

UPHOLDING THE DIGNITY AND BUILDING RESILIENCE OF WOMEN AND GIRLS

UNFPA's response to the economic crisis



Sri Lanka

Version 2.0 released 01 August 2022



Total Target Reach:
2,114,750

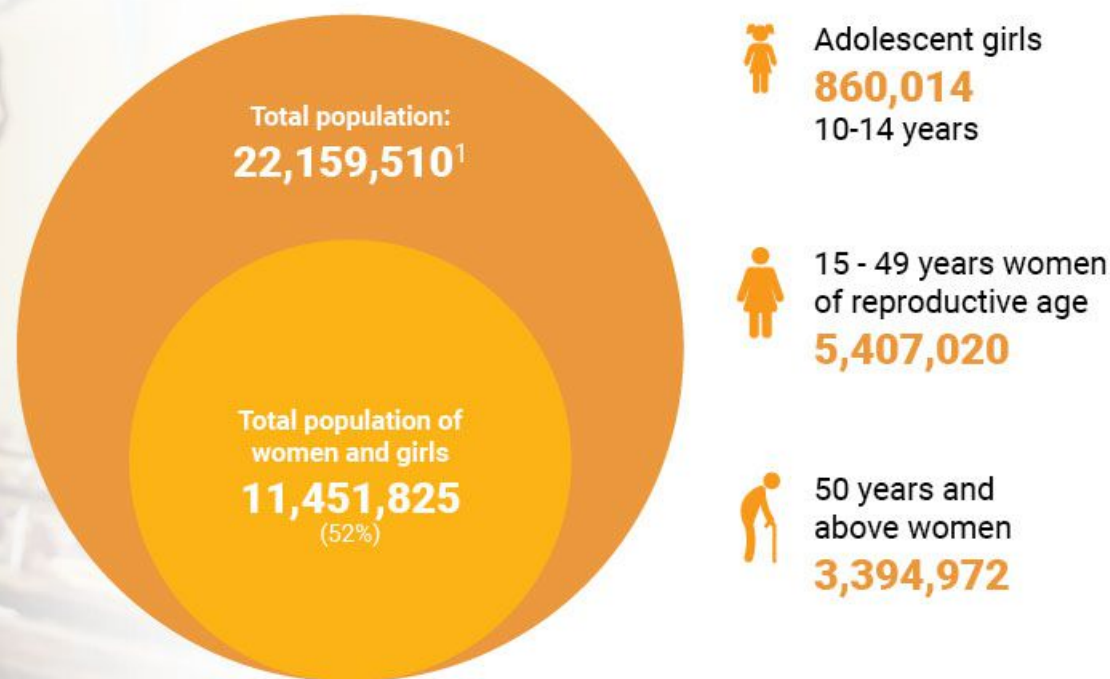


Total Budget Required:
USD 10,725,500

THE WAKE OF A COMPLEX EMERGENCY

Sri Lanka is experiencing its worst socio-economic crisis since its independence. Months of acute shortages of essentials like food, medicines, fuel, cooking gas, and access to basic services have resulted in a complex humanitarian situation severely affecting women, girls and other vulnerable groups.

This complex emergency severely affects the life-saving delivery of sexual and reproductive health (SRH) information and services, protection mechanisms from gender-based violence, and the existing protective social norms and family systems - all further marginalizing and putting women and girls and other vulnerable groups in life-threatening situations.



Placing women and girls at the center of complex emergencies is crucial. Serious lasting and life-threatening negative consequences are already taking place due to the deprioritization of sexual and reproductive health and protection of women and girls.

¹ Estimations are based on OCHA, 2022. Sri Lanka subnational population statistics <https://data.humdata.org/dataset/cod-ps-lka>



Transportation

The severe fuel shortage is limiting access to public and private transport with demand surpassing the supply of fuel available in the country despite the introduction of a **National Fuel Pass**. Public sector departments are closed weekly on Fridays and schools are only functioning a few days a week. Fuel prices have tripled since January.²



Inflation

Inflation has increased to 54.6% in June 2022 from 39.1% in May 2022 and Food inflation year-on-year (Y-o-Y) increased to 80.1% in June 2022 from 57.4% in May 2022, while Non-Food inflation (Y-o-Y) increased to 42.4% in June 2022 from 30.6% in May 2022.⁴



Health Care

Nationally there are 7 vital and 188 essential drugs out of stock. Another 163 drugs will go out of stock during the next 2 – 3 months. 2,724 essential surgical items are currently out of stock and 250+ regular laboratory items are reported to be out of stock.³



Social Unrest

Reports of 623 protests, 49 conflicts and countless gatherings of people demanding basic commodities such as fuel and gas from March to May.⁵

In this context, women and girls suffer the most.



High risk of death for pregnant women and girls in active labour due to limited transport to health facilities



Unavailability of life-saving SRH, including Clinical Management of Rape (CMR) services and information for women and girls



Reduced capacity of women and girls to prioritize health and protection



Disruptions to GBV services. Women and girls can't reach life-saving case management, security and legal and justice services in time to save lives.

² <https://foreignpolicy.com/2022/06/29/sri-lanka-economy-fuel-shortage-rajapaksa/>

³ https://srilanka.un.org/sites/default/files/2022-06/LKA_HNP_FoodSecurityCrisis_20220609_0.pdf

⁴ www.cbsl.gov.lk

⁵ <https://protests.watchdog.team/heatmap>

LIFE THREATENING CHALLENGES OF WOMEN AND GIRLS

Access to and Availability of Life-saving Sexual and Reproductive Health Information and Services

Women, girls and other vulnerable groups have limited access to life-saving SRH services and information. They are particularly vulnerable to high-risk and unintended pregnancies, miscarriages, perinatal complications, unsafe abortions, unsafe deliveries, sexually transmitted infections (STIs), and HIV and resulting deaths due to the breakdown or disruption of critical sexual and reproductive health infrastructure, logistics, transportation and services.



215,000⁶
are currently pregnant
of which, **11,000**
are adolescent girls

In the next six months:



145,000
will give birth



60,000⁷
will require
surgery

⁶ Based on the 2021 data of the Ministry of Health

⁷ Based on the current 41.4% rates of caesarian section procedures annually



Protection from Gender-based Violence

Complex emergencies lead to negative coping strategies or mechanisms due to job and food insecurity. Women and girls are more vulnerable now as they have lower social and economic capacity to prioritize their wellbeing and they are exposed to localized breakdown of protection mechanisms. The Sri Lanka Joint Rapid Food Security Assessment (WFP, 2022) indicated that “multiple district officials reported a rise in domestic violence, while also acknowledging that these cases are largely underreported, particularly during the current economic crisis.”

Existing protection mechanisms for women in need, including survivors of gender-based violence, are severely compromised. Shelters have low to no budget to operate. Police officers maintaining prevention and risk mitigation for GBV are handling civil unrest. Essential services for health, psychosocial support, and GBV case management are hampered due to resource constraints



1 in 4

have experienced physical and/or sexual violence since age 15⁸

This is now exacerbated by:

Increased domestic tension due to loss of income

Reduced availability of GBV response services

Limited mobility of women and girls at risk of violence



We are capable of housing 30 women and girls in this safe house but don't have the resources to cater to the needs of such a large number anymore. We had to cut down on the number of survivors we take on due to this crisis. We're now down to 9 residents and are relying on supplies provided by the Government to keep going. ”

*Shanthi is a case manager working at a safe house in Jaffna. The shelter hasn't received any funding from the Government for the year due to the economic crisis and is struggling to cater to the needs of the few women left under their care.



UNFPA IS COMMITTED TO DELIVER LIFE-SAVING ASSISTANCE TO WOMEN AND GIRLS BY



1

Ensuring coordination and continuation of life-saving GBV and SRH services and information



2

Mitigating and responding to gender-based violence



3

Protecting and maintaining economic resilience and dignity of women, girls and young people

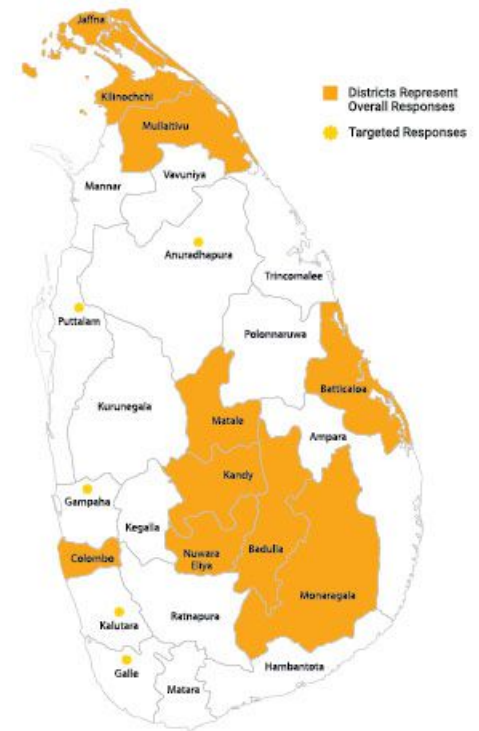


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UNFPA will champion SRHR and protection from GBV of women, girls and other vulnerable groups. Through strong coordination and partnership, UNFPA will advance the Minimum Initial Service Package (MISP) for SRH and the Inter-agency Minimum Standards for GBV in Emergencies Programming as well as support integration of GBV risk mitigation across the humanitarian response in line with Inter-Agency Standing Committee (IASC) standards.



Ensuring coordination and continuation of life-saving SRH services and information



Health Facilities

- Lifesaving SRH medication, contraceptives and commodities
- SRH delivery models
- Diagnosis and treatment of STIs and HIV



Healthcare workers

- Strengthen capacity of midwives to ensure safe deliveries
- Quality services for survivors of GBV including clinical management of rape
- Psychosocial support for service providers



Women, girls, young people and key populations

- Cash and voucher assistance for pregnant and lactating women
- Psychosocial support for women, girls and young people
- Awareness on maternal warning signs and high risk pregnancies



Coordination

- A network of interconnected facilities throughout the country
- Joint assessment to support the health system
- Coordination of SRH partners

1.2M

Women and girls benefit from life-saving drugs, commodities, medical supplies, and alternative delivery models

2000

Individuals with access to treatment and diagnosis of STIs and HIV/AIDS

1000

Midwives trained to provide safe deliveries in primary health care setting

250

Health providers with capacity for clinical management of rape

1000

Healthcare workers provided psychosocial support

12.5K

Pregnant and lactating women provided cash to access life-saving health services

2000

Women and girls provided psychosocial support with SRH services

500K

Pregnant women and girls provided access to life-saving information on pregnancy risks and warning signs



Mitigating and responding to gender-based violence



Provision of survivor-centred multi-sectoral GBV response services

- Health, psycho-social support and safety/security services for survivors
- Enhance capacity of frontline GBV service providers



Risk mitigation and protection support for women at risk of violence

- Increase help seeking behaviour of GBV survivors
- Cash for risk mitigation of GBV for women and girls



Coordination

- Rapid assessment of GBV services
- Multi-sectoral GBV coordination for timely and appropriate prevention and response to GBV

10 Shelters for GBV survivors supported across the country

1000 Women and girls receive psychosocial support

286K Reached with life-saving information on mitigating and responding to SGBV

25K Women and girls at risk of GBV receive cash for protection

1000 Service providers with increased capacity on survivor-centered multidisciplinary management of SGBV



Protecting and maintaining economic resilience and dignity of women, girls and young people



Upholding the dignity of women and girls

- Dignity, maternity and delivery kits for women, girls, people with disabilities and health care workers
- Adolescent and youth kits to maintain health and hygiene



Promoting the resilience of women and girls

- Livelihood programmes for GBV risk mitigation
- Prevent adolescent girls from dropping out of school

10K Women, girls and people with disabilities provided dignity, maternity and delivery kits

4K Adolescent girls with access to menstrual hygiene supplies

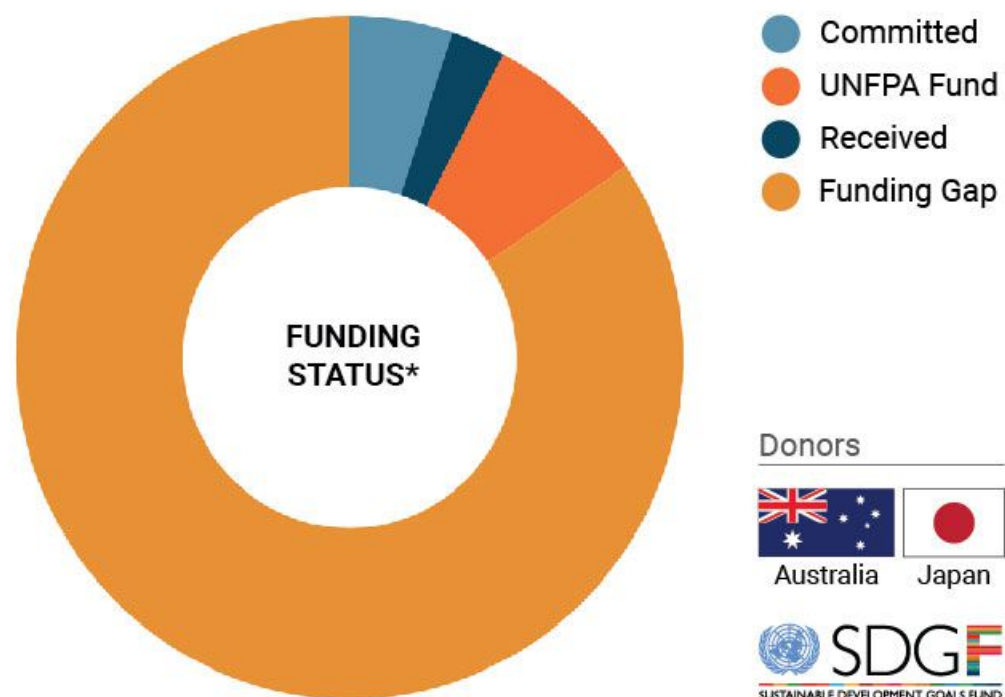
12.5K Vulnerable women are provided livelihood opportunities

50K Adolescent girls stay in school

5K People with disabilities, key affected populations and young people with access to life-saving information



FINANCIAL REQUIREMENTS



 **USD 9,057,017**
Total funding gap

Response Area	Funds needed (USD)	Target Beneficiary
 SRHR response	\$ 3,557,500	1,718,750
 GBV response	\$ 3,768,000	314,500
 Social and economic resilience	\$ 3,380,000	81,500
Total Funding requirements	\$ 10,725,500	2,114,750
Total Raised	\$ 1,668,428	

UNFPA deployed nearly 900,000 USD to initiate immediate response and continues to deliver life-saving response through the generous support of the Government of Australia and the Government of Japan. However, a little over 9 million USD is needed to ensure that women and girls in the most vulnerable conditions are not left behind and are protected from the life-long consequences of GBV and low access to SRH.

OUR PARTNERS

UNFPA is working closely with the Government, UN agencies and civil society partners to design, implement, monitor and evaluate this response strategy and plan.

Our partners include:



United Nations
System



Ministry of Health



Ministry of Women,
Child Affairs and Social
Empowerment



Family Health
Bureau



National STD/AIDS
Control Programme



Women Development
Centre



Family Planning
Association



Women in Need



Jaffna Social Action Network



OXFAM



World Vision



HelpAge Sri Lanka



Scan the QR code or
use the link to access
the UNFPA Response
Strategy and Plan



<https://bit.ly/UNFPASLEmergencyResponse>

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