ANNEX 1


Vraie Balthazaar

For the daily wage worker and the low-income family, life has been significantly more complicated, since a few days prior to the official lockdown in the island. With the closing of schools on the 13th of March, limited mobility for a few days after, and the imposition of curfew on the 20th of March, many people plunged into crisis, with no means to take care of themselves. While one portion of Colombo’s residents hurried to organize new infrastructure to ensure their access to goods and essential services, the urban poor, struggled with no access to any income that would allow them to purchase essential items; “Elavalu lorry namaawa, eth mukuthgannaatheikeeyakwathne” ... (The vegetable lorries would come by but we didn't have a cent on us to actually buy anything).

These are stories, predominantly of women, who live and work within the Colombo District whose struggles have continued to grow in the last 10 weeks.

The reality is, even with a lift in curfew, the majority of the urban poor will not have an income because of the lack in financial and infrastructural support that have left them in debt and will continue to burden them;

(a) They have already lost or are on the verge of losing their jobs,

(b) They have either pawned everything they had or exhausted the sources of borrowing during the lockdown for consumption purposes hence they lack capital to explore a new livelihood option

(c) Except for the minimal support (financial or in-kind donations for consumption) there is no strategic support scheme to recognize and enhance/improve informal sector income sources that are fragile but have potential

(d) The lockdown period in which these extremely helpless individuals and families were forced to enter into unfavorable agreements (financially or otherwise) has now created extra burdens -financial or social- which further limit their capacity to recover

(e) Families and individuals engaged in informal sector jobs that are dependent on specific functions such as re-opening of schools, re-opening of hotels and tourism sector activities are neither recognized and informed nor supported for a shift of livelihoods

(f) Women are significantly challenged by increased responsibilities and lack of room-to-negotiate on the future of their livelihood activities.

Story -Ms. A. F Rishard

A. F Rishard is a mother of 4 children, all of whom go to school. Her mother and sister also live with her. She is an active community leader. Her husband is a trishaw driver. The family is dependent on his income, and have no savings. The family is reliant on nutrition meals that the school provides for the

children during the majority of the year, and have a practice of putting money aside to help tide over during the holiday months. With schools being closed the family has no access to sufficient food to sustain the family and no income. The family has received goods from the CMC and via private donors. However, this is neither sufficient nor sustainable.

**Recommendations**

A one-off donation was not enough for the family, as the children have been home since the second week of March. The private donors reached out to her directly.

**Immediate –**

- The 5000 LKR grant was not sufficient to sustain a family this large. The government will need to recalculate the amounts being allocated per family. A tiered structure similar to Samurdhi that is dependent on the number of persons in the household and not a blanket amount, would be a more equitable solution. The minimum payment being no less than 5000 LKR.

**Long Term –**

- Monetary donations for mere consumption put people down to “dependents” and make them forget that they are “survivors”. Hence, it is important that these 5000 LKR grants becomes only the first step of a ladder that supports them to adapt to the new normal rather than a politically motivated “give-away” that further imposes the mentality of dependency.

- People need to be given room and support to envision, plan and implement new livelihood activities based on their existing skills. This can also boost their confidence and resistance against future shocks.

- Nutrition needs of children are a big concern for mothers. Community level catalysts such as building of community kitchens, food banks and other mechanisms that ease the burden of providing healthy meals for children can give parents more freedom to rethink their livelihood plans. The food banks can provide foods for the needy at subsidized rates and by running these throughout the year more livelihood opportunities will open up.

- To proactively work on strengthening networks between community, state and civil society sectors to help increase the effectiveness and efficiency of relief distribution during disasters. It is equally important to make sure the data on relief operations are openly accessible and are real time during disaster; this can minimize duplication of efforts and wastage of resources. This would require for the state officials like district and divisional secretaries and local authority members/ officers to come together prior to disasters to lay the foundation for a collective and effective management of crisis situations. This can lead to a city-wide collective action where predetermined chains of actors from all sectors are automatically activated when needed. For this to happen CMC/DS offices should lead such collective efforts throughout the year, and actively invest in building trust and stronger communication. This long-term connection may also help ease the apprehension that CSO’s have about politicization of distribution when working alongside government institutions and will bring in the blessings of good governance.
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**Story – Pushpa**

Pushpa sells homemade short eats. A single mother with a teenage son with a disability, she struggles as a daily wage earner to make ends meet. She lives with her son, and another cousin, in a small room that belongs to a relative. She has been trying to get on the Samurdhi list for years but has been told several times that she would be, at a time the list is revised. While trying to obtain the 5000 LKR she was repeatedly told she would not be able to obtain the money. After many arguments to prove legitimacy, and calls to the GS, Samurdhiniadari and LG Politician, she did get 5000 LKR.

**Recommendations**

Despite the information on the 5000 LKR grant being discussed on the 15th of April, there was a lack in communication of this information to those who needed clarity. There was confusion on whom the point person was, and no access for printed copies of the form etc.

**Long term –**

- Finding more effective ways of information sharing with the communities especially those who have no access to smart devices/TV is highly recommended. The most reliable measure is strengthening social/community networks that operate at the ground level at all times to ensure 100% coverage of the needy families that are most likely to fall into the cracks of the state-centered information collection systems.

**Story - Sugathi**

Sugathi is a single mother of a young child. She is a domestic worker in 3 homes in Colombo. Prior to the pandemic, she worked at these homes on a roster, after dropping her son off at nursery. Due to the fact that she lives in an underserved area, all three of her employees have discontinued her work, indefinitely. Despite the lift in curfew, she now has no work. Also as schools and day care centers are not in operation, she is unable to leave her son, and attempt to find work. She has no other means of income. She did not receive the Rs5000 as she was told by her GS that her parents who also live with her, received it. She was not considered a separate family unit.

**Recommendations**

Despite the lift in curfew, many women, like Sugathi, will have to continue to forgo work, because of their commitments to the children and elderly. She lacks the financial support to find anyone to care for her child in a private capacity while she is away. One of her biggest expenses is day care for her son.

Sugathi is not on Samurdhi. She feels strongly that her voice is not recognized by her GS because of their minority status.

**Immediate –**

- Although in some areas people did receive the grant based on family unit, this did not happen in all areas. The Divisional secretariats will need to re visit these lists of recipients with immediate effect, so that there is a fairer distribution in the coming months, making sure no one falls through the cracks.
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Long term-

• Subsidized day care centers – the Council will need to look at building and regulating more day care centers to support families continue working. This does not have to be a burden to the state because this can easily be managed through CBO’s under the supervision of the state.

• Acknowledging the need to revisit domestic worker rights and laws. It is important that the workers do not become the targets of the baseless stigma against low-income settlements of the city.

• Reconnecting and creating stronger ties between the GS/ SN, and the people so that mechanisms of sharing information can happen proactively.

Story - Mala

Mala and her husband are migrant workers. They came to Colombo to find work but were unsuccessful in doing so and were also unable to find work and lodging. Soon after the lockdown, they had no work, shelter and food. Mala’s husband caught a bad infection and was very ill, but was too afraid to seek medical assistance, as they were afraid of the repercussions of seeking medical advice, as a couple from a minority.

Recommendations

Mala and her husband belong to the category of not being counted at all. With no home, and no support, they received no aid from the state and did not have enough money for lodging. The husband, despite having covid symptoms, did not admit himself to hospital as he was afraid to leave her alone on the street and with no support.

Immediate-

• State needs to be able to identify those who are homeless during a time of crisis as they are at immediate risk—especially women who are still vulnerable. Currently operating mechanisms like “praja police” networks can be used to develop an up-to-date data base on tenants and boarders living in the city. Further, making the landlords register their boarding and rental houses at a city level office will help ensure the quality and safety of the worker and student accommodation in the cities at all times in addition to crisis situations.

• Ensuring care packages reach the needy women before they get exploited by unfavorable and opportunistic support mechanisms is extremely important.

Long Term -

Creating state run, safe shelters for families/ women who are left compromised in times of crisis due to lack of shelter, safety or are dealing with abuse. These spaces will need to fulfil basic requirements of food, and sanitation as well as access to medication and other health related requirements.

Story - Rashika

Rashika and her husband are parents to 3 children, the youngest of who was born during the pandemic. Her husband who worked in a small fancy good store lost his job, leaving them with no source of
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income. She has now received utility bills and rent. The family is in no position to pay for food and essentials let alone any other expenses.

Recommendations

Immediate

• Relief and reduction on utilities for low income/ daily wage families.

Story - Ranji

Ranji is the father of two teenage daughters. He is the sole breadwinner for his family and is a taxi driver. With no work, and no savings, his wife pawned her chain to a loan shark in the area. This money helped them buy essential food items. However, they did not have any money to buy sanitary napkins for the 3 females in the house for two months.

Recommendations

Immediate

• At times of crisis, women’s health must be given priority. Access to both sanitary products in care packs distributed by the government, to be included in all essential items packs. It could also be shared separately, as a care pack, only for the women in each household, to include sanitary napkins, drugs for those with menstrual pain/ difficulty, and access to contraception. These care packages could be distributed through the suvanariya clinics.

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