



## CARE International Country overview

### Sri Lanka

#### Country snapshot

- Population: 19.1 million
- Life expectancy at birth: 71.6 years
- Adult literacy rate: 90.7%
- Access to improved water source: 79%
- GDP per capita: US\$4,595
- Infant mortality rate: 12 per 1,000 live births
- Maternal mortality rate: 58 per 100,000 live births
- HIV prevalence: <0.1%

*Source: UN Human Development Report 2007/2008*

#### Program overview

CARE Sri Lanka was established in 1950 with a focus on food security and improving maternal and child health. Today, CARE works to address the root causes of poverty and marginalization of vulnerable groups by building the skills of local communities and promoting good governance within both government and community organizations. CARE's integrated program in Sri Lanka focuses on three main target groups in specific geographic areas: poor rural communities in the dry zone; conflict-affected populations in the north and east; and residents of Sri Lanka's tea, rubber and coconut plantations. Following the Indian Ocean tsunami in December 2004 CARE Sri Lanka expanded its work to support tsunami survivors in seven of the worst-affected districts. CARE Sri Lanka's strategic plan focuses on peacebuilding; governance; sustainable livelihoods; gender equity; emergency preparedness and disaster risk reduction.

#### Plantation sector

The tea, rubber and coconut plantation sector is the largest employer in Sri Lanka, employing nearly 20 percent of the working population; 800,000 people live on tea, rubber or coconut estates. Plantation workers are some of the most vulnerable and marginalized groups in Sri Lanka, largely because of their reliance on the estates where they live. CARE works with plantation workers and management and local government to improve living conditions for people living on the estates; jointly define their problems and reach solutions; and foster greater empowerment and self-reliance of estate workers.

CARE supports the process by facilitating meetings, providing technical assistance to estate-based micro-projects, empowering the community, and improving the ability of estate households to access information and services such as education and health care. Projects promote co-management of community services and joint decision-making by residents and management wherever possible. CARE also supports income generation opportunities for plantation workers through savings and credit groups, and works to reduce gender-based violence.

### **Dry zone development**

Nearly two-thirds of Sri Lanka falls into the dry zone sector, an area with low annual rainfall and pronounced dry season. There are nine districts that fall completely within the dry zone: Anuradhapura, Vavuniya, Jaffna, Trincomalee, Killinochchi, Mullaitivu, Batticaloa Polonnaruwa and Mannar. In addition there are four districts in which a major portion of their area fall within the dry zone: Moneragala, Hambantota, Ampara and Puttalam.

The dry zone is predominantly rural, with many households relying on agriculture for their livelihoods; however, the contribution that agriculture makes to household income is declining, and unemployment and poverty are on the rise. CARE works with rural households to improve agricultural activities, from pre-production planning to post-harvest technologies and marketing of crops. CARE also promotes the sustainable use and management of the natural resource base, particularly water, which is so vital to life in the dry zone. Interventions look at issues of access to and management of both private and common property resources.

### **Development in conflict-affected areas**

CARE has extensive experience implementing long-term development and relief programs in conflict-affected areas of north and east Sri Lanka (the districts of Jaffna, Killinochchi, Mullaitivu, Vavuniya, Mannar, Puttalam, Anuradhapura, Trincomalee, Polonnaruwa, Batticaloa and Ampara). Our program works primarily to address the longer-term development needs of people in conflict-affected areas. In areas where communities have resettled and there is a reasonable degree of normality, CARE assists families to rebuild their livelihoods, and strengthens the capacity of government agencies, non-governmental organizations and community-based organizations to meet the needs of their communities.

The Local Initiatives for Tomorrow (LIFT) project targets vulnerable communities by providing support for food production, infrastructure rehabilitation, savings and credit, strengthening coping mechanisms, and income generation. CARE's Silent Tsunami project works to meet the long-term needs of internally displaced people and host communities, by providing permanent shelter and water and sanitation facilities and promoting access to employment opportunities. The Uprooted People's Water and Sanitation, Agriculture and Resources Development Project (UPWARD) helps returning families reintegrate into their communities, through support to community groups, access to safe water and sanitation facilities, and support for agricultural and economic activities.

CARE also works to address violence faced by women who have lived through armed conflict and are still living in highly militarized environments through training, campaigns and awareness building about gender-based violence, formation of women's action groups at welfare centers, and setting up district-level task forces. Throughout all of our work, CARE invests in training and awareness-raising for our staff, community members and local institutions on gender and cultural sensitivity and peacebuilding in order to bring about long-term, peaceful development in areas affected by conflict.

### **Emergency response**

CARE provides immediate emergency assistance in the aftermath of a disaster, and works with communities in the long-term to help them recover and rebuild infrastructure, livelihoods and shelter. CARE targets the most vulnerable groups, especially women-headed households, and works with communities to prepare for and mitigate the risk of future disasters.

After the Indian Ocean tsunami of 2004, CARE's immediate response provided urgently needed food and emergency supplies to 160,000 people, then provided transitional and permanent houses, water and sanitation facilities, livelihoods support and cash grants, assets such as boats, fishing nets or agricultural tools and seeds, and income-generating activities. CARE also provides emergency food, water and sanitation and temporary shelter to families displaced by the conflict in northern Sri Lanka and provides assistance to families affected by seasonal flooding across the country.

**Major donors**

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**Contact information****CARE Sri Lanka**

Nick Osborne, Country Director, [nick@care.lk](mailto:nick@care.lk)

Susil Liyanarachchi, Director of Programs, [susil@care.lk](mailto:susil@care.lk)

**Tel** +94.11.266.2905 **Fax** +94.11.269.3168 **E-mail** [srilanka@care.lk](mailto:srilanka@care.lk)

**CARE Asia Regional Office – Bangkok, Thailand**

**Tel** +66.2.204.2561 **Fax** +66.2.204.2564 **E-mail** [infoasia@care.org](mailto:infoasia@care.org) **Web** [www.care.org](http://www.care.org)

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