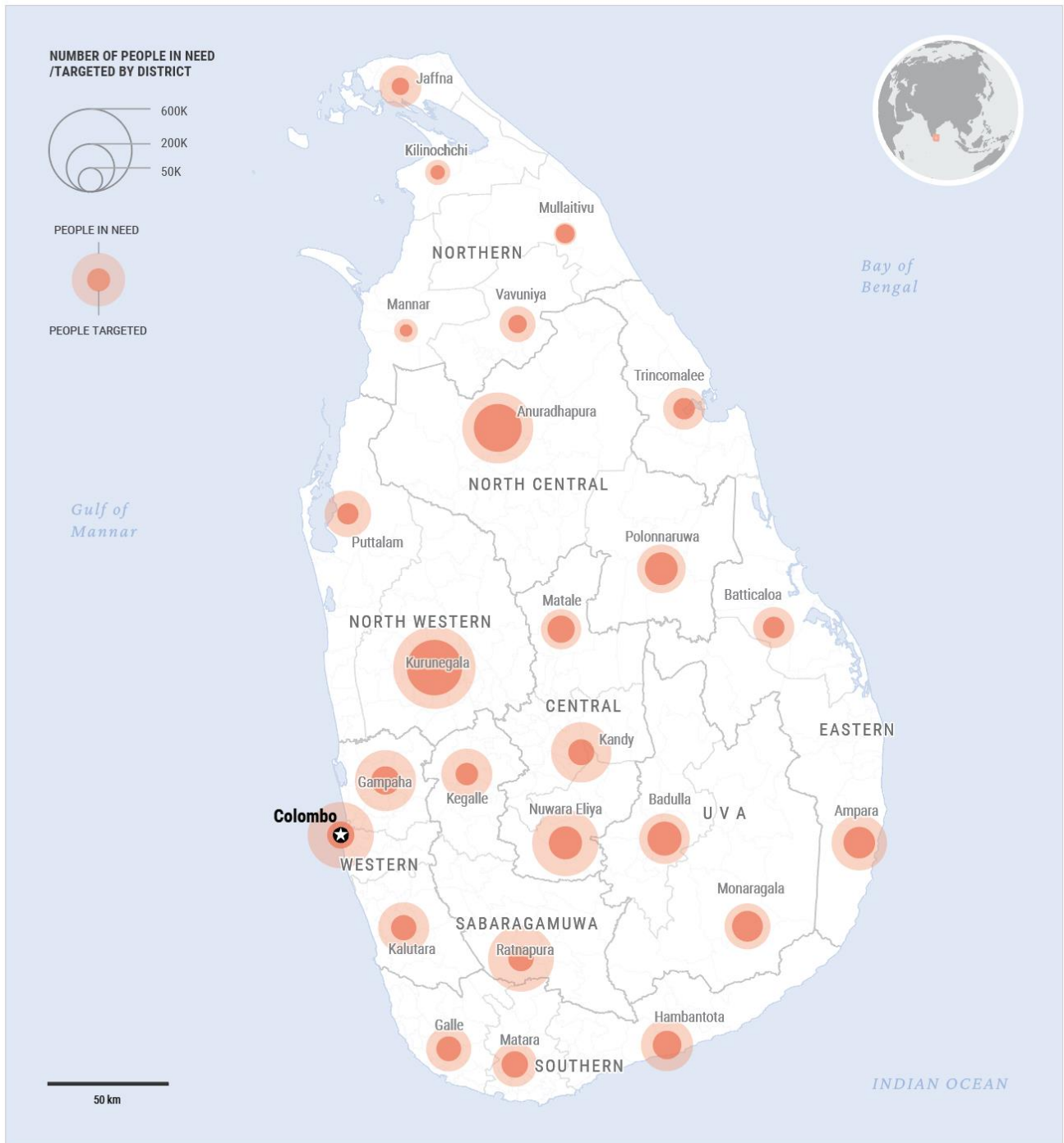
5.7M

PEOPLE TARGETED

1.7M

FINANCIAL REQUIREMENTS (US\$)

\$47.2M



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 June to September 2022 and is issued on 9 June 2022.

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Foreword by the United Nations Resident Coordinator

Sri Lanka is facing its **worst economic crisis since independence**. Concurrent challenges in public finance and sovereign debt, as well as the availability and affordability of food, fuels, fertilizers, and medicines, have disrupted livelihoods across the country. As a result, **around 5.7 million women, men, girls and boys are now in urgent need of humanitarian assistance**.

I am particularly concerned by an unfolding **multidimensional food security crisis** in which many families are unable to afford basic food commodities. Surveys indicate that up to 70 per cent of households have had to **reduce food consumption, including by skipping meals**, as food prices have reportedly increased by 73 per cent in the last two years.

Livelihoods and incomes have come under serious pressure due to the impact of the crisis on small enterprises, affecting mostly women and daily income wage workers. As a result, many households have **exhausted coping strategies** and are now borrowing money and selling properties and belongings just so families can get by from day to day.

Sri Lanka prided itself on a robust free healthcare system, that outperformed others in its income group and the region, but it is now **running out of vital and essential medicines** and surgical items. **Protection concerns** have also increased due to economic stresses or livelihood losses, including **gender-based violence (GBV)** and **child protection**, particularly among the most vulnerable affected families.

Children are particularly affected by the crisis, with reduction in feeding programmes as well as new disruptions to learning coming in the wake of COVID-19 induced school closures. Without going to school, these **children will lose their chances of having a better tomorrow** and will risk exposure to violence, early marriage and child labor.

Acting swiftly on the request of Prime Minister Ranil Wickremesinghe for multi-sectoral international assistance, I worked with other UN agencies and the Humanitarian Country Team to develop this **Humanitarian Needs and Priorities (HNP) Plan**. As a humanitarian community, we recognize that we must **act immediately to save lives** through the provision of support to those who need it the most. Livelihoods are under threat; if we do not act quickly, many more people will not be able to meet their basic needs.

Of the 5.7 million people in need of humanitarian assistance, the **HNP is targeting 1.7 million** of the most vulnerable, requesting a total of US\$47.2 million. Of these, \$34.5 million will be used to address immediate food and nutrition needs and protect and diversify livelihoods. Another \$8 million will be dedicated to the provision of vital and essential medicines, medical supplies, and devices to help save lives. And with \$4.7 million humanitarian partners will support essential protection activities, including protection from GBV, child protection and the much-needed support to keeping 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** that the United Nations Country Team is supporting.

Now is the time for the international community to show solidarity with the people of Sri Lanka. The UN and humanitarian partners are calling on donors to urgently come forward and support this plan to provide **life-saving assistance to the women, men, and children most affected by the crisis and thus prevent a deterioration of humanitarian needs in the country**.

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

Sincerely,

Hanaa Singer Hamdy
Resident Coordinator
United Nations in Sri Lanka

Situation Overview



A vendor at a wholesale produce centre is running out of customers and produce.

Photo: © UN Sri Lanka

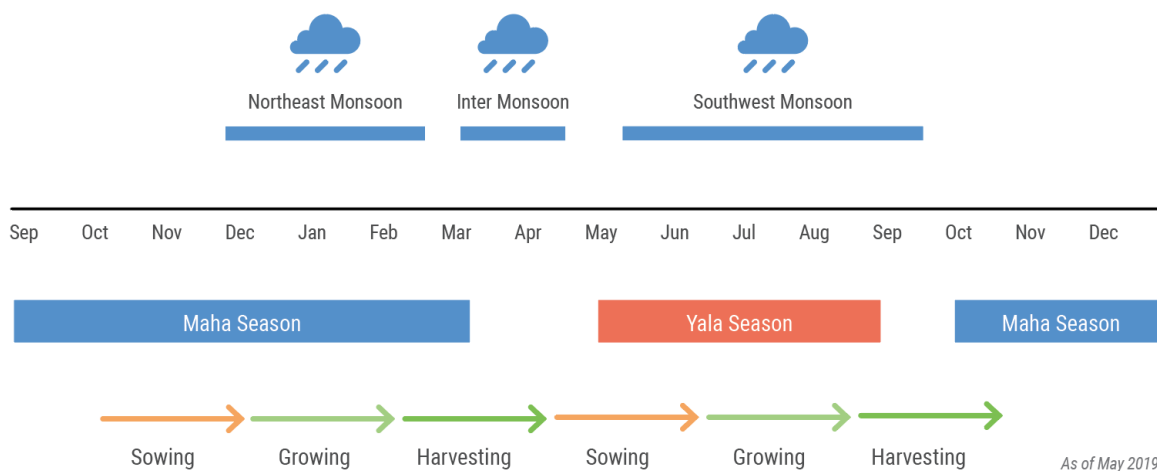
Sri Lanka is experiencing a multidimensional crisis, compounded by food insecurity, threatened livelihoods, shortage of essential medical items and rising protection concerns.

The significant reduction in agricultural production in Sri Lanka, compounded by the rising prices of fuel and basic food items, have made food unaffordable for a segment of the population, and the government has forecasted food shortages during the next months. Hospitals in the country report shortages of essential medicines and other health items, while frequent power outages affect the delivery of health services. Negative coping mechanisms are threatening the loss of livelihoods, and an observed rise in violence raises protection concerns. An estimated 5.7 million people are in need (PIN) of humanitarian assistance in 25 districts across the country. Of those, the Humanitarian Needs and Priorities plan aims to reach 1.7 million people, requiring \$47.2 million in humanitarian funding.

Persistent fiscal deficits, a significant tax reduction package in 2019 and the COVID-19 pandemic has meant Sri Lanka’s public debt burden has quickly become unsustainable^{1 2}, while sharp reductions in foreign exchange receipts have combined with food and energy price shocks in early 2022 to result in a debt and balance-of-payments crisis. In March 2022, the Government had to declare daily electricity cuts due to the unavailability of imported fuel needed for power generation. Surveys³ conducted show that about 11 per cent of households reported that income has stopped, and 62 per cent said that their income has reduced, which in turn has significantly reduced their capacity to afford nutritious foods.

In April 2021, the import of chemical fertilizers was banned without adequate preparation and farmer training and with little or no availability of organic fertilizer. While the ban was lifted in November 2021, the decision has had a disastrous impact on productivity and production in the recently concluded 2021/22 Maha season⁴, which has suffered an estimated 40-50 per cent reduction⁵. The decline in production is likely to continue up to the next cultivation during the Yala season.⁶ Due to the increased costs of production -up to double for paddy crops- only a small percentage of farmers have worked their lands for the Yala cultivation. 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 upcoming season. Thus, the current yield is not sufficient to cover domestic requirements. This is worsened by the widespread shortage of key imported commodities such as wheat flour, canned fish, milk powder and lentils, which, when available, are priced exorbitantly. Prices of most commodities have increased considerably since the end of 2021, with food prices as measured by the Colombo Consumer Price Index increasing 57.4 per cent over the year to May 2022, up from 10.0 per cent for the equivalent period in September 2021. As a result, families have started to resort to eating less preferred or less expensive foods daily and limiting the portion sizes of meals.

FARMING SEASONS



The situation has resulted in negative coping mechanisms. The number of households that borrowed money has significantly increased, from 40 per cent in August 2021 to 68 per cent in April 2022. Another commonly

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.

³ UNICEF’s Household Survey, Round 6, April 2022


⁴ Cropping season in Sri Lanka, synonymous to the north-east monsoon, that runs from September to March.

⁵ Rapid Qualitative Food Assessment by WFP and the Sri Lankan Department of National Planning.

⁶ Yala season runs from May to end of August.

used mechanism is withdrawal from savings, which increased from 21 to 29 per cent in the same period⁷ Other coping mechanisms reported are pawning and the selling of belongings, which can lead to the loss of essential means of sustenance and livelihoods.

PER CENT OF POPULATION BY PROVINCE PER COPING MECHANISM



Province	Sell belongings	Borrow money	Withdraw from savings	Pawn belongings
Central Province	3%	81%	50%	58%
Western Province	2	75	13	41
Eastern Province	10	80	40	38
North Central Province	2	38	22	46
Northern Province	9	60	27	56
North Western Province	5	82	21	60
Sabaragamuwa Province	0	57	31	59
Southern Province	3	51	19	50
Uva Province	6	67	81	59

Source: UNICEF Household Impact Survey 2022

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 agriculture or livestock production⁸. While in some districts goods are locally available, assessments in Trincomalee reported a rapid and sharp reduction in consumers' access to the market, up to 80-90 per cent. Vegetable traders in Trincomalee and Mullaitivu reported a reduction in total daily sales from 500kg to 50 kg, as consumers reduced the quantity of purchased items as their immediate coping strategy.

About 80 per cent of medical supplies in Sri Lanka are imported, and the inability to import various medicines due to depleted foreign reserves has caused a shortage. As of 31 May 2022, about 200 medical items are in shortage, which includes blood-thinners for heart attack, antibiotics, vaccines and cancer chemotherapy drugs. The shortage of medicines has paralyzed about 50 per cent of medical operations in the country. Only urgent surgeries are performed, as some of the medical equipment and anesthesia are quickly running out. The Ministry of Health announced that some medicines will remain in short supply for up to three months. Overall, the price of drugs has increased by 30 per cent around the country⁹.

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 undernutrition¹⁰. 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 5¹¹. As of April 2022, the monthly costs of a nutritious diet per household had increased by 156 per cent¹². At least 56,000 children under 5 with severe acute malnutrition

⁷ UNICEF's Household Survey, Round 6, April 2022

⁸ ACAPS, 2 June 2022

⁹ ACAPS, 2 June 2022

¹⁰ As per WHO classification, this is considered "very high"

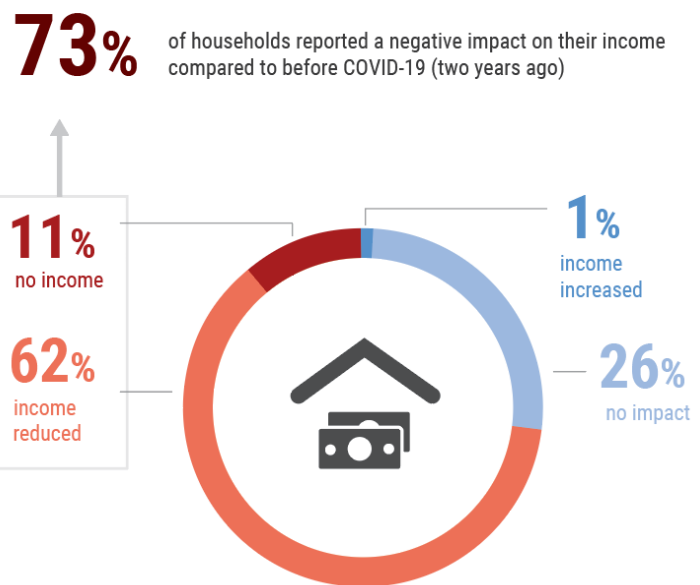
¹¹ Based on Sri Lanka's 2016 Demographic Health Survey

¹² Rapid Qualitative Food Assessment by WFP and Department of National Planning.

(SAM) are currently in need of ready to eat therapeutic food (RUTF) BP -100. Pending results of ongoing nutritional surveys, malnutrition is likely to have worsened as the national nutrition programme has been halted since November 2021. The usual provision of Thriposha, 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. Typical school meals that used to consist of a balanced diet of meat or eggs, rice, fruits and vegetables now consist of mainly carbohydrates¹³.

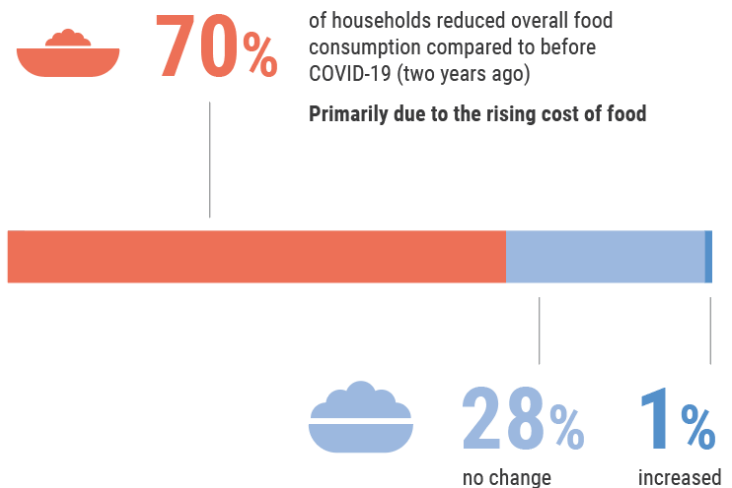
The multi-dimensional crisis in Sri Lanka has inevitably brought more protection issues to the pre-existing chronic inequalities experienced by its people. Based on the Women’s Wellbeing Survey in 2019, the prevalence of GBV indicated that one in five (or 20.4 per cent) ever-partnered women have experienced 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 behaviors by a partner in their lifetime. District officials have reported a rise in domestic violence, while

CHANGE IN HOUSEHOLD INCOME



Source: UNICEF Household Impact Survey 2022

CHANGE IN FOOD CONSUMPTION

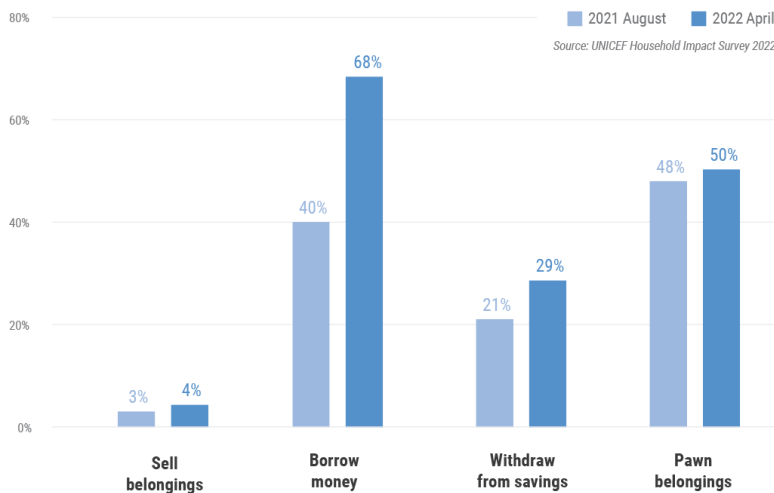


Source: UNICEF Household Impact Survey 2022

¹³ <https://www.savethechildren.net/news/school-meals-menu-children-sri-lanka-economic-crisis-bites>

COPING STRATEGIES

Households start to rely on borrowing to cope with the rising cost of living



PRICE OF ESSENTIAL FOOD ITEMS (JUNE 2021 - MAY 2022)

Source: GIEWS/FPMA, FAO



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 surveys¹⁴.

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 increase in the coming months if the current crisis is not averted. Mental health impact on children shows that 41 per cent of households expressed that their child is more anxious, nervous and worried in the last two years, while 31 per cent was more sad and more depressed in the last two years¹⁵.

Food insecurity and healthcare shortages have put children who remain in schools at risk of drop-out or learning loss as families prioritize basic needs over education. Parents are barely able to afford transportation of their children to/from school. In March 2022, some school examinations had to be postponed due to shortages of paper¹⁶. Alternative approaches are necessary to ensure the continuity of education and securing of children's well-being. Amidst the current situation, the need to protect children and their future is paramount.

¹⁴ Rapid Qualitative Food Assessment by WFP with Department of National Planning

¹⁵ UNICEF's Household Impact Survey, Round 6, April 2022

¹⁶ DEEP platform, report from Amnesty International, 6 May 2022

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 will be implemented under the overall guidance of the Humanitarian Country Team (HCT). Sectoral groups such as FSL, Health and Protection, including GBV and Child Protection, will be the technical/operational arm of the HNP implementation. The response will focus on lifesaving and time-critical interventions focusing on vulnerable groups. In line with the government's invitation to support its efforts, the HNP will assist 1.7 million people from 9 June to 30 Sept 2022 in 25 districts.



Photo: © WFP Sri Lanka

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 that 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 three key sectors, namely: Food Security and Livelihoods (FSL), Health, and Protection, including Gender-based Violence and Child Protection. Specifically, the sectors will cover the following:

- **FSL:** Food and nutrition security supported by the provision of safe drinking water, basic agricultural support and emergency livelihoods.
- **Health:** Provision and distribution of vital and essential medicines and supplies.
- **Protection:** Provision of support to general protection, protection from Gender-based Violence (GBV) and child protection, as well as addressing mental health and psychosocial and education needs that expose to the most vulnerable, especially children, to further risks.

Ongoing and planned assessments

Recognizing the importance of assessments in determining needs, in early May the HCT initiated a mapping of assessments to identify information gaps. Over 20 assessments are planned to be conducted by partners during the next three to four months.

Assessments already conducted include a UNICEF nationally representative telephone survey from April 2022, results of which were shared for the development of this HNP. In addition, WFP, together with the National Planning Department (NPD), conducted a rapid qualitative food security assessment in 17 districts. FAO and WFP have received approval from the Ministry of Agriculture to undertake a Crop and Food Security Assessment Mission (CFSAM). This assessment aims to estimate food availability, import requirements and plans, and profile and number of food-insecure households to design possible assistance. The CFSAM process will start imminently, and the report is expected to be available in July.

Scope of the Response

The response will give priority to interventions that are based on agreed vulnerability criteria, including gender, age and disability. Categories 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.

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 areas¹⁷.

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 the three priority sectors for operational concerns, with progress presented to the HCT on a monthly basis or as needed. Technical expertise will be 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

¹⁷ Based on community consultations led by Save the Children Sri Lanka.

Pacific (OCHA ROAP). OCHA will provide support for operational coordination, ensuring seamless reporting and accountability to the HCT.

Localization: Out of 18 operational partners participating in the HNP, there are three national NGOs that will implement projects under the FSL and Protection sectors. They shall coordinate the response through the relevant sector leads. The sectors will coordinate and harmonize approaches with their respective government counterparts, namely: FSL will work with the Ministry of Agriculture, Health Sector with the Ministry of Health (MOH) and Protection will work with the Ministry of Women and Child Affairs.

Operational Capacity and Constraints

A total of 18 organizations have been involved in the prioritization of humanitarian interventions and will participate in the implementation of the HNP. Food security has 17 participating organizations, while protection has nine participating organizations. Some agencies are working on both sectors. On the other hand, 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 are compounding factors that may also lead to higher 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 could result in further delays. The ability to reach field locations could be limited in case of severe local fuel scarcity, limiting the ability of staff to ensure effective programme implementation and monitoring.

Interventions on agriculture and emergency livelihoods may be impacted by the uncertainty of input supply, including agrochemicals and fertilizer, delays in land preparation, high cost of inputs intensified by high fuel costs, as well as the lack of capital from reduced yields.

While COVID-19 measures/restrictions have been eased; humanitarian partners will continue to monitor the COVID situation in the country. The occurrence of a wave fueled by new variants could result in movement restrictions.

In Sri Lanka, the southwest monsoon typically lasts from mid-May to September. It can bring heavy rainfall and strong winds in the south-western region of the country. In April 2022, the Sri Lankan Department of Meteorology estimated that the Northern and North Central provinces received more than twice of normal rainfall during the month. Between May and July, it has been estimated that 15 districts have had a 6 per cent chance of above-average rainfall. This projection could add more operational constraints to the implementation of the HNP. 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.¹⁸

Cash and Voucher Assistance

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.

Sri Lanka witnessed large-scale cash transfer programming in 2005/06, during the aftermath of

¹⁸ ACAPS, 2 June 2022

the Indian Ocean tsunami. Many agencies such as the Red Cross, WFP, Oxfam and Save the Children provided cash transfers to affected communities to help them meet basic needs. For example, in 2009 Solidar Suisse responded to the needs of returnees with a rehabilitation program that provided cash grants to restart livelihood activities. In 2016, Save the Children provided food vouchers and cash assistance to vulnerable families in Mullathivu and Vavuniya districts. This was followed by cash for work schemes undertaken in Kalutara, Mullathivu, Killinochchi and Trincomalee districts in 2017.

Cash Working Group (CWG): The CWG in Sri Lanka, composed of national and international actors, has recently been re-established with a focus on the implementation of the HNP response.¹⁹ Using the recently [IASC endorsed model on cash coordination](#), the group has three programmatic co-chairs (WFP, UNICEF, and Save the Children) and the RCO fulfils a non-programmatic co-chair role. The group works with the Asia-Pacific Regional Cash Working Group and is supported through inter-agency surge cash coordination. The CWG has supported the development of the HNP by providing a platform for collaboration and agreeing on common priorities for the implementation phase, as well as developing a preliminary Minimum Expenditure Basket (MEB) and transfer value recommendations, based on the approaches of WFP and Save the Children.²⁰

The CWG's role is to coordinate and ensure coherence between the various cash programmes. Initial priorities for the CWG include: 1) Effective coordination of cash transfers during the response for a coherent approach; 2) Harmonized targeting and transfer values; 3) MEB revision and price monitoring; 4) Supporting 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) planned in the HNP: The sectors have planned a variety of

cash-based interventions designed to be complementary to in-kind support and service delivery, with the main focus on providing short-term lifesaving humanitarian assistance to the most vulnerable. The main sectors using cash as a modality, including multi-purpose cash and/or vouchers, are the FSL and Protection sectors, collectively targeting a total of 362,000 people with CVA. The share and scale of cash transfers may be adjusted based on market functionality, availability of key commodities, price monitoring, inflation rate and other programmatic considerations. Planned cash programmes in the HNP are aimed at immediate food and nutrition needs and livelihoods support. Protection-focused cash assistance is related to case management of vulnerable children and adolescents to minimize negative coping mechanisms. Overall, the planned CVA in the HNP amounts to \$8.3 million, which is 18 per cent of the total funding requirements.

Thematic considerations

The overall response must put Accountability to Affected People and Community Engagement central to this humanitarian response, especially in project design, implementation and monitoring and the determining of the appropriate assistance modality - cash or in-kind. Consultations with communities and feedback mechanisms must be established to ensure that community voices are heard. In cases when assistance is deemed inappropriate by affected people, agencies must commit to acknowledge and take corrective actions. This commitment is outlined and further affirmed by the [Inter-Agency Standing Committee \(IASC\) Principals in their statement in April 2022](#).

The delivery of assistance will be in line with the Principle of Do No Harm. COVID-19 measures and protocols will be adhered to, to minimize risks of transmission/infection among the affected people as well as humanitarian responders. Humanitarian partners are called to respect and ensure that the zero-tolerance policy to sexual exploitation and abuse (SEA) is strictly observed as provided for in the [Secretary-General's Bulletin ST/SBG/2003/13](#).

¹⁹ Recently the group has engaged in a 4W mapping exercise among all its members to map the completed and ongoing cash programmes, target areas, cash

beneficiary numbers, modalities, delivery mechanism, target group, timing and duration.

²⁰ [CWG 4W Dashboard](#)

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 Leave No One Behind (LNOB) promise. Upon completion of the HNP in September, residual needs will be carried over by development actors through the Humanitarian Development Nexus (HDN) framework.

Farmers in rural Sri Lanka are struggling with a lack of fertilizer, compounded by the economic crisis

Photo: © WFP Sri Lanka



Monitoring Framework

The HCT, jointly with the partners implementing the activities, will monitor progress in the response under this plan. The HCT has already initiated steps to establish the Information Management and Analysis Working Group (IMAWG). The IMAWG will coordinate 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 “3W” (Who does What Where), will allow humanitarian organizations to report to the respective sectors on their activities and achievements (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.

The RC office, with support from OCHA, will consolidate 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 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

5.7M

PEOPLE IN NEED

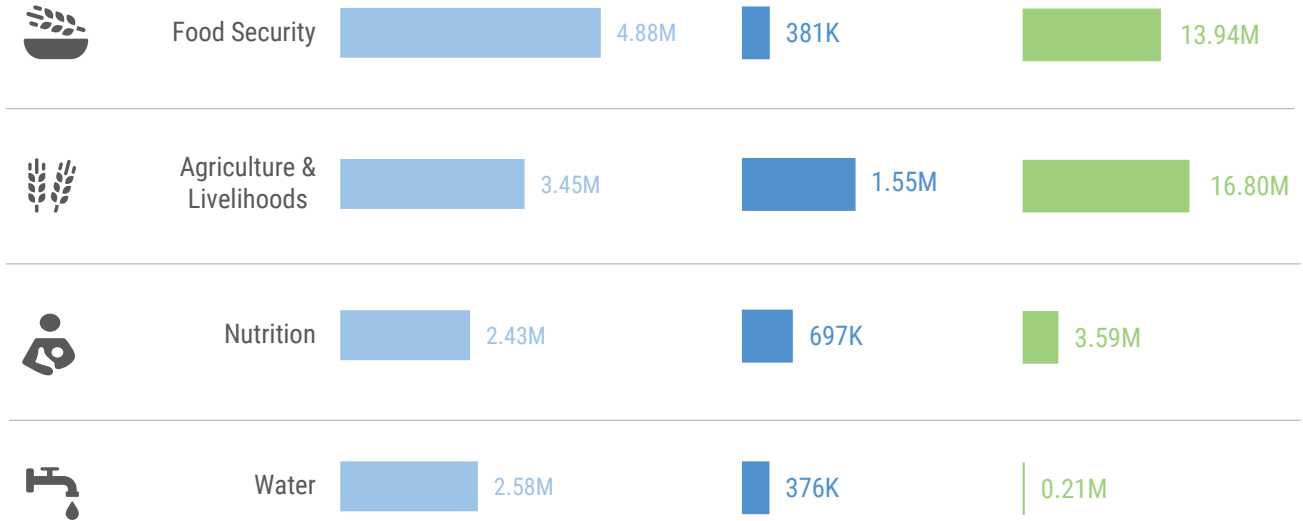
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PEOPLE TARGETED

\$47.2M

FUNDING REQUIRED (US\$)

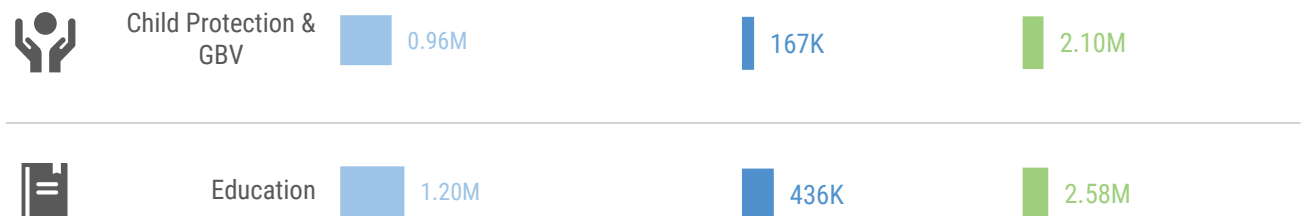
FOOD SECURITY AND LIVELIHOODS



HEALTH



PROTECTION



Sector Plans



Food Security and Livelihoods

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
FOOD SECURITY	4.9M	381K	\$13.9M
AGRICULTURE & LIVELIHOODS	3.4M	1,554K	\$16.8M
NUTRITION	2.4M	697K	\$3.6M
WATER	2.6M	376K	\$212K

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

Low-income households face ever-increasing threats to their food security, as food prices and overall inflation skyrocket and agricultural production declines. The government's inability to meet demands through imports and interventions is deteriorating the situation, especially of vulnerable groups. The food system stands severely disrupted and food security has been impacted in the short and medium term across all four pillars of access, availability, consumption, and stability.

The current situation warrants interventions to address the threat to food security and nutrition, especially of the most vulnerable. In parallel with the urgent provision of emergency food

assistance, it is imperative that measures protect and ensure a successful harvest in the 2022 Yala²¹ and 2022/23 Maha season, along with steps to prevent further deterioration in nutrition, are immediately initiated and strengthened. Failure to respond on time and according to the scale of needs will result in more households resorting to extreme coping mechanisms including the loss of livelihoods, a further deterioration of food security and an increase in the prevalence of malnutrition - which is already alarmingly high with Global Acute Malnutrition (GAM) rates at 15 per cent.

Food security

In April 2022, UNICEF's nationally represented survey showed that 70 per cent of households have reduced their food consumption, primarily due to the rising cost of food. 73 per cent of households have had their incomes either

²¹ There are two cultivations seasons in Sri Lanka, known as Maha and Yala. Maha coincides with the North-East Monsoon. It is the main cultivation season and traditionally is between September to March. In Yala, cultivation in drier areas during this season is dependent on access to irrigation.

curtailed or reduced and the majority, about 86 per cent, of households are adopting at least one coping mechanism.

The rapid food security assessment by WFP and the Department of National Planning points to a higher risk of food insecurity for households relying on unskilled casual labor, fishing or assistance from friends and relatives, and those with no home gardens or livestock. Estate and urban poor, including migrants, are considered disproportionately affected. These trends should be considered as indicative given the limited sample size in this rapid survey and will be verified by the upcoming Crop and Food Security Assessment Mission (CFSAM).

Agriculture and Livelihoods

While official figures are not yet available, conservative estimates put paddy production loss at 50 per cent and maize at 65-70 per cent²², at a value of over \$550 million. National rice production is likely to drop to 1.13 million tons in the 2021/22 Maha season, a 50 per cent fall. With a per capita consumption of 107 kg, rice availability will be severely constrained beyond the next three to four months. The lack of animal feed has resulted in escalating costs of dairy, meat, eggs and chicken.

The declining motivation of farmers to cultivate for Yala 2022 is mainly due to the uncertainty and high costs of inputs as well as the lack of capital from reduced yields in Maha 21/22.²³ The cost of production for paddy crops has doubled, and the usual credit-bound relationships of the farming community have collapsed due to the economic crisis, leaving farmers without ways to continue their cultivation. In Jaffna and Batticaloa districts, where marine fisheries are a main source of livelihoods, 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.

Nutrition

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.

Safe Water

The current crisis has resulted in an acute shortage of water treatment and water testing chemicals and has negatively affected water treatment services. The power cuts have reduced the number of water-pumping hours and compromised operations and maintenance. About 84 per cent of people have safe drinking water coverage. However, about 66.8 per cent households in the estate sector do not have access to safe drinking water sources. Over 48.5 per cent of households in the country do not practice any water treatment methods such as boiling or chlorinating. With limited fuel to cook food, many households stop treating water at household levels. If the situation is not addressed urgently, children will be at a significant risk of water-borne diseases.

²² The Provincial Department of Agriculture crop cutting surveys for the last Maha season (2021/22) indicated a 65-70 per cent drop in maize productivity. Estimates are that the maize yield fell to about 88,000 tons in 2021/22 Maha season from 432,000 tons in previous Maha season (2020/21).

²³ Based on a WFP household survey, over 50 per cent of farmers were confronted with severe fuel shortages during the last Maha season harvest, primarily due to a lack of availability.

Priority Activities

- In kind assistance to food-insecure households in prioritized districts and communities with low market functionality
- Cash and voucher assistance to support food security and food assistance interventions
- Provision of critical inputs for agriculture, livestock and fisheries
- Treatment of children with SAM, MAM, and provision of micronutrients and nutritious food for children and PLW.
- Emergency school meals programme for three months to ensure children receive a nutritious meal daily.
- Provision of water purification supplies and support to improve water treatment systems in urban and rural areas to avoid the outbreak of water-borne diseases.
- Distribution of essential inputs for the sustenance of livelihoods, including the maintenance of key agricultural activities.

Response Strategy

The Food Security and Livelihoods Sector (FSL) 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 1) Meet the immediate food and nutrition needs of food insecure and the most vulnerable populations; 2) Protect and diversify the livelihoods of the most adversely affected households through the provision of critical inputs and productive assets to safeguard harvests and incomes and reduce the use of negative coping mechanisms, and; 3) Prevention and treatment of malnutrition through the continuation and scale-up of critical nutrition-specific programmes.

FSL partners are present in the country and can draw from existing operational structures, whilst being supported by international surge to facilitate the timely scale up of implementation. The sector conducts regular coordination meetings to facilitate the exchange of information, maximize resources and avoid duplication.

A key tool for the implementation of activities will be cash and voucher assistance delivered to food-insecure households and to support nutritional outcomes. The transfer value will be determined through the Cash Working Group to cover food security and related essential needs. Where

feasible, government systems including social assistance programmes will be utilized in a shock-responsive social protection approach. Shock-responsive cash assistance will aim to complement the support committed by International Financial Institutions (IFIs) to the Government of Sri Lanka. FSL 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.

The required quantities of agricultural inputs will be selected based on district-wise beneficiary numbers, land extent and crop type, and in close consultation with the Provincial Department of Agriculture. These inputs will be distributed through government systems. Local civil society organizations will also complement in supporting the delivery of inputs.

Nutrition assistance will be for a minimum of two months beyond the period that is supported by the line of credit. The commodities will be handed over to the Thripasha factory that will manage the production, processing, and distribution of Thripasha nationally through the government malnutrition treatment and prevention programmes.

Participating organizations

ChildFund Sri Lanka, FAO, ILO, IOM, Islamic Relief, Kindernothilfe, LEADS, Muslim Aid, Sarvodaya, Save the Children, SUN PF, UNDP, UNFPA, UNICEF, UNOPS, WFP, World Vision Lanka

Contact

Name	Agency	Email
Mr. Abdur Rahim Siddiqui WFP Representative & Country Director	World Food Programme	Abdurrahim.Siddiqui@wfp.org
Mr. Vimlendra Sharan FAO Representation	Food and Agriculture Organization	Vimlendra.Sharan@fao.org

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Health

PEOPLE IN NEED

1.97M

PEOPLE TARGETED

414K

FUNDING REQUIREMENT (US\$)

\$8M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

Sri Lanka provides free healthcare to its population. Curative services are provided by a network of tertiary- and secondary-care institutions, divisional hospitals (outpatient and inpatient care) and primary medical care units offering outpatient care. Preventive services are provided through health units that cover the whole island. The public sector provides nearly 95 per cent of inpatient care and around 50 per cent of outpatient care. 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.

The health sector in Sri Lanka has been challenged by the lack of foreign exchange reserves to fulfil procurement orders. As of 24 May, 2 vital and 188 essential drugs are out of stock at the national level, while another 163 drugs will go out of stock during the next two to three months. Additionally, 2,724 essential surgical consumables and more than 250 regular laboratory items are out of stock.

Shortages of medicine and medical supplies have significantly affected the healthcare system in the country. The situation has been further compounded by the lack of fuel and longer power cuts that have reduced the operational capacity of healthcare facilities, including routine surgeries. The prescription of drugs has been curtailed to the bare minimum to extend the availability of medicines. The shortage of essential medicines is also limiting the availability and access to lifesaving sexual and reproductive health (SRH) services. With an estimated 72,100 birth deliveries in the country in a three-month period, there is a need to provide lifesaving medicines and supplies to enable the continuation of essential maternal and neonatal health services. In sum, 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.

Sector key humanitarian needs

- Provision of essential medicines and medical supplies for inpatient and outpatient care through government health facilities.

Priority Activities

Health sector partners will focus their activities on the provision of vital and essential medicines, medical supplies and devices, including medication and supplies required for maternal, newborn and sexual reproductive services that are required urgently.

Response Strategy

For the next three months, health support provided by humanitarian partners will focus on ensuring the availability of vital and essential medicines 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 specialist care, estimated at 80 per cent of total inpatient care and in larger divisional hospitals.

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 received²⁴.

WHO has had discussions with UNICEF, UNFPA and UNDP, who have reached out to each agency

procurement system and identified the list of essential drugs that can be delivered within 30 days. Each agency has also looked into initiating procurement using their own funds to expedite the process. The final list will be agreed after consultation with MoH and based on the position of the stock at the time of a pledge confirmation. WHO has been able to spearhead the provision of donations in the short term (to meet the urgent gap for medicines and supplies) while in the medium term the shortage of medicines /surgical consumables will ease with the support of a credit line from India, and support from the Asian Development Bank (ADB) and World Bank (WB) from August onwards. When medicines and supplies are secured, WHO and partners will promptly update the data, to ensure real-time information on their availability. The distribution of drugs is done through the delivery fleet at the MSD and fleets at the larger hospitals and district MSDs.

Participating Organizations

WHO, UNDP, UNFPA, UNICEF

Contact

Name	Agency	Email
Dr Alaka Singh, WHO Representative	WHO	singha@who.int
Dr Vinya Ariyaratne, President	Sarvodaya	vinya@sarvodaya.org

²⁴ On 03 June with 256,320 syringes of life saving anti-coagulant enoxaparin sodium was received as a donation from Government of China.



Protection

	PEOPLE IN NEED	PEOPLE TARGETED	FUNDING REQUIREMENT (US\$)
PROTECTION	959K	167K	\$2.1M
EDUCATION	1.2M	436K	\$2.6M

Humanitarian Impact and Key Immediate Needs

Overall analysis of humanitarian impact and needs

Negative coping mechanisms during the crisis mean that women, girls and marginalized groups are at further risk of gender-based violence (GBV), sexual exploitation and abuse (SEA), child marriage and other harmful practices. Psychological distress, erosion of gender equality gains, and reinforcement of existing power dynamics to the detriment of women, girls and other marginalized groups worsen. Women, children, the elderly and the sick, migrants in vulnerable situations and victims of trafficking are disproportionately affected. District officials have reported a rise in domestic violence, while acknowledging that these incidents are often underreported, given the limited means to monitor. Access to shelter facilities, health, and legal services for women are now hampered, as service providers²⁵ are partially immobile due to limited resources and lack of fuel. Shelters operate with minimum resources, hence, and there is no capacity for case management.

The unprecedented economic crisis soon after the COVID19 pandemic is also resulting in an increasing trend of protection concerns and psychosocial issues among children²⁶. Protection agencies have monitored an alarming increase of

high-risk child protection incidents including cases of sexual assault, physical abuse and child negligence in Nuwara Eliya, Batticaloa, Moneragala and Mullaitivu districts²⁷. The National Child Protection Agency (NCPA), the country's only operator of the child helpline (1929 ChildLine), where child protection cases are reported, anticipates an increase of incident reports in the coming months²⁸.

Learning loss and increased school drop-out have also been exacerbated by the crisis, which will lead to life-long negative impacts as families are compelled to prioritize food and medical needs over education. School attendance is already recording the lowest ever level, as the fuel shortage is gravely limiting children's and teachers' ability to go to school from a long distance. In addition, the number of children coming to schools without breakfast has substantially increased since the beginning of 2022. Due to the lack of funds, schools are unable to provide free, nutritious school meals, increasing risk of children and adolescents dropping out of school and further extending their learning loss

²⁵ Service providers include Women Development Officers, counselling assistants and public health midwives.

²⁶ An assessment conducted by ChildFund Sri Lanka in 9 districts with the participation of 590 children and 262 parents in May 2022.

²⁷ Based on recent consultation with the National Child Protection Authority (NCPA) and Department of Probation and Child Care Services (DPCCS)

²⁸ Based on recent consultation with the National Child Protection Authority (NCPA) and Department of Probation and Child Care Services (DPCCS)

and increasing the chances of child labor^{29,30}. School meals are now negligible given the high food-price inflation and limited availability of nutritious food and key social assistance programmes have been halted such as food supplements and a pregnancy voucher³¹.

The mental health of young people is also a concern as they struggle with multiple pressures. Due to the severe shortage of financial resources, government child protection and social work services are unable to provide social support throughout the country³². Parents and caregivers

are spending hours in long queues to buy essentials food items, while leaving their children unattended or unsupervised. With mounting economic pressures, reports of violence against children as well as GBV and exploitation are increasing and child protection officials are not able to monitor³³. Families are demanding to place their children in institutional care as they are not able to afford to feed or educate them. At the same time, institutions are struggling to maintain adequate standards of health. As parental migration for labor increases, children are at risk of being left behind³⁴.

Priority Activities

- Strengthen emergency case management and family strengthening for children in need of protection and prevent and respond to family separation, including children with disabilities
- Support to ensure that children have safe and accessible channels to report sexual exploitation and abuse
- Provision of targeted MHPSS for vulnerable children and adolescents, as well as meaningful engagement with children through recreational activities
- Support to community-based child protection and GBV networks
- Establishment of referral pathways and service points to promote survivors' access to services
- Provision of lifesaving and survivor-centered protection services for GBV through shelters as well as psychosocial first aid
- MHPSS messaging to families to manage stress and prevent violence against women and children (VAWC)
- 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
- 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
- Alternative/educational development for students who dropped out of school

²⁹ Peiris, P. (2021) *Child Sex Trafficking in the Tourism Sector*. Colombo: Save the Children

³⁰ ILO (2020) COVID-19 impact on child labour and forced labour: The response of the IPEC+ Flagship Programme

³¹ UNICEF Household Impact Survey, April 2022

³² Based on recent consultation with the National Child Protection Authority (NCPA) and Department of Probation and Child Care Services (DPCCS)

³³ Department of Census and Statistics (2019), *Census of Children in Childcare Institutions*

³⁴ Peiris, P. (2021) *Child Sex Trafficking in the Tourism Sector*. Colombo: Save the Children

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' approach³⁵ in all sectoral responses and coordinates protection responses for the current situation. 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 during the current emergency. The sub-group is based on the regular interagency Child Protection Working Group³⁶ 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 *sub-group on Gender-Based Violence (GBV)* is co-facilitated by the United Nations Populations Fund (UNFPA) in Sri Lanka and includes representatives of civil society organizations, national and international non-governmental organizations, and UN agencies. The GBV Forum is a multi-sectoral coordination platform which shall facilitate GBV prevention, mitigation, and response during emergencies. The Education Sector is co-led 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, a part of the response strategy is to accelerate implementation of case management and mental health and psychosocial support (MHPSS). In the area of MHPSS, various approaches will be taken including digital and community-based approaches to reach as many children, adolescents, and parents as possible, continuation of Child Helpline, 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 Child Friendly Spaces (CFS) and education activities.

Given the severity of the crisis and leveraging on the existing resources and services the GBV Area of Responsibility (AoR) under the protection cluster has prioritized interventions to ensure inclusive mechanisms that are comprehensive and coordinated to address GBV. After analysis of the various assessments and the HIES data for the response on GBV the districts of Nuwara Eliya, Moneragala and Badulla have been chosen 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 is not compromised through the interventions. 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 established and popularized 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 highest impact and an immediate rollout.

In Education, there are three major areas of concern: 1) interruption of continuous learning and hence further extending learning loss and learning disparities, which have been already severely worsened by the COVID-19 crisis, with the most disadvantaged children and adolescent adversely affected; 2) lack of papers, teaching-learning materials and stationary for students and teachers to support their continuous learning, especially among the most marginalized; and 3) increased demands for creating supplementary education and skills

³⁵ A 'protection-sensitive' approach requires mainstreaming protection concerns in all sectoral responses to ensure that people with specific needs are not excluded.

³⁶ 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.

development opportunities. In the areas of support to ensure continuous learning, focused support will be provided targeting disadvantaged, resource-poor schools and most marginalized children and adolescents, to mitigate further learning loss and school dropouts. 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. 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 them. In addition, supplementary education and skill development opportunities will be provided to children through child-friendly spaces (CFS) which is linked to afore-mentioned Child Protection activity, to address the holistic needs of children in their development and protection.

Participating Organizations

ChildFund Sri Lanka, IOM, LEADS, Sarvodaya, Save the Children, UNDP, UNFPA, UNICEF, 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
Kunle Adeniyi, Country Representative	UNFPA	adeniyi@unfpa.org
Takaho Fukami, Chief of Education	UNICEF	tfukami@unicef.org

How to Support the HNP

Donating through the Humanitarian Needs and Priorities Plan

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 organizations participating in the Humanitarian Needs and Priorities plan. To get the latest updates and donate directly to organizations participating in the response, please visit:

<https://www.humanitarianresponse.info/en/operations/sri-lanka>

Contributing through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for lifesaving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities, and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website at:

<https://unocha.org/cerf/donate>

Donating in-kind resources and services

The UN Secretary-General encourages the private sector to align response efforts with the United Nations to ensure coherent priorities and to minimize gaps and duplication. To make an in-kind donation of goods or services visit www.business.un.org. Contributions must comply with the Guidelines on Cooperation between the UN and the Business Sector. The United Nations enters into pro-bono agreements with companies planning to provide direct assets or services during emergencies. Contact ocha-ers-ps@un.org to discuss the ways in which your company might partner with the UN.

Individuals can donate online via the United Nations Foundation:

<https://unfoundation.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>

Annexes

Annex 1

Activity costing by sector

FOOD SECURITY AND LIVELIHOODS

Priority Response Activity	Number of people targeted	Agency	Funding required (\$US)
Food Security			
Food assistance to food-insecure households	140,363	WFP	3,331,819
	5,500	IOM	200,000
	15,000	Islamic Relief	400,000
	7,000	ChildFund	325,000
	15,000	Sarvodaya	714,286
	10,000	UNOPS	522,613
	5,748	LEADS	103,310
	10,010	Kindernothilfe	66,480
	8,000	Muslim Aid	350,000
	3,750	SUN PF	100,000
Unconditional cash and voucher assistance to food-insecure households	7,000	Save the Children	419,601
	14,000	World Vision	580,000
	30,449	UNICEF	648,214
	112,322	WFP	4,679,125
	7,376	UNFPA	564,048
	2,200	IOM	120,000
	10,000	Sarvodaya	428,571
	17,564	LEADS	388,357
Total Food Security	381,185		\$13,941,424

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)	398,000	FAO	14,900,000
	82,440	UNDP	914,315
	2,122	ChildFund Sri Lanka	141,000
	2,100	Save the Children	187,500
	1,000	World Vision	165,000
	1,520	SUN PF	131,250
	5,000	IOM	90,000
	1,000	ILO	125,000
	750	Muslim Aid	150,000
Total Agriculture and Livelihoods	398,494 households (1,554,127 people)		\$16,804,065
Nutrition			
Treatment of children with SAM and MAM, and access to micronutrients	130,063	UNICEF	468,334
	558,782	WFP	2,342,268
Emergency school meals programme for 3 months to ensure preschool children and school children grade 1-5 receive a daily nutritious meal	350	UNICEF	5,000
	379,078	WFP	713,534
Child Health Development Record (CHDR) and IYCF counselling	80,000	UNICEF	65,740
Total Nutrition	696,894		\$3,594,876
Water			
Provide water purification supplies and support to improve water treatment systems	375,609	UNICEF	212,500
Total Water	375,609		\$212,500
Total Food Security, Livelihoods, Nutrition and Water			\$34,552,865

HEALTH

Health			
Provision of essential medicines, supplies and devices (including medication and supplies required for maternal and newborn and sexual reproductive services) for primary and secondary healthcare services	414,279 hospital inpatient admissions (including pregnant women and traumatic injuries requiring urgent care)	UNICEF/UNFPA/ UNDP/WHO	8,000,000
Total Health	414,279		\$8,000,000

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	1,500 – as identified by Probation and Child Care Services	UNICEF	254,292
	1,500 children	Save the Children	215,000
	1,000 children or 500 Families	ChildFund SL	74,500
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
	250 Govt officers	LEADS	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
	3,750 children	ChildFund SL	133,750
	1000 children in CDCs	LEADS	10,714
Meaningful engagement with children through recreation activities through children's forums.	80,430 children	World Vision Lanka	225,000
Strengthen community-based child protection systems and networks	12,500 children or 37,500 People	ChildFund SL	60,000
	1,200 Children and 800 adults	Sarvodaya	66,852
	650 relevant officers	World Vision Lanka	100,000

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	1,588 women of reproductive age	UNFPA	132,672
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.	1,588 women of reproductive age	UNFPA	81,970
Rapid assessment of service providers for GBV in the targeted location and the establishment of referral pathways / service points to promote survivors' access to services	1,200 women leaders	UNFPA	50,050
Provision of lifesaving support with counseling and legal aid / case management support services to GBV survivors, through shelters	1,589 SGBV survivors	UNDP	125,000
Psychoeducation to support survivors of SGBV and other at-risk groups develop skills and strategies to improve their psychosocial wellbeing	40,000 vulnerable women	IOM	250,000
Migrant returnees in extremely vulnerable conditions and trafficked victims supported with immediate relief packages and repatriation supported as required	50 exploited and trafficked victims and migrant returnees	IOM	100,000
Technical and financial support to the Government (National Anti-Human Trafficking Task Force) to scale up interventions to combat trafficking and protect/assist victims	6 key officials from 2 targeted institutions within the National Anti-Human Trafficking Task Force (NAHTTF)	IOM	20,000
Total Protection (including Child Protection and GBV)	166,856		\$2,095,300
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	332,845 students in Type 3 schools	UNICEF	660,000
	4,580 primary students	Save the Children	196,250
	7,500 children	ChildFund SL	198,237
	2,500 children	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	332,845 students	UNICEF	660,000
	5,000 children	ChildFund SL	132,159
	18,750 children in 125 schools	ChildFund SL	137,665

	80,430 children	World Vision Lanka	275,000
	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
Total Education	435,525		\$2,577,978

Total Protection (Child Protection, GBV and Education)

\$4,673,278

Annex 2

Response monitoring framework by sector

FOOD SECURITY AND LIVELIHOODS

Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	Strategic objective
Food Security				
In kind assistance to food-insecure households	# of individuals supported with food assistance	4,876,052	259,371	S01
Cash and voucher assistance, complemented with shock-responsive social protection	# of individuals receiving cash and voucher assistance disaggregated by age and gender		170,412	S01
	# of pregnant and lactating women continue to receive the pregnancy cash transfer for nutrition items	238,000 pregnant and lactating mothers registered in the Government's pregnancy cash transfer programme	30,499	S01

Agriculture and Livelihoods

Agriculture, livestock and fisheries critical input and cash assistance	# of households provided with agriculture inputs (seeds and fertilizer)	Smallholder farmers cultivating Paddy in Maha – 884,600 (3,449,940 people)	398,000 small holder farmers with landholdings up to 1 acre (1,552,200 people)	S02
		Small holder farmers cultivating Maize in Maha	45,000 small holder maize farmers with land	S02

		- 100,000 (390,000 people)	holdings up to 1 acre (175,500 people)	
	# of households provided with NFIs	14,000 people from migrant communities, refugees and people left behind because of migration	5,000	S02
	# 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) are in the needs of legume seeds and cash to engage in agriculture during Yala season 2022	82,440 farmers (321,516 people)	S02

Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	Strategic objective
Nutrition				
Treatment of children with SAM, MAM, and access to micronutrients and nutritious food for children and PLW	# of individuals supported with Thripasha disaggregated by type (pregnant and lactating women and CU5)	1,037,448 (06-59 months - 704,988; PLW- 332,460)	558,782	S01
	# of individuals provided with BP 100 disaggregated by age and gender	56,000 children under 5 with SAM	22,400	S01
	# of children 6-18 months given MNP	430,650	107,663	S01
Emergency school meals programme for 2 months to ensure children receive a nutritious meal daily	# of school aged children receiving a meal through the school meal programme disaggregated by age and gender	1,085,000	379,078	S03
	# of preschool children receiving a meal through the preschool meal programme	550,000	350 children from 12 public preschools in Colombo urban underserved settlements	S03

Water				
Provide water purification supplies and support to improve water treatment systems	# of people accessing safe water through water quality improvements	2.6m people in urban, estate and rural sectors	375,609 people	S01

HEALTH

Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	Strategic objective
Provision of essential medicines, supplies and devices	# of persons accessing continued primary healthcare through facilities receiving lifesaving essential medicines, supplies and devices	1,967,858 hospital inpatient admissions	414,279 hospital inpatient admissions	S01

PROTECTION

Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	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	# of children who have received individual case management	365,632 children as identified by Government and NGO protection partners	4,000	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
Provide basic MHPSS training for frontline workers	# of frontline workers trained	2,400 frontline workers	2,250	S03
Provide positive parenting tips and MHPSS messaging for every family to manage stress and prevent violence against women and children	# of parents and caregivers reached with messages on positive parenting and MHPSS	20,000	15,000	S03
Provide targeted MHPSS for vulnerable children and adolescents (in institutions and in Child Friendly Spaces)	# of adolescents accessing mental health and psychosocial support	367,597	7,250	S03
Meaningful engagement with children through recreation activities through children's forums.	# of children provided with support for recreational activities.	430,555 children in 13 districts	80,430	S03
Strengthen Community Based Child Protection Structures	Number of Communities with active Community Based Child Protection Structure	105,000 people in 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 the protection of children.	910 relevant government officers require support (70 officers per district in 13 districts)	650 government officers require support (50 officers per district in 13 districts)	S03
Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	Strategic objective
GBV				
Providing targeted lifesaving and survivor-centered protection services for GBV, through shelters	# of functioning service delivery points targeting 5% of PIN	31,750 women in reproductive age	1,588	S03
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 (through refresher trainings and increasing the number of counsellors for response.	# of remote and mobile clinics conducted targeting 5% of PIN	31,750 women in reproductive age	1,588	S03
	# of service providers capacitated on PFA and MHPSS		350 officers	S03
Rapid assessment of service providers for GBV in the targeted location and the establishment of referral pathways / service points to promote survivors' access to services	Rapid Assessment of service providers for GBV completed in 3 districts	529,159	31,750	S03
	Referral pathways popularized and distributed through Women's Rights organization		1,200 Women leaders	S03
Psychoeducation to support survivors of SGBV and other at-risk groups develop skills and strategies to improve their psychosocial wellbeing	# of beneficiaries receiving psychoeducation.	140,500 people	40,000 vulnerable women	S03
Provision of life saving support with counseling and legal aid / case management support services to GBV survivors, through shelters	# of beneficiaries receiving legal aid and case management services	39,731	1,589	S03
Migrant returnees in extremely vulnerable conditions and trafficked victims supported with immediate relief packages and repatriation supported as required	# of vulnerable migrant returnees and victims of trafficking assisted directly or with the support of authorities	500	50	S03
Technical and Financial support to the Government (National Anti-Human Trafficking Task Force (NAHTFF) and protect/assist victims	# of key representatives within the National Anti-Human Trafficking Task Force (NAHTFF) 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

Key Activities	Indicator	Number of People in need (PIN)	Number of people targeted	Strategic objective
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	# of children accessing uninterrupted learning	946,542 students	347,425 students	S03
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	# of children accessing uninterrupted learning	950,807 students	435,525 students	S03
Awareness- raising and supportive educational programs for children dropped out of school due to economic crisis and their parents	# of children who dropped out of school and their parents reached with awareness raising	1,500 Children 2,000 Parents	1,500 Children 2,000 Parents	S03

Annex 3

People in Need and Targeted by sector and location

Food Security and Livelihoods

(figures are in thousands)

		Food Security		Agriculture and Livelihoods		Nutrition		Water	
		PIN	Target	PIN	Target	PIN	Target	PIN	Target
Western	Colombo	378.3	52.9	34.7	15.6	172.3	62.6	72.7	10.5
	Gampaha	320.9	21.6	115.0	51.7	176.7	68.0	76.2	11.0
	Kalutara	224.3	0.4	119.8	53.9	110.5	25.7	52.9	7.7
Central	Kandy	314.1	5.2	126.6	57.0	153.8	40.0	233.1	33.8
	Matale	103.8	9.1	139.2	62.7	64.0	11.4	47.9	6.9
	Nuwara Eliya	381.3	93.3	49.6	22.3	107.7	81.6	80.5	11.7
Southern	Galle	174.6	0.2	115.6	52.0	104.3	21.2	119.6	17.3
	Matara	110.5	0.9	131.4	59.1	103.7	29.8	169.1	24.5
	Hambantota	119.7	1.4	153.9	69.2	108.0	18.5	233.7	33.9
Northern	Jaffna	152.4	25.0	55.9	25.2	75.8	18.9	1.0	0.3
	Mannar	47.1	12.8	21.5	11.3	19.1	4.8	8.7	2.2
	Vavuniya	110.4	28.2	29.9	13.5	28.8	7.0	1.5	0.4
	Mullaitivu	42.3	29.8	39.0	17.5	16.4	4.4	3.9	1.0
	Kilinochchi	25.2	5.6	37.9	17.0	18.0	2.3	2.4	0.6
Eastern	Batticaloa	144.9	10.7	86.8	39.1	84.0	18.3	9.8	1.4
	Ampara	264.5	4.1	187.9	84.5	98.8	23.3	68.2	9.9
	Trincomalee	150.0	14.0	87.0	39.2	56.4	9.5	2.9	0.7
North Western	Kurunegala	518.1	0.2	587.2	264.2	180.2	39.6	165.5	24.0
	Puttalam	186.0	2.1	84.3	37.9	100.0	13.7	184.7	26.8
North Central	Anuradhapura	181.1	0.9	435.2	195.9	135.4	36.9	210.0	30.5
	Polonnaruwa	103.5	0.2	202.8	91.3	71.2	12.4	47.8	6.9
Uva	Badulla	206.0	48.3	219.7	98.8	122.4	64.2	160.6	23.3
	Monaragala	181.2	10.9	178.5	80.3	85.2	29.0	154.9	22.5
Sabaragamuwa	Ratnapura	211.2	3.7	116.4	52.4	137.7	36.9	374.0	54.2
	Kegalle	223.6	0.2	94.2	42.4	97.4	17.0	94.1	13.6
Total		4,875.1	381.2	3,450.0	1,554.1	2,427.9	696.9	2,575.6	375.6

		Protection (with Education)				Health <small>(figures are in thousands)</small>	
		Education		Protection (CP + GBV)			
		PIN	Target	PIN	Target	PIN	Target
Western	Colombo	76.0	37.4	44.9	3.2	273.4	56.3
	Gampaha	107.6	43.0	44.4	8.8	159.2	32.2
	Kalutara	40.5	19.7	21.6	1.4	90.0	18.7
Central	Kandy	54.3	24.1	24.7	3.0	151.8	32.3
	Matale	17.3	8.1	8.8	0.6	53.4	11.2
	Nuwara Eliya	145.1	35.6	139.0	25.0	46.7	10.1
Southern	Galle	49.7	20.0	18.9	3.8	105.1	22.4
	Matara	27.7	13.3	14.4	0.9	62.5	13.3
	Hambantota	21.7	10.3	11.1	0.7	63.2	13.1
Northern	Jaffna	58.7	16.8	42.5	8.1	69.4	14.2
	Mannar	4.8	1.8	5.8	0.4	16.9	3.7
	Vavuniya	7.2	3.0	7.2	0.6	10.9	2.0
	Mullaitivu	9.8	3.1	16.6	2.6	20.8	4.6
	Kilinochchi	25.0	5.8	54.2	16.8	11.1	2.4
Eastern	Batticaloa	72.7	19.7	112.5	24.5	59.4	12.6
	Ampara	23.8	11.3	16.3	0.9	83.1	18.0
	Trincomalee	45.6	13.7	84.5	19.2	46.4	10.2
North Western	Kurunegala	65.6	28.5	28.8	4.0	139.8	29.7
	Puttalam	79.3	23.9	70.0	14.2	53.7	12.4
North Central	Anuradhapura	30.0	14.5	19.7	1.3	92.1	19.5
	Polonnaruwa	39.0	11.4	24.2	5.1	52.7	10.8
Uva	Badulla	82.6	23.7	67.4	12.1	87.0	18.6
	Monaragala	49.1	15.1	43.2	7.6	46.6	9.6
Sabaragamuwa	Ratnapura	37.2	18.0	23.6	1.4	108.0	22.9
	Kegalle	28.5	13.7	14.9	0.9	64.8	13.4
Total		1,198.7	435.5	959.3	166.9	1,967.9	414.3

HUMANITARIAN NEEDS AND PRIORITIES

FOOD SECURITY CRISIS

SRI LANKA