

# COVID-19 Resilience Report – September 2020

## Overview

As of 3 November 2020:



(Source: <https://covid19.gov.lk/covid-19-stats.html>)

On 27 January 2020 Sri Lanka recorded its first imported and confirmed case of COVID-19. Just six weeks later, on 11 March, the first locally transmitted case was confirmed in a Sri Lankan tour guide who had been working with a group visiting from Italy. The Sri Lankan government very quickly put in place restrictions to prevent the spread of the infection including closing the schools (16 March), banning all incoming flight/sea arrivals (17 March) and imposing a strict lockdown (20 March). Unlike the UK where people were able to shop for essentials, work and take daily exercise, in Sri Lanka all movement outside of the house was prohibited – for most of the country two 4-hour periods for essential work were allowed on Tuesdays and Fridays and in the most high-risk areas arrangements were made for food, banking facilities and medicines to be delivered to the door. The curfew was in place for nine weeks and was particularly difficult for the 1.9 million ‘daily wage workers’ who do not receive a monthly salary but earn enough each day to meet their essential needs. For those nine weeks they had to rely on limited savings and donations of dry goods and subsidies from the government. As of 27 May 2020 the curfews were lifted and there was a gradual return to normal working, with social distancing measures in place. The airport remains closed with only repatriations being allowed into the country, where they stay in government-run quarantine centres before being allowed to return home. Life began to feel very ‘normal’ with the exception of having to wear masks in public places, temperature testing and handwashing requirements before entering shops, schools, offices etc. Since mid-October there has been a new outbreak centred on a garment factory in Gampaha and a fish market in Colombo. This has largely been contained within the Western Province but there have been isolated cases identified in other parts of the country. On 29 October the Western Province entered a second lockdown and schools across the island were closed again.

The quick response of the Sri Lankan government to implement social distancing and effective tracking and tracing methods has been commended by the WHO and other international organisations. With these measures the community spread of COVID-19 has been limited and the number of cases and deaths associated with COVID-19 remains low compared with other countries. The government has also stopped the import of goods which can be manufactured in Sri Lanka (for example clothes and plastics) and is promoting these industries to try to stimulate the economy.

Education and tourism are two of the worst affected sectors.

## Education

On 12 March 2020 all schools, preschools, universities and colleges were closed across the island. For over five months they remained closed, finally reopening on 10 August 2020. However social distancing measures mean in reality most students below Grade 9 were only attending school one day per week. On 5 October 2020 the schools nationwide were closed again in response to a new outbreak. Schools are expected to reopen at the end of November but this might change.

While the schools were closed the government promoted online and distance learning, with teachers sending large volumes of material as PDF documents to students via WhatsApp and Viber. However, as of 2019 only 48% of Sri Lankan households with school aged children owned a smartphone or computer and only 34% had an internet connection. This means only 34% of children in Sri Lanka have been able to access distance learning. In the lowest socioeconomic group this drops to only 21% of households.

(Source: <https://irineasia.net/2020/05/internet-access-for-households-with-children-under-18-is-34/>)

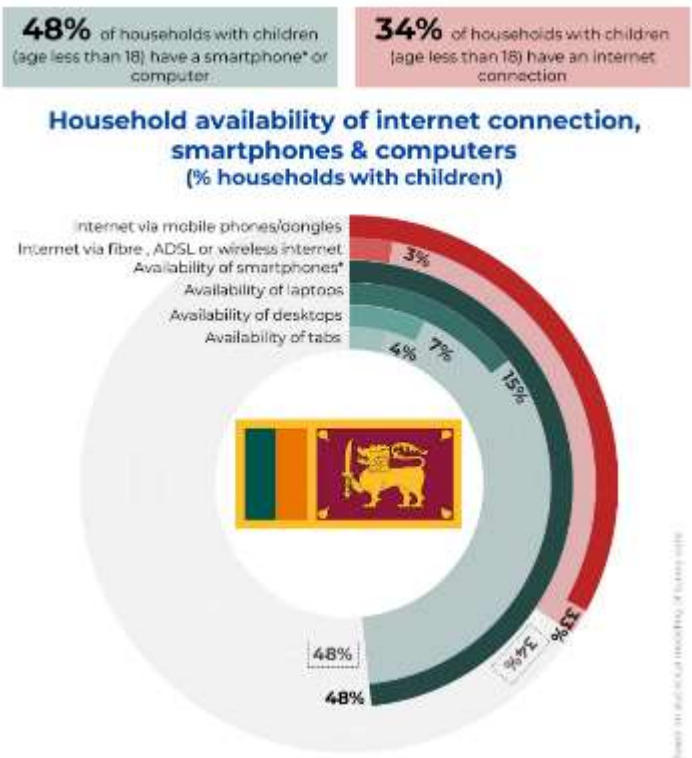
Within the plantation sector, where our Kirimetiyaawatte project is based, there are further challenges. Electricity and internet connection is uneven and parents and children lack the knowledge to understand and navigate online tools in a safe and secure way. Most live in line-houses (line-houses are often corporation or government owned houses, which can have poor access to water and sanitation), with extended families all sharing one room. These homes are often dark and without windows or ventilation and are not conducive to learning or studying.

(Source: <https://reliefweb.int/report/sri-lanka/it-time-change-narrative-measuring-devastating-impact-covid-19-education-children>)

## Tourism

Since the end of the civil war in 2009 Sri Lanka has worked hard to establish itself as a popular tourist destination. Tourist visits have increased dramatically from 447,890 in 2009 to 2.4 million in 2018 and tourism is the third largest foreign exchange earner for the country, directly contributing 4.3% to GDP. Improvements to roads and railways have opened up previously inaccessible areas and huge investments have been made in hotels, guest houses, restaurants and attractions. In 2018 Sri Lanka earned \$4.4bn from tourism, an increase of 12% on the previous year and Sri Lanka was named Lonely Planet's number 1 travel destination for 2019.

On 21 April 2019, Easter Sunday, Sri Lanka was rocked by a terror attack which saw six hotels and churches targeted by suicide bombers and 265 people killed. These attacks crippled the tourism sector and in the immediate aftermath tourist arrivals dropped by 70%. The Sri Lanka Tourism Development Authority (SLTDA) worked hard to promote Sri Lankan



tourism again and throughout the year the arrivals gradually increased. 2019 ended with just an 18% decline on the previous year.

It was hoped the recovery at the end of 2019 would continue with SLTDA predicting tourism would bring \$7bn in earnings and employ 600,000 Sri Lankans in 2020. Unfortunately, this has not been realised with the onset of the COVID-19 pandemic. Flight and seas arrivals were suspended on 17 March 2020 and have not resumed. The top five tourist markets to Sri Lanka are some of the worst affected by COVID-19 – India, China, UK, Germany, and France. Even before the lockdown tourist arrivals fell as cases were identified in other countries and caution around international travel increased. In January the arrivals fell by 6.5%, in February by 17.7% and in March by 70.8%. There have been no arrivals since March and no date has been given to open the border and allow arrivals. As of May it was reported that 450,000 tourism related workers had lost their jobs in Sri Lanka due to the COVID-19 pandemic; including staff from hotels, shops, cultural sites, national parks, restaurants, drivers and tour guides.

(Source: [https://sltda.gov.lk/storage/common\\_media/AAnnual%20Statistical%20Report%20new%202109%20Word3889144215.pdf](https://sltda.gov.lk/storage/common_media/AAnnual%20Statistical%20Report%20new%202109%20Word3889144215.pdf))

In many countries the governments are promoting ‘staycations’ as a means to keep the travel industry going but this isn’t really an option in Sri Lanka. The concept of summer holidays and taking time off to travel with family doesn’t really translate to working life here where many people simply can’t afford to do this.

### Community Focused Child Development (CFCD), Kirimetiya

Our CFCD project started in November 2019 with our partner the Women’s Development Centre. The project is focused on three remote villages (Kirimetiya, Sriyagama and Ambalamanam) in the Central Province, about an hour’s drive from Kandy city. We worked previously in Kirimetiya on a project focused on community mobilisation and child protection. The project was a huge success with many achievements but to ensure the sustainability of the outcomes we decided to implement a second project including two neighbouring villages. The CFCD project aims to improve the relationships between the three villages, to establish new preschools, capacity build and mobilise the community to promote and protect the rights of their children.

#### Field Updates

Impact of Covid	Topic	Narrative
	Livelihoods	<p>There has not been a big impact on livelihoods. The communities are very isolated and very few families work outside of the villages so work has mostly continued.</p> <p>In Kirimetiya those who work at the farm were able to continue throughout the lockdown period and in all communities anyone engaged in agriculture were able to farm during the lockdown too. Ambalamanam village has a larger proportion of people who work in ‘daily wages’ (e.g. tuktuk drivers and construction workers) and WDC had some concerns during the lockdown. Dry rations were provided and the government gave two subsidies of 5000rps (£20) to low income families during the lockdown period.</p> <p>Work in Sri Lanka has largely returned to normal after the lockdown and WDC have expressed no concerns at the moment about impact of livelihoods as a result of COVID-19. Home-</p>

		gardening became popular during the lockdown and was heavily promoted by the government who gave seeds etc. via the AGA offices. This has started in all three villages.
	<b>Education</b>	Parents and WDC staff have expressed concerns about children's education as a result of COVID-19. The schools were closed, opened with the children only attending 1-day per week except for exam years (Grades 9–12) who attended every day but closed again on 5 October. Whilst schools are closed the children were unable to access the online learning – the children do not have smart phones and the internet reception is not great.
	<b>Health</b>	There has been no reported impact on health as a result of COVID-19. No cases were identified in any of the villages and (as of 3 November) there are only 16 cases identified in Kandy district. The remote location and isolation of the villages is a strength during the pandemic as very few outsiders come into the villages. If there is a resurgence of cases in Sri Lanka or a second lockdown there could be some impact on health if provision and accessibility of routine medical services is disrupted or travel to collect prescriptions is not possible.

**What is Shining Life doing?**

**WhatsApp groups** established for each Women's Society and Youth Group to share accurate, accessible information about COVID-19 prevention to community members. Groups shared this information with the wider community and others who didn't have access to WhatsApp. The WhatsApp groups provide a safe space for community members to communicate and share information, are free to use and provide end-to-end encryption. This allowed WDC to keep regular contact with the community and share information with isolated villages despite travel restrictions and address issues while maintaining responsible distancing.



Picture 1: Screenshot from Women's group WhatsApp

**Peer-study support groups** established in the preschool building led by Suba (pre-school teacher) and Gow, a Youth Club member who is studying at university. With the support of the Youth Club members, classes were running for Grade 5, O/Level and A/Level students who all have exams coming up in 2020. Tuition classes or additional study support are not available within the communities. There are some classes in the nearby town but these are expensive and with limited public transport serving the communities, very difficult and sometimes unsafe for the children to travel to.



Picture 2: O/Level peer-study support group

**Past-papers provided** for each village in key subjects for shared use. Our project included funding for transport for O/Level and A/Level students to attend tuition classes. Due to the schools being closed and travel restrictions these classes have not been running and the students asked if we could provide past papers instead so they could study at home. Across the three villages we have 7 O/Level and 1 A/Level student and we provided past papers for all subjects they are studying.



*Picture 3: Students receiving past papers*

**Preschool children provided with materials and activities** to complete at home during the lockdown to continue their learning. Activities included simple worksheets and 'arts and crafts' activities. Preschool reopened for in-person classes from Monday 31 August.



*Picture 4: Preschool student with work completed at home during lockdown*



*Picture 5: Preschool student with work completed at home during lockdown*

**Kirimetiya Preschool Garden** – Started with support of Women’s Society, Youth Group and Children’s Club during the lockdown period. Trees, flowers and plants were planted in the area to the left of the preschool to create a community garden to be maintained by the preschool children with support of their parents.



Picture 6: Children’s Club members working in preschool garden

**Angunochchiya Gram Sevaka Division (AGSD), Medawachchiya**

In 2017 we started our AGSD project with our partner Human Development Foundation in Medawachchiya, in the North Central Province of Sri Lanka. We work in three remote farming communities who experience very high prevalence of chronic kidney disease (CKD). The exact cause of CKD is unknown but it has been linked to certain farming practices and contaminants found in the drinking water. Early detection is crucial as it allows for treatment before kidney damage is too advanced. The communities are relatively isolated with poor infrastructure and very limited public transport and there are few opportunities for young people, particularly in education and employment. Our project has focused on supporting the education of the children through provision of tuition, dance and IT classes, starting libraries with dedicated study space and stipends for children whose parents have CKD. With the adults we have provided vocational training in various industries and have worked with the community leaders to improve relationships with local government and increase their capacity to advocate on behalf of the community.

**Field updates**

Impact of Covid	Topic	Narrative
	<b>Livelihoods</b>	The impact on livelihoods has been low. The communities are very isolated and job opportunities have always been limited. Most people are engaged with farming or work for the armed forces/police which have remained stable through the lockdown and after. There are very few occupations outside of these. Through the project we undertook a lot of vocational training programmes and participants were already using, and continue to use, these to supplement income and reduce household expenses – home-gardening, bee-keeping, soap powder making and dress-making have been particularly popular and we’ve seen families using these skills at home. A small-grant scheme started in May and is operating in all three villages. 15 initial members were selected and borrowed to start dress-making, snack-making,

		brick-making and home-cultivation. As loans are repaid new members are selected for the next loans.
	<b>Education</b>	The impact on the children’s education and wellbeing was highlighted by both our Programme Manager at HDF and the community members as their key concern surrounding COVID-19. The schools in Medawachchiya closed in mid-March and reopened on 10 August with the children only attending one day per week except for exam years (Grades 9–12) who attended every day. They closed again on 5 October. The children we spoke to (five girls in Grades 6–8) said they were doing about three hours of homework each day. The parents have said it is increasingly difficult to motivate the children to complete their work at home. Our tuition classes and CKD educational stipends continued throughout the lockdown period and are still running.
	<b>Health</b>	There has been no reported impact on health as a result of COVID-19. No cases were identified in any of the villages and (as of 3 November) only 20 cases were identified in Anuradhapura district. If there is a resurgence of cases in Sri Lanka or a second lockdown there could be some impact on health if provision and accessibility of routine medical services is disrupted or travel to collect prescriptions isn’t possible – this could be particularly problematic for the CKD patients who attend clinics and receive medication.

### What is Shining Life doing?

**Tuition classes:** We spend 20,000rps (£81) per month to support the tuition classes which are offered in the community for the following subjects/age groups:

- English Grades 1–5 (1 class each village)
- English Grades 10–11
- Maths Grade 6
- Maths Grade 7
- Maths Grade 8
- Science Grade 7

The classes are run by local women in the community halls in each village – this provides the women with a small monthly income as well. Consistently, at every community evaluation and focus group discussion the tuition classes are highlighted as the most beneficial project activity by the parents and the children.



Picture 7: Community based maths tuition class. (photo taken before COVID-19 / social distancing)

### Quotes from parents:

*“Those in Grades 1–5 are keen to learn in the English classes. The teacher conducts the class very well. We would like to inform that those who are in the English class can speak English very well and they have a good education level. Day-by-day the number of students coming to the class increased and if you can conduct extra classes, that would be good.”*

*“Lessons are highly appreciated – thank you. There is huge progress in marks compared to previous times. As a result of conducting classes inside the village the protection of our children is secured.”*

**CKD Educational Stipends:** We support 15 children whose parents/guardians have been diagnosed with CKD. CKD is a chronic illness which manifests with symptoms including extreme fatigue, shortness of breath, weight loss, poor appetite and headaches. Early detection is crucial as it allows for treatment before kidney damage is too advanced. The exact cause of CKD is unknown but it has been linked to certain farming practices and contaminants found in the drinking water. Many CKD patients are unable to work as the primary source of income in Medawachchiya is labour intensive farming which they are unable to manage.

**Case Study 1 (July 2020)**

Kaveesha (name changed), lives with her husband and 14-year old son in Maligaswewa village. Kaveesha receives a monthly stipend of 500rps (£2) from the project to support her son’s education.

*“My husband has CKD. He was unwell for 14 years before with different symptoms but it was only diagnosed with CKD 6 years ago. He receives medical care, attends clinics and check-ups at the hospital but he isn’t able to work in the fields anymore. He can’t work and it affects the whole family as we struggle. We used to get support from the government but last year my older son moved overseas for work and the government support stopped. At first he was able to help us and sent money to help us build the house but now that’s stopped too. The stipend is very helpful – I use it to send my younger son to school – to pay for his school uniforms and materials and to enrol him in a computer class.”*

**Case study 2 (July 2020)**

Ravindu (name changed), 27, from Maligaswewa village lives with his mother (aged 56) and sister (aged 17). Ravindu took a loan of 5000rps (£20) from the Welfare Society in May 2020 to start a dress-making business.

*“My family doesn’t have any regular monthly income – we have a padi field which we grow and harvest once a year. When we sell the crop we try to manage for the year on that money. I used to work in a garment factory but I lost my job a while ago when they reduced the staff. I’ve been doing sewing at home and we started a home-garden too. Before the dress-making training I was able to sew with the machine but I hadn’t been trained to cut, measure or mark the cloth – these things I learn from the dress-making training we did with the project. I borrowed 5000rps (£20) to buy fabric, thread and materials to make mosquito nets. I spent the 5000rps on the materials and made 8000rps when I sold the nets. There aren’t many other options for us to take a loan outside of the Welfare Society – for those credit programmes you have to go very far from the village and it’s difficult. I want to start a school uniforms business in the future.”*



Picture 8: Ravindu working on dressmaking at home.



### Case study 3 (July 2020):

Gayathri (name changed), 39, from Lena Divula village lives at home with her husband and two children. Gayathri took part in several of the vocational training programmes including bee-keeping, home-gardening, dress-making and soap-powder making. She took a loan of 5000rps (£20) from the Welfare Society in May.

*“I joined the Welfare Society to learn something new and try to get some income for my family. I learned a lot of new skills and knowledge. I started a home-garden which we use for the family and my husband takes the extra produce to Medawachchiya where he can sell it. With two of my neighbours we collected money to make soap powder. It’s cheaper than buying from the shop and with the training we know how to make it specifically for the type of water we have here in the village. I also attended the bee-keeping training and in June I got the first honey from the hive. I got two bottles this time but hope next time to get more. I can sell one bottle for 1000rps (£4) which is a good price. My neighbour has bought a machine for sewing and we hope to start doing that in the future too.”*



Picture 9: Gayathri with her neighbours and the honey harvested.

### Additional photos and examples from small-grant scheme:

Peanut farm – loan taken from the Welfare Society to grow, dry and package peanuts which are sold in Medawachchiya town from the shops.



Picture 10: Peanut field



Picture 11: Peanuts dried and packaged for sale

Brick-making – loan taken to make bricks. Loan holder and three neighbours are making bricks at his house. Together they can make 5000 bricks per week with a traditional mould and frame. Cost to make one brick is around 6rps and they can be sold locally for 16rps each.



Picture 12: Finished bricks.



Picture 13: Mould used to make the bricks.

### Telwatte Community Enterprise, Galle

In July 2019, with our partner Human Development Foundation, we started a new project in Telwatte, a small village just outside the popular beach town of Hikkaduwa on the south coast. Like many coastal towns, Telwatte was devastated by the 2004 Boxing Day tsunami and we worked with the community in the aftermath to rebuild. Our current project is focused on establishing a shop in the name of the Women’s Society from which the members can sell their handmade products. We delivered training in dress-making and sewing, batik (a traditional dyeing process using wax) and screen printing. The shop opened in August 2019 and we’re focused on increasing the products on sale and networking to increase our visibility and encourage more customers. The society also take custom orders and have managed to secure some contracts with socially conscious organisations.

#### Field Updates:

Impact of Covid	Topic	Narrative
	<b>Livelihoods</b>	The downturn in tourism sector and the airport being closed has affected our Telwatte project where the Women’s Society were making bags for an international travel company and were in discussions to have their tour groups visit the village for ‘community visits’ – these have now stopped. The group were making between 150-500 bags per month depending on the season so this is a big loss for the women. For most in the group this is a supplemental income – their husbands and adult children work which is the primary source of income for the family. The group plan to continue with the shop but are looking to focus more on the local market – selling clothes from Maharagama, snacks (hoppers, chutney, string hoppers) and other items not readily available in the village.
	<b>Education</b>	This project works only with the Women’s Society to support and fund their shop. No impact on education identified by the society or project partner but it is slightly out-with the scope of our project here so could be under-reported to us.

	<b>Health</b>	There has been no reported impact on health as a result of COVID-19. No cases were identified in the villages and (as of 3 November) only two cases were identified in Galle district. Once the airport reopens this community could be at particular risk due to their proximity to popular tourist attractions and destinations.
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## What is Shining Life doing?

### Case Study 4

Yasintha (name changed), 64 years old, lives in Telwatte with her husband and son (35 years old) who drives a tuktuk. Yasintha has been working in the shop.

*“Before the project I hadn’t taken part in any training programmes and didn’t really have any experience but I wanted to try Batik and thought maybe I could make foods to sell from the shop. After the project I have good positive thinking – I know I can earn some money and 6 months ago I took a loan from the Women’s Society to start making foods because now there is somewhere to sell from. I’ve made hoppers, string hoppers and other small snacks which have sold and made a profit! I want to continue with the shop with the help of the other women and continue to make and sell my foods.”*



Picture 14: Yasintha at the Welfare Society shop.

### Case Study 5

Yoshika (name changed), 57 years old, lives in Telwatte with her husband who is a tuktuk driver. Yoshika took part in the Batik and dress-making training and has been making food covers for Sustainablee.

*“15 years ago I took part in training before through the AG office in things like food production, sewing and batik – these classes were given after the tsunami but I wasn’t confident. I had some knowledge but now I have practical training and knowledge and feel confident to do it alone. The batik training with the project was most beneficial and I really enjoyed it, I gained new knowledge and started making food covers for Sustainablee which is bringing some income. Now we have women with different skills who can work together to make something. We need more orders to get a more permanent income and I’d like to have a workshop set-up in at the shop so we have a dedicated place to do our Batik”.*



Picture 15: Yoshika at the Welfare Society shop.

### Case Study 6

Randula (name changed), 55 years old, lives in Telwatte with her husband who is a school bus driver, and two daughters (aged 24 and 26). Randula took part in the dress-making training.

*“I took part in the dress-making and batik training provided by Shining Life and I’m now earning from dress-making so the training was very beneficial for me. I make bags and lunch bags, which I’ve sold at my daughter’s work place and facemasks, which I sell around the village. I’m also working with Yoshika to make sarees which I hope will bring more money in the future.”*



Picture 16: Randula at her home in the village.

## On-going monitoring and evaluation

The pandemic has been well managed in Sri Lanka and we have been able to return to almost normal working with social distancing measures and face masks. Activities are risk assessed and we take a flexible approach to allow changes and ensure we meet the needs of communities without any risk to community members, staff or partners. Across all our project we continue to monitor and evaluate both the planned project objectives and activities and the ongoing impact of COVID-19. Each project submits quarterly progress reports, undergoes a mid-term review at the half-way point and we conduct a sustainability report at the end of the project term. In addition to this our Field Director has remained in Sri Lanka and is in communication with both partners and conducting project visits as appropriate.

## Key activities to support communities through Covid-19 pandemic

Project	Activity	Cost per Month
CFCD (Kandy)	Preschool teacher's salary/stipend. Currently we only support the Kirimetiya preschool but project plans include opening preschools in two neighbouring villages.	7000rps (£29) (1 teacher)
CFCD (Kandy)	Materials for Kirimetiya preschool activities.	350rps (£1.50) (1 preschool)
CFCD (Kandy)	Travel stipend for O/Level and A/Level to attend after school tuition classes (funds used for minibus / tuktuk to bring children home in evening after classes)	6750rps (£28) per month for Amb & Sri. students 5600rps (£23) per month for Kiri students
AGSD (Medawachchiya)	Tuition classes (English, Maths and Science for Grades 1-8)	20,000rps (£82)
AGSD (Medawachchiya)	Educational stipends for children whose parents have CKD. Currently we support 15 children.	500rps (£2) per child
AGSD (Medawachchiya)	Loan to start home-based business through the Welfare Society. Initially 15 community members selected but many more are interested. This is a one-off loan repaid in full to the Welfare Society. Once repaid the next community member is selected to receive a loan.	5000rps (£20) per loan
Telwatte	Rent and utilities for the Women's Society shop	Rent: 7000rps (£29) Utilities: 2000rps (£8) Total: 9000rps (£37)
All communities	Mobile Health Clinic / Health Awareness Programme (with support of Ministry Of Health and Public Health Inspector)	20 000–35 000rps (£83–£145) per project
All communities	Establish library facilities / provide new books for existing libraries.	20 000rps (£83) per library Could be any amount but when we set up the libraries in AGSD and CFCD we budgeted 10000rps for shelving and 20000rps for books,