

#### SNAPSHOT OF WOMEN AND GIRLS IN SRI LANKA



**52%** of Sri Lanka's population are women



**5.4 MILLION+** women are of reproductive age (15-49 years)



**215K** women are currently pregnant in Sri Lanka\*



**11K** adolescent girls are estimated to be pregnant\*



**145K** women will give birth in the next 6 months



**60K** women delivering may require surgical interventions\*\*



**1 IN 4** women have experienced physical and/or sexual violence since age 15 during their lifetime in a non-crisis setting.\*\*\* The number is expected to increase in this crisis.

\*Based on Ministry of Health data, 2021 | \*\*Based on the current 41.4% rates of caesarian section procedures annually | \*\*\*Women's Wellbeing Study, 2019

#### SITUATION OVERVIEW

- Sri Lanka is facing its **worst economic crisis since its independence in 1948**, with serious consequences for the most vulnerable people in the population. Food security, agriculture, livelihoods, and access to healthcare are affected.
- It is estimated that nearly **5.3 million people are now in urgent need** of humanitarian assistance.
- The Government of Sri Lanka has **requested the support of the United Nations** for multi-sector international assistance to respond to the most urgent needs arising from the crisis.
- As indicated through global evidence, **women and girls are disproportionately affected** in crises and emergency situations. In particular, those who face multiple forms of inequalities such as daily wage earners, women living with disabilities, and older persons among others will be more vulnerable to the economic shocks.

#### HUMANITARIAN NEEDS

- **Acute shortages of food, pharmaceuticals, and medical supplies have worsened** specifically as transportation comes to a halt with the lack of fuel.
- Reports revealed that **80% of drugs are imported**, 163 essential drugs are in acute shortage, 2,724 essential surgical items are limited and 250 laboratory supplies are out of stock.
- Due to the **shortage of fuel** in-country, **transportation** remains one of the major issues limiting life-saving movements, especially for pregnant women and girls who need **emergency obstetric and midwifery care** and those facing **domestic violence**.
- The Ministry of Health continues to indicate the **shortage of medical supplies for maternal and antenatal health care** including various blood testing kits, and basic items for administration, As the situation deteriorates further, only emergency procedures are prioritized.
- Maternal health and well-being continue to be challenged by the **shortage of essential drugs and nutritional supplements**. Nutritional needs continue to be a challenge with 'Thripasha', the main supplement provided for pregnant women and children below the age of five years, not being produced due to the lack of commodities, which has serious implications for the health of the mother and the baby.
- The deepening of the socio-economic crisis has led to increased **anxiety and stress among adolescents and adults**, with evidence suggesting that this is specifically due to the uncertainties in income, school closures, and fears of the immediate future.
- Anecdotal evidence indicates an **increase in violence within households** and reports of harassment of women at protest sites, leading to an urgent need to address the escalation of gender-based violence risks.

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- **Life-saving drugs, family planning commodities, and test kits are near out-of-supply** putting **women and girls' lives at risk** of unintended pregnancies, unsafe abortions, unsafe deliveries, and increased transmission of STIs and HIV.
- **145,000 pregnant women and girls** will give birth in the next six months, 60,000 of them may require a Caesarian section.
- Vulnerable and economically-challenged pregnant women and girls will find it **difficult to access health facilities** due to lack of transportation and high out-of-pocket costs amidst the economic crisis
- **Adolescent girls, women living with disabilities** and other vulnerable populations have **reduced access** to essential menstrual supplies making them more at risk of discrimination and stigma, hampering their access to information and services.

## GENDER-BASED VIOLENCE

- All government and non-government shelters for survivors of gender-based violence **have no operational funds** to function, severely compromising the safety of GBV survivors.
- **Increasing number of anecdotal reports of gender-based violence**, but there is an decreasing capacity of government multi-sectoral response for survivors in addition to the lack of reduced financial capacity of women and girls.
- **Lack of information on available support services** for women and girls at risk of GBV, and psychosocial support services that are safe and accessible for women and adolescent girls.

## UNFPA'S RESPONSE TO SEXUAL AND REPRODUCTIVE HEALTH NEEDS

- UNFPA is **procuring essential maternal health medical supplies and family planning drugs and commodities** that will support the antenatal, postnatal, and labour room requirements and prevent unintended pregnancies through uninterrupted quality service delivery.
- **Specifically, UNFPA procures:**
  - 600,000 units of oxytocin, 270,000 units of misoprostol, 155,000 of Clotrimazole, and 4000 units of magnesium sulfate
  - family planning commodities including condoms (1.5 million)
  - Medroxyprogesterone acetate and testing kits for syphilis
- UNFPA will also advocate for **stronger and more active health sector coordination**, particularly among SRH partners.
- UNFPA has provided **1,300 Dignity kits and 130 Maternity Kits** made available under the Regional Prepositioning Initiative supported by the Government of Australia, to the Ministry of Health. UNFPA will procure and distribute an additional **3,600 maternity packs and 3,500 dignity kits** to meet the ongoing needs.
- UNFPA is mobilizing funds to maintain the **minimum basket of choice for family planning and contraceptive services** through the identification of commodity supply gaps in the government sector.
- UNFPA will support the **most vulnerable pregnant and lactating women** through a Cash and Voucher Assistance programme with essential nutritional supplements and transportation support to access services at hospitals and clinics. This will be coupled with mobile clinics for maternal health to bring services closer to the communities.

## UNFPA'S RESPONSE TO GENDER-BASED VIOLENCE

- UNFPA convened meetings with **key national shelter service providers** and the Ministry of Women to identify the emerging needs and coordination required.
- UNFPA continues to provide support to **ensure 7 shelters remain accessible for survivors of violence** and the provision and distribution of Dignity Kits among the most vulnerable women and girls. There will be **30 peer groups to support vulnerable women and girls**.
- UNFPA will also support strengthening the existing **hotlines for psycho-social support** and the dissemination of information for at-risk groups.
- UNFPA is working to reach **300,000 women and girls through Information, Education & Communication campaigns** to increase knowledge & support help-seeking behavior by enhancing access to information and services.
- **Establish functional and context-appropriate referral pathways** that build on existing Gender-Based Violence support services and community-based structures.