

Impact of **COVID-19**  
Health Emergency  
**RAPID ASSESSMENT**  
World Vision Lanka



A report by Strategy and Evidence Department

# OVERVIEW

Sri Lanka reported its first confirmed case of COVID-19 on January 27, 2020. The patient was a Chinese national who was visiting Sri Lanka. She was treated and she made a full recovery and returned to China.

On March 11, the first Sri Lankan to be confirmed within-country – a tour guide was reported. As the number confirmed began to rise, the Government declared island-wide curfew to control the spread of the virus.

World Vision Lanka commenced its immediate response providing dry rations to the most vulnerable families who could not afford food due to loss of livelihoods. This initial response aims to support over 40,000 families in 35 locations in 15 Districts at a cost of over LKR 70 million.

World Vision also provided mobile toilets for a quarantine centre and other personal protective equipment to health authorities on request.

Currently, World Vision Lanka is designing the next phase of its response and recovery plan to support affected communities and children.

# Objective

This assessment was conducted on April 17 - 20, 2020 in order to understand the impact and the implications of COVID-19 on families within World Vision programme areas in Sri Lanka.

The findings would support in designing the response for the next six months focusing on the most vulnerable.

# Methodology

## Multistage sampling approach and convenience sampling

1. Counting the number of Primary Focus Areas (PFAs) within each Programme location.
2. Each PFA treated as a sample with minimum of 20 families.
3. Ensuring the 20 sample families are distributed equally in the Grama Niladhari Divisions (small administrative units) in each PFA.
4. Prioritizing the most vulnerable families including women-headed households, those with children under 5 and those with people with disability.



**Collection of data was done over the phone and fed into a digital data collection platform.**

# Assesment at a glance



**2,190**  
families  
surveyed



**1,116**  
males



**1,074**  
females



**401**  
woman-headed  
families



**1,021**  
families with  
children under 5



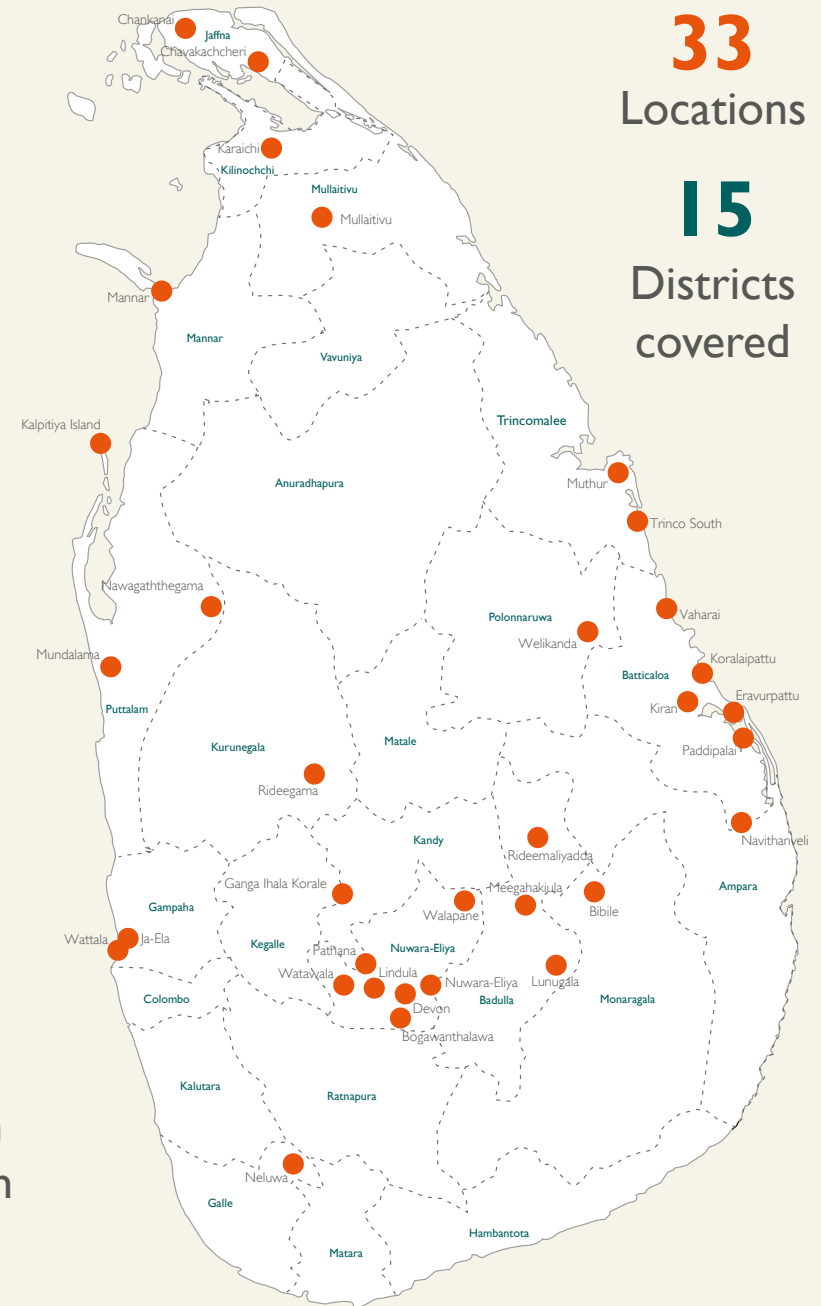
**225**  
families with a  
child with disability



**218**  
families with  
an adult with a  
disability



**37**  
families with both  
adults and children  
with disability



**1** in **every 170**

**families know a person  
infected**

**2**

**families have an infected  
family member or a  
relative**

**( NONE of them is an income provider  
to the survey respondents family )**

**11**

**families have had a  
close connection with a  
person infected in their  
community**

# Preventive measures they follow...



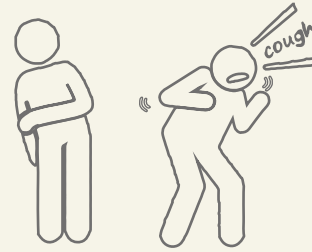
**87%**

wash their hands regularly using hand rub or soap and water



**52%**

cover mouth and nose when coughing or sneezing



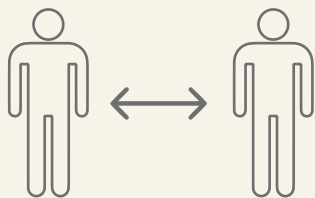
**44%**

avoid close contact with anyone who has a fever and cough



**54%**

take a body wash soon after returning home from outside



**59%**

maintain social distance



**80%**

stay at home



**79%**

wear face masks

# **Accessibility** to awareness on prevention and other crucial information..

**60%**

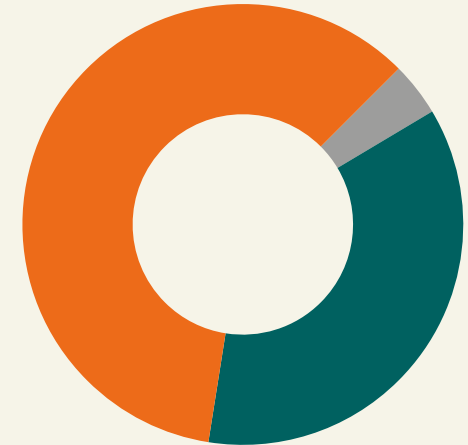
can fully access information

**34%**

can partially access information

**6%**

cannot access any information



## Persons with disability

**58%**

yes, accessible

**22%**

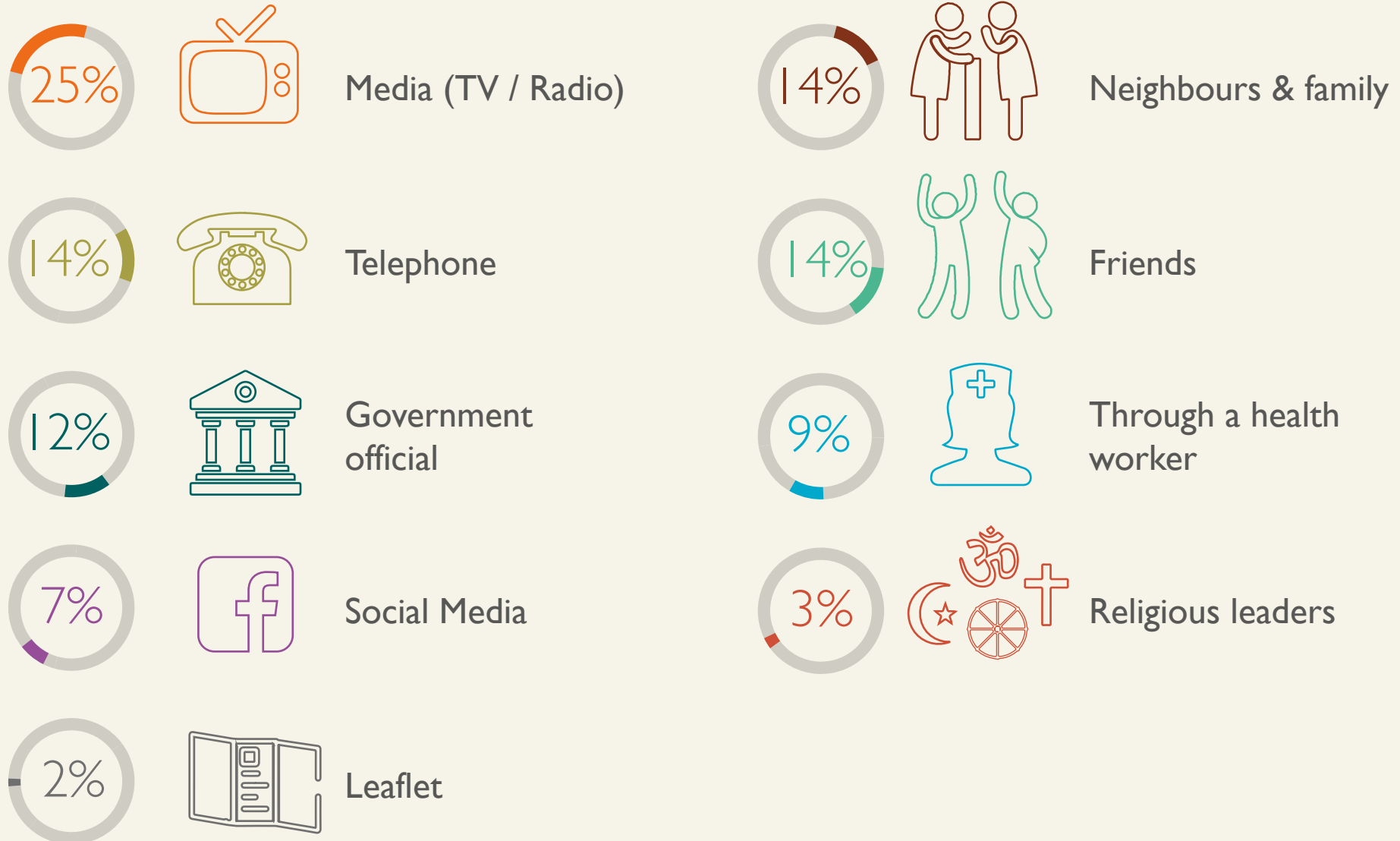
some messages are accessible

**20%**

no, not accessible at all

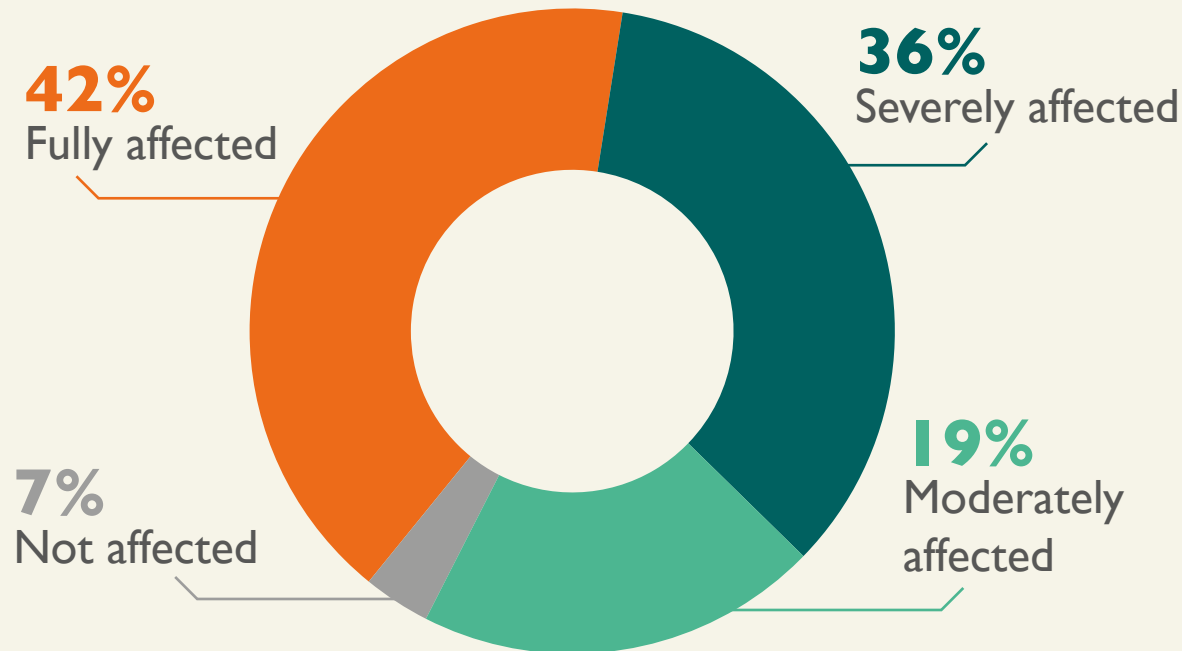


# From where they access information about prevention...





# Impact on **livelihood**...



Monthly average income before COVID-19

**LKR 24,408 (USD 126)**

Monthly average income after COVID-19

**LKR 6,833 (USD 35)**



**44%**  
Have lost their jobs



**15%**  
suffer lack of access to raw materials



**88%**  
Have experienced income drop



**9%**  
suffer from production losses



**11%**  
lost their livelihood capital



**16%**  
have lost access to markets to sell production

# Coping strategies adopted by the families...



**50%** Have borrowed money from others



**40%** have pawned their jewellery



**14%** have borrowed money from money lenders



**34%** have reduced the quantity and the quality of their meals



**34%** Have used their savings

Monthly average expenditure before COVID-19

**LKR 20,572 (USD 106)**

Monthly average expenditure after COVID-19

**LKR 13,932 (USD 72)**

# Impact on the **dietary intake...**

**32%**



of adults no longer have three meals a day

**10%**



of Children no longer have three meals a day

**13%**



of children under 5 no longer have 3 meals a day

**73%**



of the families have stocked food sufficient for **one week only**

**8%**



of the families have no stocks of food at all

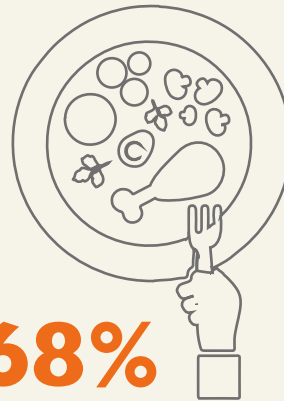
# Impact on the **dietary intake...**(cont.)

**87%**



of the families reported unavailability of milk products

**68%**



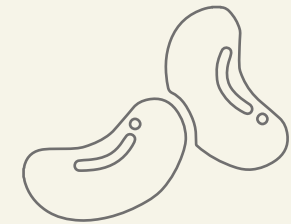
of families with children under 5 reported inability to provide at least four diverse foods required for their development

**86%**



of the families reported unavailability of fruits

**66%**



of the families reported unavailability of pulses

**81%**



of the families reported unavailability of meat or fish

# Coping strategies adopted by the families...

**63%**

of the families have switched to less preferred, but low cost food

**42%**

of the families have reduced the portion size of the meals

**32%**

of the families have reduced the number of meals eaten per day

**29%**

of the families borrow food or rely on the help from friends or relatives

**29%**

of the adults especially mothers have reduced the quantity of their food intake to provide for the children

**4%**

of the families have gone through an entire days without eating

**4%**

of the families have sent their family members to find a meal elsewhere

# Impact on accessibility of essential services...



**30%**

of families said they couldn't access health services during Lockdown due to reasons such as unavailability of transport



**47%**

of families **With Children under 5** couldn't access maternal and child health services due to reasons such as unavailability of transport

# Impact on accessibility

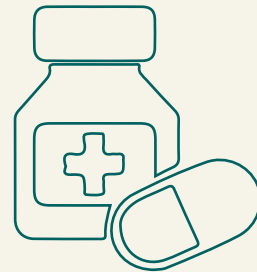
of essential household supplies...



## Food Supplies

**58%** of the families do not have access to most essential items

**30%** of the families have limited supplies



## Medical supplies

**61%** of the families do not have access to most essential items

**15%** of the families have limited supplies



## Personal hygiene supplies

**57%** of the families do not have access to most essential items

**25%** of the families have limited supplies

# Impact on **children and parents**

**1** in every **5**

parent observed negative behaviour in their children than usual

**42%**

of parents used verbal punishment to discipline the children

**3%**

of parents used physical punishment to discipline their children

**62%**

of the parents feel their children worry about missing their education

**1** in every **2**

parents feel their children miss their friends

**14%**

of parents admitted to not being able to spend quality time with their children during this time

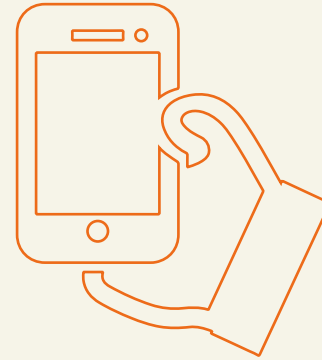


# Accessibility to the electronic devices - **Feasibility of online education**



**95%**

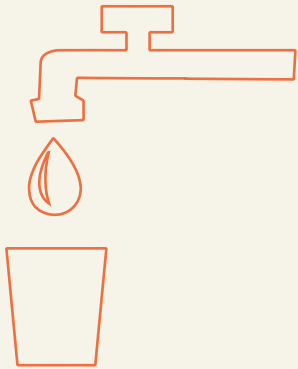
of families have access to  
tv/ radio



**30%**

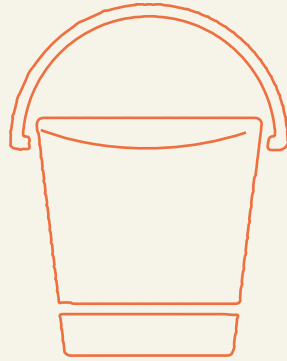
of families are able to access  
the internet via smartphones

# WASH accessibility...



**20%**

of households do not have sufficient water for day to day use



**20%**

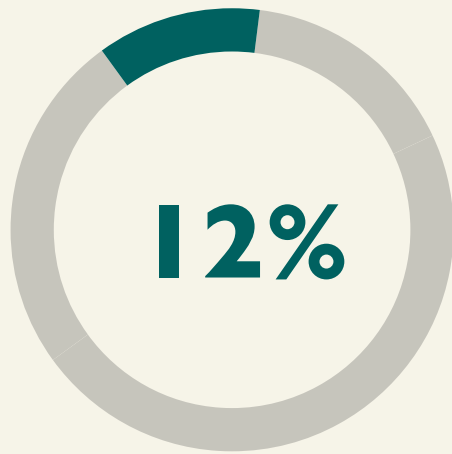
of households leave their home to fetch water for daily use  
(17.6% near premises and 2.7% travel more than 1 km)



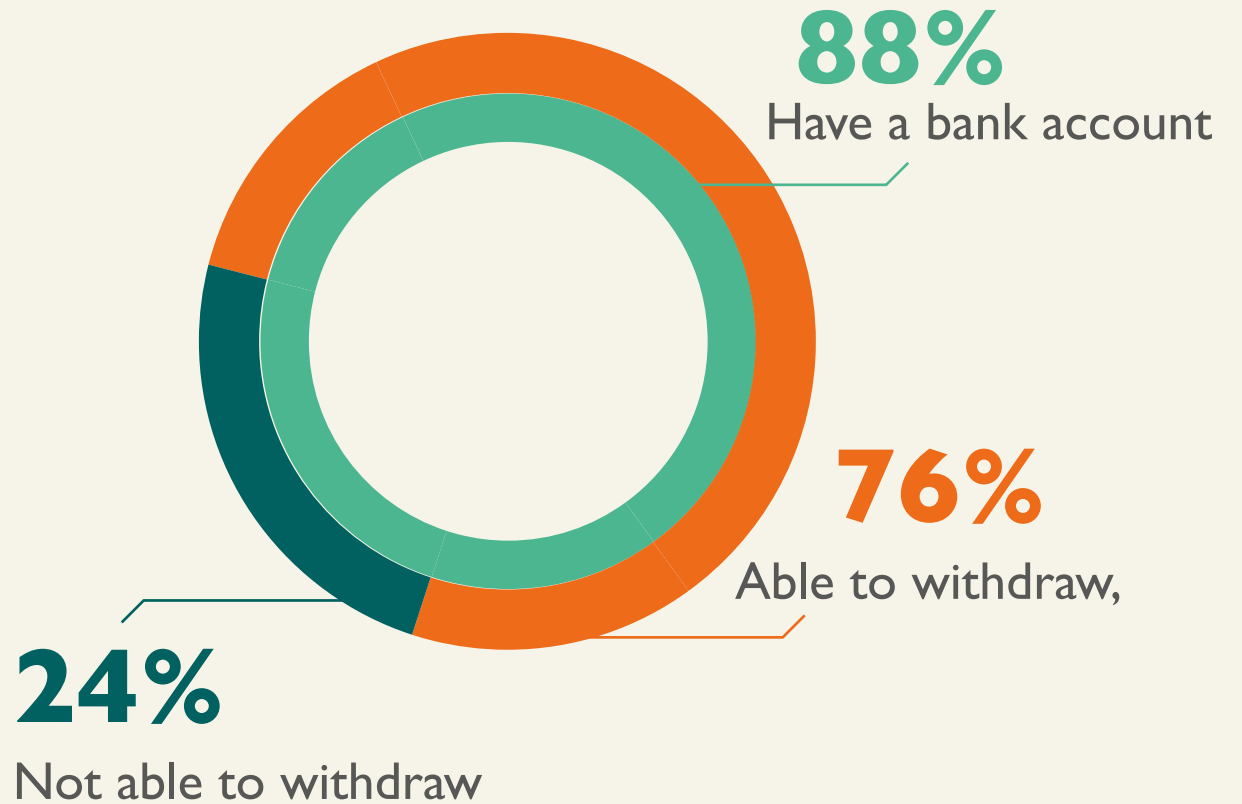
**16%**

of households lack sufficient water for drinking and cooking purposes out those who were able to get water

# Access to cash...



Do not have a bank account



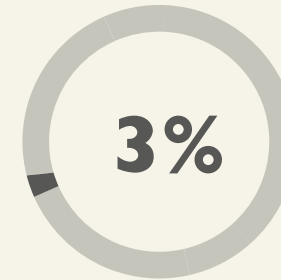
## Access to **AID**



38% of families have received one type of assistance



29% of families have received two types of assistance

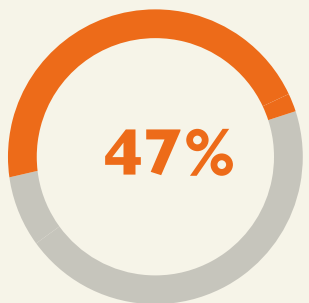


3% of families have received three types of assistance



30% of families have received no assistance

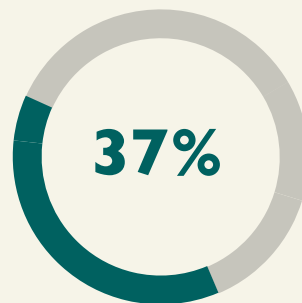
## **Knowledge and access** to existing government provisions among persons with disability



Yes

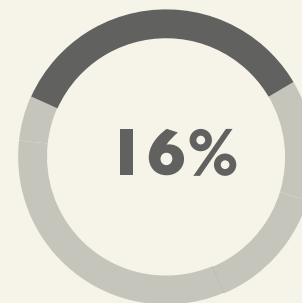
47% knew about the provisions

(out of which 83.87% have accessed relief and 16.13% have not)



No

37%



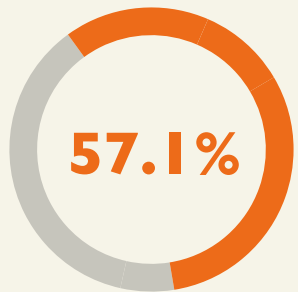
Don't know

16%

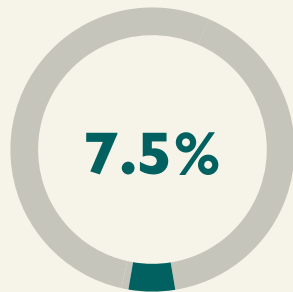
### Main reason for 'No'

- Management issues
- Poor communication
- Not available
- Not accessible

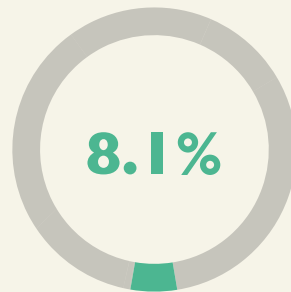
# Sources of received assistance



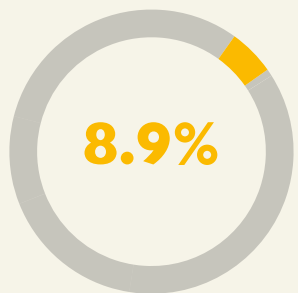
Government officials



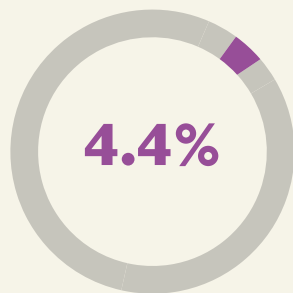
Religious places



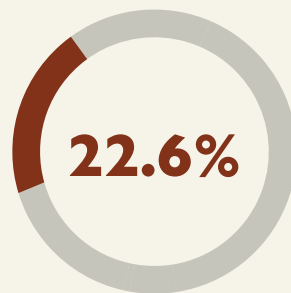
Private institutions



Local societies



Military



Non-Government Organizations

# Types of assistance received

**49.1%**  
said they received dry rations

**49.2%**  
said they received cash

**6%**  
said they received fresh food packs

**0.3%**  
said they received hygiene packs

**0.2%**  
said they received medicine

# Community perceptions and recommendations for the next six months ( in priority order )



**1. Start a new Livelihood/ recover existing Livelihood**



**2. Grow food at home for food security**



**3. Find education opportunities for children**



**4. Improve nutrition level of children**



**5. Payback a debt**

# Recommendations



## Livelihood

1. Rebuild access to markets for farmers and provide conditional cash grant to families for livelihood recovery.
2. Provide unconditional cash grants to most vulnerable families to increase food security.
3. Partnering with the Government for home gardening programme for families to increase food availability at households.



## Education

1. Work with the Ministry of Education to develop and disseminate interactive learning programmes to be shared through accessible channels for the community.
2. Mobilize parents and caregivers to support children on home-based self learning, through identified virtual and distant learning methodologies applicable to the context.



## WASH

1. Improve community level WASH infrastructure especially for the unreached and the highly vulnerable.
2. Create awareness on COVID-19 preventive mechanism and hygiene practices.
3. Enhance inclusiveness of WASH facilities and Hygiene Education Programmes.



## Child Protection

1. Enhance psychological first aid facilities and psychosocial support at community level for children and their parents.  
  
Introduce interactive, indoor activities for
2. parents/caregivers to engage with their children.
3. Create awareness among parents/caregivers on 'How to deal with the child' – Positive Parenting.
4. Created virtual platform/s to enhance peer group, fun and meaningful participation.



## Nutrition

1. Provide for dry rations/nutritious food for short-term, for vulnerable groups with nutritional risk (children, pregnant women, economically poor etc).
2. Create awareness on the consumption of diversified diet using minimum resources, food safety and hygiene practices.
3. Support accessibility of essential health services such as Maternal and Child Health and COVID-19 prevention related services, while supporting government health providers to improve their capacities to deliver services without any interruptions.



# Secondary source of Information

## Coronavirus disease 2019 (COVID-19) - Situation Report

[http://www.epid.gov.lk/web/images/pdf/corona\\_virus\\_report/sitrep-sl-en-24-04\\_10.pdf](http://www.epid.gov.lk/web/images/pdf/corona_virus_report/sitrep-sl-en-24-04_10.pdf)

## Citizen's Pulse Survey Report

<https://www.vanguardsurvey.com/>

## Verite Research

<https://www.veriteresearch.org/insight/covid-19-sri-lanka-citizens-pulse-15-18-april-2020>

## Department of Government

[https://www.facebook.com/DepartmentOfGovernmentInformation/posts/2921580777955436?\\_\\_tn\\_\\_=-R](https://www.facebook.com/DepartmentOfGovernmentInformation/posts/2921580777955436?__tn__=-R)

## Next Step

**AP wise disaggregated data available soon**

**Derive recommendation for the response design**



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