



Defending dignity.
Fighting poverty.

Sri Lanka

Melanie Brooks/CARE



Country Snapshot

Population:	19.3 million
Life expectancy at birth:	72 years
Adult literacy rate:	92%
Access to improved water source:	82%
GDP per capita:	US\$4,243*
Infant mortality rate:	17 per 1,000 live births
Maternal mortality rate:	58 per 100,000 live births

Sources: UNICEF State of the World's Children Report 2009, *UNDP Human Development Report 2009

Program Overview CARE Sri Lanka was established in 1950 with a focus on food security and maternal and child health. Today, CARE works to address the root causes of poverty and marginalization of vulnerable groups by building the skills of communities and promoting good governance within both government and community organizations. CARE 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 plantation residents. Following the 2004 Indian Ocean tsunami, CARE 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 plantation estates. Plantation workers are some of the most vulnerable and marginalized groups in Sri Lanka, largely because of their reliance on the estates. CARE works with plantation workers and management and local government to improve estate living conditions; 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, and improving access to information and services such as education and health care. Projects promote co-management of community services and joint decision-making by residents and management. CARE also supports income generation opportunities for plantation workers through savings and credit groups, and works to reduce gender-based violence.

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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. The dry zone is mainly 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 vital to life in the dry zone. Interventions look at access to and management of 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. Our program works primarily to address the longer-term development needs of people affected by conflict. 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 and community-based organizations to meet community needs.

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. The second phase, LIFT – II, focuses on building the capacities of community-based organizations, in the conflict-affected areas of the north and east. The purpose of this is to directly tackle and advocate on issues that affect the livelihoods of their members and communities, using principles of good governance.

CARE also works to address violence against women 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 our work, CARE invests in training and awareness-building for our staff, community members and local institutions on gender and cultural sensitivity and peacebuilding.

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 2004 tsunami, CARE's 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 income-generating activities.

With the end of the war in northern Sri Lanka in May 2009, nearly 300,000 people fled the former conflict zone and took shelter in neighboring camps. The aftermath yielded large amounts of internally displaced people (IDPs). In coordination with the government, U.N. and other agencies, CARE provided food, shelter, water and sanitation, emergency supplies and infant kits for new mothers, and worked to prevent gender-based violence

Major Donors

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