

## Protecting the most vulnerable during and in the aftermath of the COVID-19 Pandemic

### 1. Who are the most vulnerable in Sri Lanka during the COVID-19 Pandemic?

*Existing socio-economic inequalities in Sri Lanka reduce the capacity of certain groups of people to cope with the effects of the COVID crisis.*<sup>1</sup> In Sri Lanka, women, the elderly, informal sector workers, and other population groups who are already vulnerable now face additional pressure. In the absence of adequate resources and safety nets to protect them against COVID-19 impacts, vulnerable people face a higher risk of contracting the virus and bear a greater brunt of the adverse socio-economic impacts caused by the pandemic including job loss and reduced household income. School closures have an added downstream effect on vulnerable families that cannot afford childcare and, as a result, must cut back working hours. As countries increasingly apply curfews limiting movement, these challenges are further exacerbated. In the absence of disposable income, such orders often put the already precarious access to housing or food security at risk. Getting sick is also extremely costly in terms of lost income, and out-of-pocket health expenses.

Below are some of the groups who may face increased vulnerability due to the pandemic. However, it will be important to remember that *belonging to multiple disadvantaged groups compounds experiences of discrimination and exclusion faced by some groups, such as elderly women living with disabilities in rural areas, compared to people who are only disadvantaged due to one characteristic e.g. only gender, or age, or disability.* Intersectional understanding of vulnerability is critical for identifying the communities facing the greatest level of risk in the time of the COVID-19 pandemic. Public health emergency interventions should reflect this nuanced picture of vulnerability to ensure more equitable and targeted response.

#### Women

Epidemics compound existing gender inequalities. COVID-19 outbreak could disproportionately affect women in Sri Lanka both in the short and long term through adverse effects on their health and well-being, food security and nutrition, livelihoods, and protection from violence.

#### Exacerbated burden of unpaid care work

- Epidemics aggregate existing gender inequalities. In Sri Lanka, social norms set an expectation that women should carry the burden of unpaid care work.
- With the health systems overloaded and school closures, a greater burden will be placed on women for caring for children and the elderly in the home. This could exacerbate the risk of women falling ill as well as increase the odds of their transmitting the virus to children and more critically, the elderly.<sup>2</sup>
- Given women's disproportionate responsibility for cooking for the family, increased food insecurity may exacerbate the risk of intimate partner violence.

#### Exacerbated risks of gender-based violence

- In times of public health emergencies, households are placed under strain, which raises the risk of domestic violence. COVID-19 could be driving this trend right now.<sup>3</sup>
- Quarantine facilities create opportunities for abuse of power. The experiences of other public health emergencies illustrate the vulnerability of women and girls to sexual exploitation in isolation and treatment facilities.<sup>4</sup>
- When health systems are preoccupied with handling COVID-19 cases support services to address Gender-Based Violence (GBV) (including psychosocial support) may be interrupted.

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<sup>1</sup> <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0375-2>

<sup>2</sup> IASC (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Food Security and Agriculture.

<sup>3</sup> UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises.

<sup>4</sup> <https://odihpn.org/magazine/ebola-and-humanitarian-protection/>

- Women’s mobility in public spaces that enables access to life-saving interventions for GBV survivors is disrupted

### Women workers in low-skilled jobs hit harder

- Recent studies show that women at all levels of educational attainment are less likely than men to secure high-skill jobs. Importantly, women with O-level and lower schooling are increasingly concentrated in low-skill jobs.<sup>[1]</sup> Since most low-skilled jobs don't provide benefits such as paid sick leave, paid work from home, and flexible work schedules, the large number of women in low-skilled jobs cannot afford to stay home in the time of the COVID-19 pandemic. The extra burden of care placed on them for looking after the sick, or children out of school will also affect their ability to take on paid work or business activities.

### Elderly

Individuals most at risk include adults over 60 years old and those with chronic conditions (such as diabetes, heart disease, and lung disease).<sup>5</sup> The 2012 census recorded 2.6 million people over the age of 60 years in Sri Lanka. Furthermore, an analysis of the 2016 Household Income and Expenditure Survey finds that most of the elderly population lives in rural areas (78%) which makes it more challenging for them to access care.<sup>6</sup> Additionally, women comprise the majority of the older population and given the low female labor force participation rate in Sri Lanka, older women are more likely to live without a pension or savings, which adds another layer of vulnerability.<sup>7</sup>

### Urban Poor in the Informal Sector

Lack of social safety nets makes informal workers more vulnerable to economic shocks. This is an important segment of the economy for Sri Lanka with 58.7 % of all employment in the informal sector. Among all employed males, 62.5 % are informal workers and among all employed females 51.3 % are informal workers.<sup>8</sup> Men and women who are in the informal sector, especially daily wage workers from urban underserved settlements, are likely to be the hardest hit as they live according to what they earn on a daily basis and cannot afford to take sick leave. Given lack of cash and savings, this vulnerable group is also unable to stock up food for extended curfews. Additionally, the urban poor are disadvantaged in terms of isolating infected individuals and maintaining “social distance” in the very small dwellings and overcrowded spaces where they live, with often with very poor sanitation.

### Micro and small enterprises

Small and micro businesses constitute the majority of the labor force in the country. There are nearly one million micro businesses employing less than 10 employees, accounting for around 44% or 1.4 million of the labor force. Additionally, there are over 70,000 small businesses which employ between 11-50 people, accounting for half a million or 17% of the labor force. Evidence shows that small and informal enterprises are more vulnerable to exogenous shocks given their limited financial, managerial and information resources.<sup>9</sup> Prolonged travel and curfew restrictions imposed to control the spread of COVID-19 will create serious disruptions for small and micro businesses.

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[1] Solotaroff, Jennifer L., George Joseph, and Anne T. Kuriakose. 2017. “Getting to Work: Unlocking Women’s Potential in Sri Lanka’s Labor Force.” Overview booklet. World Bank, Washington, DC. License: Creative Commons Attribution CC BY 3.0 IGO

5 WHO

6 Asian Development Bank 2019. “Growing Old Before Becoming Rich: Challenges of an Ageing Population in Sri Lanka” <https://www.adb.org/sites/default/files/publication/557446/aging-population-sri-lanka.pdf>

7 Perera, EL. 2017. Aging Population of Sri Lanka Emerging issues, needs and policy implications. Available at: <http://192.248.16.117:8080/research/bitstream/70130/4578/1/UNFPA%20Ageing%20Monograph%20Report%284%29.pdf>

8 DCS (Department of Census and Statistics). 2019. Sri Lanka Labour Force Survey, Final Report 2018. Colombo: DCS. [http://www.statistics.gov.lk/samplesurvey/LFS\\_Annual%20Report%202018-f.pdf](http://www.statistics.gov.lk/samplesurvey/LFS_Annual%20Report%202018-f.pdf)

9 Teresa C. Fort, John Haltiwanger, Ron S. Jarmin, and Javier Miranda. 2013 How Firms Respond to Business Cycles: The Role of Firm Age and Firm Size. NBER Working Paper No. 19134. Available at: <https://www.nber.org/papers/w19134.pdf>

### Poor or economically and socially excluded populations

The vulnerability of such groups to external or internal distress emerges from their lower access to information, poor connections to health facilities or service delivery mechanisms, thinner social networks, as well as lack of proper social safety nets. Additionally, access to clean water for cooking and hygiene, which is critical to preventing the spread of the virus, is often limited in low-income households. Such factors put these groups at a greater disadvantage in accessing timely information, care, and support. Population groups who will face such constraints include people with disabilities, geographically remote or rural populations, ethnic and religious minorities, and migrants.

### People with disabilities

8.7% of Sri Lanka's population are recorded as persons with disabilities and while data is sparse on this population, we do know from global evidence that this population has unequal access to critical health, social protection, education and economic assets. Critically, in the immediate short term, those with cognitive disabilities need targeted communication strategies for life saving prevention measures. A pandemic exposes people with disabilities to potential disruption of critical services. Moreover, those who rely on paid caregivers are at a risk of disrupted care and support.

## **2. What can be done to support the most vulnerable during and in the aftermath of the Covid-19 Pandemic?**

Drivers of vulnerability and socio-economic inequalities need to be considered when designing COVID-19 response policies. Public health emergency interventions must be accompanied with steps to target vulnerable groups with support services that will mitigate the health, financial and social impact of this pandemic, which can reinforce existing social inequalities.<sup>10</sup> Public health emergency responses closely linked to the needs of the most vulnerable should consider the following steps:

- Immediate support to ensure people's basic consumption and access to critical health treatments.
- Medium-term economic and social support measures to help regain and recover the losses caused by the pandemic and return to normalcy.
- Longer-term measures such as income and employment support, strengthening health, education, skilling systems, access to services, and building resilience to deal with future shocks

Universal approaches to providing assistance during crisis, such as a health pandemic, often fail to reach the most vulnerable for various reasons, ranging from invisibility in the official statistics and state records, distrust in the healthcare system, to structural reasons (e.g. lack of transport or access for people living with disabilities, or lack of communication that they can access) and systematic discrimination. That is why a more targeted and tailored approach to reach some of the most vulnerable groups is urgently needed.

The Table below provides a summary of some of the immediate, medium-term and long-term interventions proposed to protect the most vulnerable groups from the most severe impacts of the Covid-19 pandemic, including the socio-economic impacts it is likely to have.

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<sup>10</sup> [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2672396](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2672396)

**Table 1: Taxonomy of Interventions to Address the Needs of the Most Vulnerable during and after the COVID-19 Pandemic**

Implementing Agency	Timeline		
	Immediate	Medium term (1-6 months)	Long-term (6-24 months)
<b>Government</b>	<p><b>Communication &amp; Prevention:</b> Emergency and crisis support mobile hotline that is free and known to all, including vulnerable groups who do not normally use govt services<sup>i</sup></p> <p>Information dissemination using CBOs, NGOs, and LGAs to reach the remote, marginalized, and vulnerable populations, including the elderly, children, those who cannot read, those who do not have a phone or TV</p> <p><b>Health Response:</b> Free treatment for COVID-19 among vulnerable populations, including covering any out of pocket expenses</p> <p>Providing testing for vulnerable populations through institutions that already do medical outreach to vulnerable groups<sup>ii</sup></p> <p>Protect frontline health workers, many of whom are women, with: protective gear, free feminine hygiene products and availability of safe transportation when changing shifts and returning home.</p> <p>Provide an additional mobile phone stipend for midwives to connect with registered pregnant women to follow up on their care and support required</p>	<p><b>Social Support &amp; Accountability for affected communities:</b> Psycho-social support for those in quarantine facilities</p> <p>Ensuring representative decision-making including women on COVID related policies and actions</p> <p>Have in place a strong Grievance Mechanism so that people can register complaints</p> <p><b>Economic Support for Vulnerable Groups:</b> Continue with economic support interventions suggested for immediate implementation, and in addition consider the following:</p> <ul style="list-style-type: none"> <li>- Continue with well-targeted cash transfer programs for the medium term</li> <li>- Public works for women and the youth, especially in the care economy</li> <li>- Employment support to re-enter labor markets</li> <li>- An extension of unemployment benefits even for workers in the informal sector and those currently ineligible</li> <li>- Utility and internet bill relief or extension</li> </ul>	<p><b>Policy Level:</b> Ensure that public health emergency mitigation plans are gender inclusive and accounting for the needs of vulnerable populations<sup>iv</sup></p> <p><b>Economic Support for Vulnerable Groups:</b> Targeted livelihood support programs for the most vulnerable groups, including women, unemployed youth, those previously running micro and small businesses,</p> <p>Subsidizing vocational training and reskilling for those who no longer have employment</p> <p>Well targeted safety net program</p>

	<p><b>Quarantine Facilities</b> Providing quarantine facilities in local venues for the poor who have little/no space in low income settlements</p> <p>Clear guidelines and support to ensure quarantine/emergency treatment facilities have adequate safeguards to protect women and children against harassment/violence<sup>iii</sup></p> <p>Where possible, separate facilities for women and children</p> <p>Safe transport to those that need to check into quarantine</p> <p><b>Economic Support to Vulnerable</b> Direct financial support to vulnerable people without paid sick leave - for finite period</p> <p>Expansion of cash transfers to women as basic safety net, to compensate for the loss of daily/irregular earnings, for a finite period</p> <p>Distribution of emergency nutritional packs for various vulnerable groups such as pregnant women and post-natal women, to low-skilled workers and informal sector employees with children who are made unemployed Funding to keep non-government elder care centers operating (caregiver salaries, food etc.)</p>		
<p><b>Private Sector</b></p>	<p>Paid sick leave for employees</p> <p>Home-based work policies</p> <p>Allowing part-time work</p>	<p><b>Corporate social responsibility fund</b> – to complement public sector investment</p> <p>Support for childcare for employees</p> <p>Enhancing employment support to re-enter labor</p>	<p><b>Corporate social responsibility fund</b> – can be used to complement public investment</p> <p>Support packages for vulnerable groups as part of</p>

	Health insurance and treatment	markets  Ensure access to services for the most vulnerable groups, through targeted programs if needed (extension of loans, mortgages, consumer credit, etc...)	their contribution to local communities – e.g. paid internship for unemployed.
<b>NGOs and CBOs</b>	<p>Tailored messaging for different vulnerable groups on how to prepare and respond to Covid-19</p> <p>Community-based support networks to provide support for GBV cases and counseling support to help those in need</p> <p>Organizations working with clients with a history of domestic violence can continue providing support through WhatsApp</p> <p>Develop a protocol to move women and children to shelters during curfew or limited movement<sup>v</sup></p>	<p>Strengthening community led monitoring of access to basic services</p> <p>Managing job-readiness/skill training programs for the unemployed, or public works schemes, including for community care work</p>	<p>Build resilience of affected communities against future public health shocks by fostering a network of community-based care services to support particularly vulnerable households including the elderly, the disabled, young children</p> <p>Managing job-readiness/skill training programs for the unemployed, or public works schemes, including for community care work</p> <p>Independent Monitoring of public sector response to Covid for vulnerable groups.</p> <p>Management of GRM for safety net programs set up in response to Covid.</p>

## Endnotes

i Collaborate with State organizations (such as Mithuru Piyasa) NGOs/CBOs providing GBV and psychosocial support to provide online or over the phone counseling and support – to be advertised via social media, running adverts during news and high peak times. For organizations which already are aware of clients with a history of experiencing DV follow up through calls/whatsapp messaging to provide support if incidents are reoccurring. Develop a protocol to move women and children to shelters during curfew or limited movement – eg: obtain special permission from the Women and Children’s Bureau

ii Institutions that are already trained to provide confidential services to vulnerable groups eg: the National STD/AIDS Control programme for HIV positive individuals and LGBT communities

iii could be developed in collaboration between Family Health Bureau and UNFPA

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iv e.g., obtain guidance from the Family Health Bureau for guidance on SOPs and plans which need to be implemented.

v – eg: obtain special permission from the Women and Children’s Bureau