UNHCR – MDG project

The living situation of refugees, asylum-seekers and IDP's in Armenia, Ecuador and Sri Lanka: Millennium development indicators and coping strategies

Sri Lanka Country Report

Final Report

1st September, 2006

Health Policy Research Associates (Pvt) Ltd
72 Park Street
Colombo 2
SRI LANKA
Tel: +94-11-231-4041/2/3
Fax: +94-11-231-4040
Email: info@hpra.lk

Prepared by
Chamikara Perera
Ruwanthi Elwalagedara
J.M.H. Jayasundara
Lankani Sikurajapathy
Neluka de Silva
Reggie Perera
Ravi P. Rannan-Eliya

PREFACE

This is the final draft of the report for this study prepared for UNCHR Headquarters in Geneva, Switzerland. As such its structure and the tables presented are intended to be comparable with the results presented in the study reports prepared from the parallel surveys in Armenia and Ecuador. It is emphasized that the choice of tables is largely determined by the study sponsors and overall goals of the global study, and so in many cases may not fully explore the critical issues in Sri Lanka itself. More detailed analysis of the Sri Lanka results is thus warranted and should be undertaken in future to assist policy makers in Sri Lanka.

ACKNOWLEDGEMENTS

This survey among internally displaced persons within the framework of MDGs was commissioned by the UNHCR and executed by HPRA in collaboration with NIDI. It is the outcome of the dedicated efforts of many individuals & institutions.

We would like to thank Mr. Axel Bisschop, Dr. Drene Sariffodeen of UNHCR Colombo and the heads of offices of UNHCR in Vavuniya, Mannar, Trincomalee and Jaffna for all their assistance and facilitations provided during the survey.

Our deep appreciation goes to Bart de Bruijn of NIDI for all the guidance, input, and active support through out this survey.

Our sincere gratitude goes to all District Secretaries and Grama Niladaries of Anuradhapura, Polonnaruwa, Vavuniya, Mannar, Trincomalee and Jaffna Districts whose willing assistance was essential for the execution of the field-work.

We greatly appreciate the work of the Sri Lanka Business Development Center for carrying out the survey for us in spite of the present volatile situation in the country. The survey was conducted in an extremely difficult field environment and with a worsening security situation, and our gratitude goes to the supervisors, field editors, interviewers and data entry persons for their efforts.

We are also grateful to Mr. Vasavan (Jaffna), Mr. Tharanga (Trincomalee), Mr. C Subendran and Mr. P Khandan (Mannar), and Mr. Lenard Fernando (Vavuniya) for their assistance in collecting the initial information required to prepare the sampling frame for the survey (Hsiao and Associates, 2001).

The survey was conducted in an extremely difficult field environment and with a worsening security situation, and our gratitude goes to the supervisors, field editors, interviewers and data entry persons for their efforts.

Finally, we would like to thank all respondents for their time, cooperation and patience during the interview.

TABLE OF CONTENTS

TABLES

BOXES

ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
CDC	Centre for Disease Control and Prevention
CHDR	Child Health Development Record
CPR	Contraceptive Prevalence Rate
GDP	Gross Domestic Product
GN	Grama Niladhari
HfA	Height for age
HH	Household
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
HPRA	Health Policy Research Associates
IDP	Internally Displaced Persons
IHP	Institute for Health Policy
ILO	International Labour Organization
IMR	Infant Mortality Rate
IPKF	Indian Peace Keeping Force
JVP	Janatha Vimukthi Peramuna
LFPR	Labour Force Participation Rate
LTTE	Liberation Tigers of Tamil Eelam
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOU	Memorandum of Understanding
MRI	Medical Research Institute
NCED	National Council for Economic Development
NCHS	National Centre for Health Statistics
NER	Net Enrolment Ratio
NIDI	Netherlands Interdisciplinary Demographic Institute
PPP	Purchasing Power Parity
PSU	Primary Sampling Unit
RAI	Refugees Asylum Seekers and Internally Displaced Persons
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WfA	Weight for Age
WfH	Weight for Height
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

As part of a global study examining the conditions and progress towards the MDGs in IDP populations, a survey was conducted of the IDP population in Sri Lanka. This survey examines the conditions faced by conflict-related IDPs in Sri Lanka, in the districts of Mannar, Vavuniya, Anuradhapura, Polonnaruwa and Trincomalee. Other districts in which there are sizeable numbers of conflict-related IDPs were not surveyed. The survey also excluded half the IDPs in the country, whose displacement was the result of the December 2004 tsunami, many of whom were doubly displaced as a result of the conflict and the more recent tsunami.

To provide a comparison with an appropriate group, the survey also sampled non-IDP households living next to the surveyed IDP communities or households. The original target for the survey was a total of 1,500 households, but owing to operational difficulties and a worsening security situation, only 1,064 households were eventually surveyed, comprising 873 IDP households and 191 non-IDP households.

IDP households have a similar demographic structure to those of the non-IDP population, although the percentage of households who have children is modestly greater, and overall household size is larger. In terms of their displacement, the history of IDP households in all districts reflects the multiple waves of displacement that have occurred in the past two decades. Many in Mannar, Anuradhapura and Polonnaruwa come from afar afield as Jaffna and Vavuniya, whilst most of the rest are internally displaced within their own districts. Most IDPs have been separated from their original homes for more than five years, and most first fled more than 15 years ago. Only a small minority of IDPs desire to return to their original homes, and overall very few intend to do so, even in the longer term.

In terms of living conditions, IDPs are in most respects worse off than the average Sri Lankan household, and worse off than the typical residents of the districts and communities they now find themselves in. It was not possible to reliably assess the overall income level of the surveyed households, but data collected on ownership of household assets indicates that, whilst the non-IDP households surveyed are commonly drawn from the second and third poorest income quintiles in the country, IDPs are mostly concentrated in the poorest quintiles. IDPs , therefore, typically live below the national poverty line. Their generally precarious economic situation is reflected in their employment conditions – IDPs tend to be as likely to work as non-IDPs, but more of them do not participate in the workforce owing to household responsibilities and the need to care for other family members, and possibly because of discouragement at finding work if they search for it. The poorer economic status of IDP households is also reflected in lower rates of home ownership in both urban and rural areas, more inferior housing materials being used in their homes and worse than average access to improved sanitation and water supplies.

Nutritional and anthropometric indicators offer a better and less potentially unbiased measure of overall household status than direct questions concerning income. When statistics such as stunting and wasting in children are examined, the survey reveals that the non-IDP households are probably modestly worse off than the national average, but that the IDP children do even worse, with higher levels of stunting and wasting.

Access to education for IDPs appears to be relatively high and comparable with their non-IDP neighbours, with access even better in some respects. Primary school enrolment rates are uniformly high and similar to national levels, but it was found that literacy rates amongst young adults was lower than the national average, reflecting perhaps a legacy of disrupted schooling in previous years as a result of the conflict.

Whilst the levels of coverage with basic health services as immunization are high in the IDP population at over 80%, the average levels are still 10-15% lower than in the non-IDP population surveyed. With respect to access to maternal services, similarly access was also generally high for IDPs, with IDP mothers reporting high levels of access to antenatal care and to skilled attendance at child birth, but with some indications that they did slightly worse than the non-IDP mothers, with fewer IDPs than non-IDPs accessing antenatal care from doctors, and 4% of IDP mothers giving birth at home (compared with 1-2% nationally), and 8% of births being attended by traditional birth attendants (compared with 1-2% nationally). Importantly, it should be noted that the high levels of access to basic services was due almost exclusively to provision by the government, as the public sector accounted for almost all maternal and antenatal care received by IDPs.

Consistent with the picture of good access to healthcare, IDPs appear to have similar levels of access to family planning services as non-IDPs, and in fact use of condoms was higher than in non-IDPs. Compared with the results of the DHS 2000, both the IDP and non-IDPs surveyed had good knowledge of HIV/AIDS, suggesting that efforts to improve community awareness in the past six years have been successfully generally, and also especially in reaching the IDP populations, who would be expected to more vulnerable in this respect owing to their situation.

When asked questions about their general vulnerability and ability to access services, both IDPs and non-IDPs reported a significant level of problems, but these were generally higher in the case of non-IDPs. For example, the percentages of IDP households reporting problems in accessing healthcare (27%), education (20%), obtaining official documents (13%), access to places of worship (19%) and ability to vote (15%) are generally half or double as much as that for non-IDPs.

In summary, the general picture that emerges from this study is that most IDPs have typically been in this state for many years, but have been living in their current places of residence for a number of years. Most do not want to return to their original homes for whatever reasons, but continue to live in conditions of precariousness and vulnerability, and most are essentially below the poverty line. On the positive side, it was found that despite their problems, access to government-provided health and education services was generally high, and often comparable to non-IDPs. More significant problems and disparities are found elsewhere, chiefly in areas related to normal living such as freedom from threats and dealings with the authorities.

KEY FIGURES

No	*Indicator*	*MDG Target (2015)*	*National*	*Source*	*IDP*	*Non-IDP*
1	% below poverty line	13.1	22.7***	DCS-HIES	--	--
2	Poverty gap ratio	--	5.1***	DCS-HIES	18.4	--
3	% of poorest 20%	--	7***	DCS-HIES	--	--
4	% und.weight. <5 years	19	29***	DCS-HIES	40.9	35.9
5	% below min.energy	25	51.3***	DCS	--	--
6	NER-primary (6-10)	100	96.4***	QLFS/DCS	96	90
7	Gr.5 compln. %	100	97.6***	MoE	92.3	82.9
8	Literacy rate 15-24	100	95.6***	DCS	96.6	96.7
9	Ratio of girls to boys in education			SC/DTET		
	-primary	100	95.3**		98	110
	-secondary	100	104.2**		93	112
	-tertiary	100	89.8**		--	--
10	f/m lit. 15-24	100	101**	DCS	108	114
11	% females in non agricultural .employment	--	31**	DCS/QLFS	18	15
12	% females in parliament	--	4.9**	PAT	--	--
13	Under 5 mortality / 1000LB	12	18.8*	DHS	--	--
14	IMR/1000 live births	12.8	12.2*	DHS	--	--
15	% 1y. measles immunized	99	88*	WHO report	80.1	93.5
16	MMR /LB	0.36	0.47**	WHO report	--	--
17	% births by skilled attendants	99	97**	DHS	96	100
18	Condom use rate of the CPR	[1]			12	2
18a	Increase in the percentage of sex workers who report condom use with most recent client	30	70	STD/AIDS	--	--

[1] In Sri Lanka condom use is very low and is not a popular family planning method among the general population. Therefore the following indicators were used: Increase in the percentage of sex workers who report condom use with most recent client & Increase in the percentage of clients of sex workers who report using condoms at least in commercial sex.

19	CPR	--	70[2]	UNDP/HDR	38.1	39.2
20	Orphaned by HIV	--	6**	WHO report	--	--
21a	Malaria incidence / 100,000	--	350**	Malaria Campaign	--	--
21b	Malaria death rate associated with Malaria	--	53**	Malaria Campaign	--	--
22a	% of the population using effective malaria prevention	[3]			13	16.4
22b	% of the population 0-4 using malaria treatment				0	0
23a	TB incidence/100000	--	41.1**	NPTBCCD	--	--
23b	TB deaths/100000	--	1.8**	MoH	--	--
24	TB cured DOTS %	--	75**	WHO report	--	--
25	Forest land %	--	16.3**	MoEnv.	--	--
29	% solid fuel use	--	80.2**	SD/94PHC2001	98	95
30	% Water access	86	82**	DS94/PHC2001	88	94
31	% Sanitation access	93	80**	DS94/PHC2001	82	87
32	% Secure tenure	--	95**	DS94/PHC2001	--	--
45	Unemployment rate young people (aged 15-24), m/f/t	--	--		28.8, 65.4, 42.7	56.8, 94.6, 73.2
46	Telephone lines & mobiles/100	--	--		11.5	30.3
47	Internet.email/100	--	--		8.09	9.55
48	PCs/100	--	--		1.05	2.5

DS94 - Demographic Survey 1994 by DCS
PHC2001- Population and Housing Census 2003
DTET- Department of Technical Education & Training
MoE- Ministry of Education
MoEnv- Ministry of Environment
MoH- Ministry of Health
DHS-Demographic & Health Survey by DCS
QLFS- Quarterly Labour Force Survey
HIES- Household Income & Expenditure Survey
UNDP/HDR- United Nations Development Report-Human Development Report
Note: * 2000
** 2001
*** 2002

[2] National figure for CPR is 70% as given in the Human Development Report (2005) published by the UNDP for years 1995-2003. This is defined as the Percentage of women aged 15-49 years currently using contraception.
[3] This is a new indicator for Sri Lanka and the value is not available

1. INTRODUCTION

1.1 General Introduction

In year 2000, with the dawn of the new Millennium, the leaders from 189 countries at the United Nations launched a set of eight goals, known as Millennium Development Goals (MDGs) to promote poverty reduction, education, maternal health, gender equality and attack illiteracy, hunger, AIDS and a degraded environment by the year 2015. The 8 MDGs can be further divided into 18 quantifiable targets that are measured by 48 indicators (see Annex A). The developing countries, who are the most affected by poverty, have taken the lead in this campaign.

Millennium Development Goals
Goal 1: Eradicate extreme poverty and hunger
Goal 2: Achieve universal primary education
Goal 3: Promote gender equality and empower women
Goal 4: Reduce child mortality
Goal 5: Improve maternal health
Goal 6: Combat HIV/AIDS, malaria and other diseases
Goal 7: Ensure environmental sustainability
Goal 8: Develop a Global Partnership for Development

The project 'Millennium Development Goals for Refugees, Asylum Seekers and Internally Displaced Persons' (MDG Project), was undertaken by the Netherlands Interdisciplinary Demographic Institute (NIDI) - Department of Population and Development, on behalf of the United Nations High Commissioner for Refugees (CARE et al.). The executing agency in Sri Lanka was Health Policy Research Associates (Pvt) Ltd (HPRA).

The MDG project is a comparative study of the living conditions and coping behaviours of persons of concern to UNHCR in three countries: internally displaced persons (IDPs) in Sri Lanka, refugees in Armenia and asylum seekers in Ecuador. The Millennium Development Goals take central place in the analysis of the living situation of these different groups. Special attention is given to vulnerable groups within the study population, in particular women, the elderly, children and adolescents. The Sri Lanka sub-project focused on conflict-affected IDPs. More in particular, the survey targeted populations in five districts: Mannar, Vavuniya, Anuradhapura, Polonnaruwa and Trincomalee[4].

Output of the project consists of country reports for Sri Lanka, Ecuador and Armenia and a brief comparative report that summarizes and highlights the main findings. The country reports are similar in terms of contents and design as to facilitate inter-country comparisons. In addition, the project includes a brief desk study on the living conditions of Afghan refugees in Pakistan.

The country studies for Sri Lanka, Ecuador and Armenia are based on a comparative household survey that was specifically designed for this purpose. The implementing agencies provided country-specific adaptations to the standard questionnaire. In addition, valuable input was provided by the local UNHCR offices and a variety of other agencies, including Ministries, UNDP, ILO and UNICEF. The Sri Lanka version of the survey questionnaire is annexed to this report as Annex D.

The survey approach provides rich information to analyse the living conditions and coping behaviour of the target populations. It also allows the collection of data for calculating a large

[4] See Annex B for a detailed description of the sampling design.

number of MDG indicators, which is at the core of the MDG study. However, some MDG indicators cannot be calculated on the basis of the present survey data or are irrelevant in the context of this study. Annex A provides an overview of the indicators covered by the present survey and elaborates on the reasons for non-coverage.

The main objective of this report is to provide a basic descriptive presentation of the living conditions of IDPs in Sri Lanka. The introduction chapter is concluded with a section on the historical background of internal displacement in Sri Lanka. The core of the report consists of a chapter with development-related themes: poverty and economic conditions, social development, health, and housing and sanitation (Chapter 4). This chapter will specifically focus on relevant MDG indicators for the IDP population. Other chapters will address general population and household characteristics (Chapter 2), the migration and fleeing history of IDPs (Chapter 3) and the identification of vulnerable groups, specific problems and coping mechanisms (Chapter 5).

Throughout the report, the situation of IDPs and IDP households are compared to highlight the specific situation of IDPs.

1.2 Historical setting of IDPs in Sri Lanka

There are three main causes of internal displacement in Sri Lanka. These are development, disasters and conflict.

Development Induced Displacement
Large scale development induced displacement dates back to the 1960's with the implementation of the Sri Lanka's largest integrated development project – the Mahaweli Scheme. This involved the construction of a national hydro-electric capacity and a large irrigation system feeding the north-east dry zone region. Extensive damming resulted in the displacement of a number of indigenous forest dwellers and the involuntary relocation of many village communities. The Scheme was also controversial due to government relocation incentives leading to significant, and predominantly Sinhala, internal migration from the south into the north-east. This trend helped fuel Tamil nationalist grievances who viewed the pattern as 'colonization' of their traditional homeland.

Disaster Induced Displacement
Short and medium-term disaster related displacement has occurred regularly in Sri Lanka as a result of flooding, landslips and cyclones. The Indian Ocean Tsunami that struck Sri Lanka on 26th December 2004 was the country's worst natural disaster resulting in the local intra-district displacement of over 500,000 people. Significantly, many of those displaced by the Tsunami in the north and east of Sri Lanka had been previously displaced as a result of the conflict.

Conflict Induced Displacement
Although at Independence in 1948, Sri Lanka (then called Ceylon in English) was regarded as an emerging development success, since the 1980's political conflict and armed struggle have led to severe economic instability and socio-political turmoil (Sirimal, 2002), although economic growth has been maintained at above average rates for the developing world as a whole. Issues of governance, ethnic violence, language policies and politics, inter-class social conflict, employment and land rights have led to the present conflict. However, given its complexities, it should not be assumed that these causes are part of a linear historical process. A critical aspect of managing these problems has been the need to deal with the popular demands generated through Sri Lanka's competitive electoral democracy, whilst at the same time coping with the damaging impacts of the post electoral system, which placed few barriers in the way of political and ethnic majoritarianism. Although this electoral system was eventually replaced by

a system based on proportional representation in the 1980s, by then the damage had been done, the cycle of internal violent conflict had established its own dynamic.

Until the early-1980s, the ethnic conflict was primarily limited to the political arena where destruction to property and life were minimal. However, ethnic violence had occurred during several moments such as in the passing of the "Sinhalese Only Bill" in 1956 and communal riots in 1958, 1977 and 1981. In 1971, large-scale political violence made its first appearance in the island with a failed Maoist insurgency by the JVP, which reflected deep-seated social tensions in the country. Upwards of 10,000 people died during this short-lived rebellion led by Sinhalese rural youth. In the years following, the perceived failure of parliamentary politics and the entrenchment of ethnic politics, which led to frustration among Tamil youth, led to the establishment of armed groups by Tamil youth, with the demand of independence from Sinhalese domination. The first of these groups was the Tamil Tigers, which later came to be known as the Liberation Tigers of Tamil Elam or LTTE. It was founded in 1972 and began its violent separatist campaign by initially assassinating Tamil politicians and civilians. In 1983, this campaign entered a more violent stage with a mine attack on government forces which left 13 Sri Lankan soldiers dead, and sparked off widespread anti-Tamil ethnic rioting in the south of Sri Lanka. Most observers see the violence of July 1983 as a turning point in the conflict (Goodhand et al., 2005). These riots resulted in a significant displacement of people within the island, and eventually from the island to India and further a field. Many of those who were displaced at this time have not been able to return to their original homes since then, or have permanently settled in their final destinations.

In the years following, the conflict between the various Tamil rebel groups and the government escalated to the status of a civil war, whilst covert support was provided to most of the rebel groups by the Government of India. Eventually, following the Indo-Sri Lanka Peace Accord, Indian peacekeeping forces were sent to Sri Lanka in 1987 to enforce a peace settlement. However, this agreement soon failed, with the LTTE launching a war against the Indian troops in the north, whilst the JVP, reinvigorated by the emotive presence of Indian troops in the island, launched an insurgency in the south against the government. The latter was eventually defeated in 1989 by the government using brutal means, but not without the loss of more than 60,000 lives. As part of its strategy to deal with the JVP, the government of Sri Lanka asked Indian forces to leave, but after they left in 1990, the LTTE initiated a second war against the Government. This conflict intensified in the 1990s, ceased briefly during 1995-1996, before restarting at a more intense level. During this period of conflict large numbers of Sri Lankans have been displaced by the fighting, some for more than the first time. In addition, there has been organised ethnic cleansing of non-Tamil Sri Lankans from the Northern Province by the LTTE.

In February 2002, a memorandum of understanding (MOU) was signed by the Sri Lankan Government and the LTTE for a ceasefire, with monitoring by European monitors. The A9 route, the main road connecting the north and the south was opened for public transportation after two decades of conflict. This ceasefire largely held with no large-scale conflict until the latter part of 2005, although the cease-fire monitors have reported on thousands of ceasefire violations, mostly by the LTTE and involving continuing killings of government security personnel and civilians. During this period there was some movement back to their original homes of many displaced persons. However, in 2004 the LTTE split with many of its Eastern Province fighters forming a splinter group led by its Eastern Province commander, Karuna. Following the emergence of the Karuna faction, there was increasing internecine fighting between the two factions in the Eastern Province, with the LTTE eventually accusing the Government of supporting the Karuna faction. In the first quarter of 2006, the situation had rapidly deteriorated, with the LTTE increased an intensifying campaign of attacks against government security personnel, with the apparent aim of provoking a full-scale war.

Two decades of conflict have hindered Sri Lanka's economic progress to a large extent, having adversely affected socio-economic conditions. The war has prevented the economy from operating at its full capacity, discouraged investment, hindered improvements in productivity, disrupted the efficiency of resource allocation, interfered with the free mobility of inputs and finished products, island-wide thus making the economy vulnerable to numerous shocks (National Council for Economic Development, 2005). The conflict has also had the effect of polarising political debate around issues related to the conflict, resulting in lowered political attention being given to social policy issues. The cost of war has been estimated as the equivalent of 1.7 times Sri Lanka's 1996 GDP (Arunatilake et al., 2001). However, following the ceasefire between the Government and the LTTE in February 2002, economic fundamentals did improve.

Conflict-induced internal displacement has been a characteristic of Sri Lanka's civil war since 1983. Although internal displaced has occurred amongst all three of Sri Lankan's main ethnic communities, the Muslim and Tamil populations of the north and east have been the worst affected. According to the Global IDP Project, Tamils account for 79% of IDP's, Muslims 13% and Sinhalese 8%.

The first wave of internal displacement occurred in 1983 with Tamils fleeing southern urban centres to escape ethnic riots. Since then, displacement has mostly occurred at an intra and inter-district level in the north and east of Sri Lanka, as well as in both directions between northern and southern areas. Intra-district displacement has been both temporary, arising from sudden outbreaks of fighting, and long-term as a result of homes lost through military occupation (High Security Zones) and shifting boundaries between Government and LTTE controlled territories.

Inter-district displacement has had three main trajectories. Firstly, the forced expulsion or ethnic cleansing of Muslim communities by the LTTE from Jaffna, Mannar and the Wanni, primarily to Puttalam, Vavuniya and Trincomalee Districts. Secondly, the displacement of Tamils from Jaffna into the Wanni as a result of the IPKF presence, Sri Lankan military re-occupation and the LTTE's need to establish a recruitment base in territory under their control. Thirdly, displacement of Tamils from Jaffna, the Wanni, Mannar and Trincomalee to other parts of Sri Lanka, including Colombo district.

Since the signing of the 2002 Ceasefire Agreement, almost half of Sri Lanka's conflict-affected IDP's returned to their homes. The rate of return slowed during the second half of 2005 as tensions increased between the LTTE and the Government of Sri Lanka. Renewed displacement occurred in the north and east as military engagements intensified during the first six months of 2006.

According to UNHCR the number of remaining conflict IDP's is approximately 325,000. Of these, less than a quarter reside in welfare centres or relocation sites. The majority are with friends and relatives, occupying other lands as squatters or encroachers, and renting rural and urban properties. Finally, it should be mentioned that large numbers of Sri Lankans were rendered homeless as a result of the Indian Ocean Tsunami in 2004. The bulk of these IDPs live in the eastern and southern coastal strip, and in total they number as many as the conflict-affected IDPs.

1.3 Note on presentation of results

The results presented in this report are based on the data collected in the IDP Survey. Most results are presented separately for IDPs and for non-IDPs. The IDP estimates are sample-weighted estimates for the surveyed population and thus are intended to be representative

estimates for the IDP population in the districts of Mannar, Vavuniya, Anuradhapura, Polonnaruwa and Trincomalee (see Annex B). The non-IDP results are weighted estimates for non-IDP households, who are the immediate neighbours of the surveyed IDP households, and are not estimates for the general non-IDP population in the country or the population of the relevant districts.

2. POPULATION AND HOUSEHOLD CHARACTERISTICS

2.1 Population characteristics of IDP's

This chapter provides a summary of the demographic characteristics of IDPs in Mannar, Vavuniya, Trincomalee and Anuradhapura/Polonnaruwa districts. The characteristics are viewed in comparison to those of non-IDPs surveyed from the same districts.

Table 2.1: Percentage distribution of total population by IDP status, sex and by 5 year age categories and aggregate age categories

Age	*IDP status and Sex*					
	Male			*Female*		
	IDP	*Non-IDP*	*Total*	*IDP*	*Non IDP*	*Total*
0-4	5.7%	4.9%	5.3%	12.6%	9.5%	10.9%
5-9	11.9%	9.8%	10.8%	10.7%	14.3%	12.6%
10-14	13.5%	12.2%	12.8%	14.8%	9.5%	12.0%
15-19	11.6%	11.5%	11.5%	8.8%	9.9%	9.4%
20-24	9.2%	10.3%	9.8%	12.2%	11.5%	11.8%
25-29	8.4%	6.9%	7.6%	6.2%	9.1%	7.7%
30-34	6.8%	7.7%	7.3%	7.5%	3.8%	5.6%
35-39	6.0%	8.3%	7.2%	2.7%	5.4%	4.1%
40-44	6.3%	6.3%	6.3%	4.6%	7.1%	5.9%
45-49	5.0%	6.3%	5.7%	4.3%	6.5%	5.5%
50-54	6.8%	6.0%	6.4%	6.0%	5.3%	5.7%
55-59	2.4%	3.9%	3.1%	4.1%	2.8%	3.5%
60-64	2.2%	2.7%	2.5%	2.7%	1.7%	2.2%
65 and above	4.0%	3.2%	3.6%	2.8%	3.6%	3.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	1,588	611	2,199	1,673	600	2,273
<15	31.2%	26.9%	29.0%	38.1%	33.3%	35.6%
10-19	25.1%	23.6%	24.4%	23.7%	19.3%	21.4%
15-64	64.8%	69.9%	67.4%	59.1%	63.1%	61.2%
65 and above	4.0%	3.2%	3.6%	2.8%	3.6%	3.2%

As shown in Table 2.1 the age and sex distributions of IDPs and non-IDPs show very little difference. The proportion of population below 15 years is larger among both the IDP and non-IDP groups, indicating a younger age structure than the national population, and the percentage of elderly persons is less in both surveyed populations (3-4 percent) than the national ratio (7 percent). The median ages for both IDP and non-IDP males are 27.9 and 31.7, and for females are 25.2 and 26.2 respectively. This is in accordance with the country's over all median age for males and females which is 28.7 years and 30.9 years. The overall sex ratio leans towards the female population in both, as the number of males per 100 females is 95 in the IDP population, compared with 92 in the non-IDP population and 97 in the national population. While it is higher in the age groups of 0-19 years; it decreases in the age groups of 15-64 years.

The distributions of the estimated population by urban-rural sectors of the IDPs and non-IDPs are similar, mainly due to the survey design. Table 2.2 gives the ethnic and religious

background, which appears very similar between IDPs and non-IDPs. One of the main reasons for this similarity is probably that IDPs choose to settle in areas where residents are of similar ethnic and religious backgrounds (Table 2.2). The IDP population in the surveyed districts is predominantly Sri Lankan Tamil, with Indian Tamils and Muslims forming the next largest groups.

Further, Table 2.2 does not show marked differences in marital status between male and female IDPs and non-IDPs. However, a higher percentage of male and female IDPs (9.7 percent) are found to be living with an unmarried partner compared to 4.8 percent of male and female non-IDPs. Moreover, quite in contrast to what is expected, the table reveals a higher percentage of widowhood and separation among female non-IDPs (16 percent and 4 percent) than in female IDPs (13 percent and 2 percent), although these differences are not statistically significant.

Table 2.2: Percentage distribution of total population by IDP status, sex and by rural-urban residence and ethnicity and religion and marital status

Rural-Urban Ethnicity Religion & marital status	*IDP status and Sex*					
	IDP			*Non IDP*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Rural-Urban						
Rural	69.4%	69.7%	69.6%	65.5%	68.6%	67.1%
Urban	30.6%	30.3%	30.4%	34.5%	31.4%	32.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	1,588	1,673	3,261	611	600	1,211
Ethnicity						
Sinhalese	10.8%	10.8%	10.8%	14.7%	14.0%	14.4%
SL Tamil	55.7%	57.3%	56.5%	53.9%	56.0%	55.0%
Indian Tamil	21.9%	20.2%	21.0%	9.4%	8.7%	9.0%
Muslim	11.6%	11.7%	11.7%	21.9%	21.3%	21.6%
Others	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
N	1,588	1,673	3,261	611	600	1,211
Religion						
Buddhist	10.3%	10.8%	10.6%	14.1%	13.8%	13.9%
Hindu	59.4%	61.5%	60.5%	48.7%	48.4%	48.5%
Catholic	14.6%	12.2%	13.4%	14.1%	15.4%	14.8%
Christian	4.1%	3.9%	4.0%	1.2%	1.2%	1.2%
Other	1.0%	0.9%	0.9%	4.5%	8.8%	6.8%
Islam	10.6%	10.7%	10.7%	17.4%	12.5%	14.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	1,588	1,673	3,261	611	600	1,211
Marital status (Population 15+)						
Never Married	36.4%	28.9%	32.5%	38.8%	31.0%	34.6%
Married	50.0%	46.8%	48.3%	50.5%	44.5%	47.3%
Living with Partner	10.6%	8.9%	9.7%	5.3%	4.4%	4.8%
Widowed	2.4%	12.8%	7.9%	5.2%	15.7%	10.9%
Divorced	0.3%	0.1%	0.2%	0.1%	0.1%	0.1%
Seperated	0.3%	2.4%	1.4%	0.0%	4.3%	2.3%
Total	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
N	1,039	1,123	2,162	246	256	502

2.2 Household characteristics

In terms of household size, IDP households tend to be larger (mean=4.3) than non-IDP households (mean=3.9) (see Table 2.3). IDP households are found to have a greater number of

dependents (1.6) than non-IDP households (1.2). Correspondingly, large-sized households (six members and more) tend to be overrepresented among IDP households.

According to national statistics, the largest household size was reported from the Eastern and Northern provinces, while the smallest was reported from the North-Central and North-Western provinces. The larger size in the Eastern and Northern provinces may have been due to the likelihood of extended families living together on their return to their original places of residence since the cease fire took place in early 2002, in the aftermath of the destruction of housing during the preceding 20 years of civil conflict (Central Bank of Sri Lanka, 2004).

Table 2.3: Percentage distribution of all households by household IDP typology by household size and mean household size and mean number of IDPs and mean number of dependents.

HH size,mean hh size, mean no. of IDPs,mean no of dependents	*HH IDP typology*		
	IDP	*Non IDP*	*Total*
HH Size			
One member	7.2%	5.4%	6.4%
Two memebers	9.0%	13.7%	11.2%
Three members	17.7%	14.8%	16.3%
Four members	21.6%	31.2%	26.0%
Five members	22.6%	22.7%	22.6%
Six members	12.5%	9.4%	11.1%
Seven members	4.0%	1.6%	2.9%
Eight or more members	5.6%	1.2%	3.6%
Total	100.0%	100.0%	100.0%
N	873	191	1,064
Mean HH size	4.3	3.9	…..
Mean no. of IDP's	3.9	…..	…..
Mean no. of dependants	1.6	1.2	…..

3. HISTORIES OF IDP'S

3.1 Household characteristics

Table 3.1: Percentage distribution of IDP population aged 15+ by place of current residence and by last place of residence before fleeing

Last place of	*Place of current residence*					
residence before	*Mannar*	*Vavuniya*	*Trincomalee*	*Polonnaruwa*	*Anuradhapura*	*Total*
Colombo	1%	0.9%	1.4%	1.2%	0.0%	0.9%
Gampaha	0%	0.1%	0.0%	0.0%	0.0%	0.1%
Kalutara	0%	0.1%	0.0%	1.3%	0.0%	0.1%
Kandy	1%	1.4%	0.0%	1.1%	8.0%	1.3%
Matale	0%	0.6%	0.0%	0.0%	0.0%	0.5%
Nuwara-Eliya	0%	0.9%	0.0%	0.0%	0.0%	0.7%
Matara	0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hambanthota	0%	0.0%	0.0%	0.1%	0.6%	0.0%
Jaffna	35%	24.5%	0.0%	7.5%	32.0%	23.6%
Mannar	30%	1.7%	0.0%	3.3%	0.0%	6.0%
Vavuniya	2%	41.1%	0.0%	24.2%	0.0%	30.3%
Mullativu	23%	15.0%	0.0%	12.3%	0.0%	14.6%
Batticoloa	1%	0.8%	0.0%	8.0%	0.5%	1.2%
Trincomalee	1%	0.4%	98.6%	10.2%	0.0%	8.1%
Kurunagala	0%	0.1%	0.0%	0.0%	0.0%	0.1%
Puttalam	0%	0.0%	0.0%	0.0%	0.1%	0.0%
Anuradhapura	0%	1.1%	0.0%	30.8%	0.0%	2.4%
Polonnaruwa	0%	0.3%	0.0%	0.0%	58.9%	1.5%
Ratnapura	0%	0.1%	0.0%	0.0%	0.0%	0.0%
Kegalle	0%	0.4%	0.0%	0.0%	0.0%	0.3%
Killinochchi	7%	10.4%	0.0%	0.0%	0.0%	8.3%
Total	100%	100%	100%	100%	100%	100%
N	565	768	70	312	498	2,213

Table 3.1 indicates a higher percentage of movement among IDPs aged 15+ within the district rather than movement between districts, with the highest percentage of movement taking place within Trincomalee (98.6 percent). Except within-district movements, main districts of origin are Jaffna and Mullaitivu for Mannar and Vavuniya, Vavuniya, Mullaitivu, Trincomalee and Anuradhapura for Polonnaruwa, and Jaffna and Polonnaruwa for Anuradhapura. All in all, Jaffna, Vavuniya and Mullaitivu produced the most IDPs in the surveyed areas.

Table 3.2a shows the period of time since the IDPs originally fled. Most IDPs in the surveyed districts fled originally more than 15 years ago, which probably places their initial displacement in the first phase of open conflict during 1983 – 1987. Tables 3.2b and 3.2c indicate that most surveyed IDPs have been residing at their current place of residence for more than four years, but that for most, more than two years elapsed between their original fleeing and arrival in their current location. However, a significant part of the IDP population (31.8 percent) arrived at the current place of residence within half a year from the first time they fled.

Table 3.2a: Percentage distribution of IDP population age 15+ by year since fleeing for the first time

Year since 1st time fleeing	*%*	*N*
Less than 5 years	1.6	87
5 to 10 years	22.8	419
10 to 15 years	17.7	738
More than 15 years	57.9	802
Total	100.0	2,046

Table 3.2b: Percentage distribution of IDP population age 15+ by difference between fleeing for the first time and arrival at current place of residence

Duration since 1st time fleeing and arrival at current place	*%*	*N*
1 - 6 Months	31.8	663
7-12 Months	5.2	94
13-24 Months	9.5	123
25-48 Months	11.7	264
49 Months or longer	41.8	902
Total	100.0	2,046

Table 3.2c: Percentage distribution of IDP population age 15+ by duration since arrival in current place of residence

Duration since arrival in current place of residence	*%*	*N*
Less than 1 year	2.4	25
13-24 Months	2.4	35
25-48 Months	10.0	429
49 Months or longer	85.2	1,557
Total	100.0	2,046

Table 3.3: Percentage distribution of IDP population aged 15+ by number of times fled and mean number of times fled

Number of times fled, mean number of times fled	*%*	*N*
Number of times fled		
1	25.8	347
2	35.5	941
3	23.1	403
4	11.2	254
5 or more	4.4	118
Mean number of times fled	2.35	

Table 3.3 shows that most of the IDPs have fled more than once. This reflects the many waves of successive displacement that most IDPs have experienced, especially during the late 1980s and 1990s.

Table 3.4 shows that only a small minority of IDPs (10.3 percent) has a desire to return to their original place of residence, and men slightly less than women (8.2 percent compared to 12.2 percent). When looking across age groups, the greatest desire to return is found among the youngest and oldest males (96 percent and 99 percent respectively) and 15-19 and 35-64 female category (88 percent each).

The table also shows small but significant discrepancies between desire and intentions to return. The apparent contradiction that people may intend to return while not desiring to do so (2.1% overall, 3.2% for males and 8.4% for 15-19 year-old males) may point to pressure on IDPs to return. More likely it may reflect ambivalence on the part of IDPs who feel they ought to return to their original homes and whose identity is defined by their IDP status, but who actually are not enthusiastic to do so owing to concerns about the situation in their original home places or because of the difficulties of uprooting again from their new and current places of residence. On the other hand, people indicate a desire to return, but may not be allowed or cannot, which reflects in no intention for return. This is the case for 29 percent of all IDPs and similarly for men and women. However, there seem consistent deviations cross age groups: the youngest age group (15-19) is less likely to return despite a desire to do so and the 20-34 year olds are more likely to return.

Of those with a desire and intention to return, only a small minority has apparent plans for return: the majority – 80 percent, more so for women and less for men – could not specify a time for return, and only few indicated a likely return within 6 months.

Table 3.4: Percentage distribution of IDP population aged 15+ by sex, age and by desire to return, intention to return, timing of return

Desire to return, intention to return, timing of return	*Male*						*Female*						*Total*					
	15-19	*20-34*	*35-64*	*65+*	*All*	*N*	*15-19*	*20-34*	*35-64*	*65+*	*All*	*N*	*15-19*	*20-34*	*35-64*	*65+*	*All*	Number
Does not desire to return	95.8%	90.8%	90.1%	99.3%	91.8%	21,454	88.8%	86.5%	88.5%	86.2%	87.8%	22,868	92.2%	88.5%	89.3%	94.1%	89.7%	44,322
Intention to return																		
Does not intend to return	91.6%	96.0%	99.1%	98.3%	96.8%	20,767	99.7%	98.0%	99.2%	100.0%	98.9%	22,816	95.6%	97.0%	99.2%	98.9%	97.9%	43,583
Intends to return	8.4%	4.0%	0.9%	1.7%	3.2%	687	0.3%	2.0%	0.8%	0.0%	1.1%	256	4.4%	3.0%	0.8%	1.1%	2.1%	943
Desire to return	4.2%	9.2%	9.9%	0.7%	8.2%	1,922	11.2%	13.5%	11.5%	13.8%	12.2%	3,188	7.8%	11.5%	10.7%	5.9%	10.3%	5,110
Intention to return																		
Does not intend to return	85.7%	17.5%	29.5%	0.0%	28.9%	555	50.8%	19.8%	25.5%	96.5%	29.5%	941	60.0%	18.9%	27.2%	89.1%	29.3%	1,496
Intends to return	14.3%	82.5%	70.5%	100.0%	71.1%	1,367	49.2%	80.2%	74.5%	3.5%	70.5%	2,247	40.0%	81.1%	72.8%	10.9%	70.7%	3,614
Within 6 month	0.0%	0.0%	11.6%	0.0%	6.0%	82	27.5%	1.2%	5.5%	0.0%	5.5%	124	24.9%	0.7%	8.0%	0.0%	5.7%	206
Between 6-12 months	0.0%	0.0%	7.4%	0.0%	3.8%	52	0.0%	0.0%	5.1%	0.0%	2.3%	52	0.0%	0.0%	6.0%	0.0%	2.9%	104
Between 1-2 years	0.0%	60.9%	5.4%	0.0%	2.8%	38	0.0%	1.5%	0.1%	0.0%	0.7%	16	0.0%	24.3%	2.3%	0.0%	1.5%	54
2 years or more	0.0%	39.1%	0.0%	0.0%	28.0%	383	72.5%	0.0%	0.0%	0.0%	0.0%	-	65.8%	15.0%	0.0%	0.0%	10.6%	383
Not sure / Don't know	100.0%	0.0%	75.6%	100.0%	59.4%	812	100.0%	92.2%	89.4%	106.4%	89.1%	2,003	100.0%	56.8%	83.8%	101.9%	77.9%	2,815

Table 3.5: Percentage distribution of total population aged 15+ by IDP status, sex and by intention to move and timing of move

Intention to move, timing of move	*IDP status*					
	IDP			*Non-IDP*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
No intention to move	84.7%	83.8%	84.2%	99.3%	99.6%	99.5%
Intention to move	15.3%	16.2%	13.8%	0.7%	0.4%	0.5%
N	1,103	1,207	2,310	232	230	462
Intention to move within Sri Lanka						
Within 6 months	2.3%	9.1%	6.5%	0.0%	0.0%	0.0%
Between 6 and 12	0.0%	1.1%	0.7%	0.0%	0.0%	0.0%
Between 1 and 2 years	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%
2 years or more	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%
Not sure	97.7%	89.2%	92.4%	100.0%	100.0%	100.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
N	94	122	216	1	1	2
Intention to move to another country						
Within 6 months	26.0%	11.7%	20.9%	0.0%	0.0%	0.0%
Between 6 and 12	4.1%	4.4%	4.2%	0.0%	0.0%	0.0%
Between 1 and 2 years	8.2%	0.0%	5.2%	0.0%	0.0%	0.0%
2 years or more	0.2%	0.0%	0.1%	100.0%	0.0%	0.0%
Not sure	61.6%	83.9%	69.5%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	0%	0%
N	42	23	65	1	-	1

From Table 3.5 it is clear that 14 percent of the IDP population intend to move from their current location, compared with 0.5% of non-IDPs. This may taken as a sign of dissatisfaction with their present situation, a lower degree of integration in the community of current residence, or more developed networks that facilitate moving. So while most IDPs have been living in their new places of residence for some years, they do not have the same degree of attachment to their current location as their non-IDP neighbours.

When comparing the intention to move within Sri Lanka or to another country, Table 3.5 reveals a greater likelihood to move to another country within 6 months than to move within Sri Lanka among IDP males aged 15+ (16.5% and 2.3% respectively). This may reflect the higher level of economic pressures on males to find better opportunities, as well as greater fears of personal insecurity on the part of young males in these areas. Alternatively, there is a greater likelihood among IDP females aged 15+ to move within Sri Lanka than to move abroad within 6 months (9.1 percent and 2.6 percent). At the same time, there is a large percentage of IDPs in both sexes who are unsure about their intention to move either within or out of Sri Lanka.

4. LIVING SITUATION AND MDG INDICATORS

4.1 Introduction

Sri Lanka is a small open economy with a per capita income of US Dollars 1,200 in 2005(Central Bank of Sri Lanka, 2006) and its recent economic growth has averaged 5.5 percent per annum. These developments have taken place despite the 34year separatist conflict in the north and the east, and the destruction caused by the Tsunami.

There are approximately 5 million people living in poverty in Sri Lanka. The MDG report published by the National Council for Economic Development (2005) affirms that, even though Sri Lanka has achieved considerable success in the improvement of non-income poverty, it is less clear that there has been success with regards to reducing income poverty. As at year 2002, 19.2 percent of the population were estimated to be living below the national poverty line (Department of Census and Statistics, 2000), whilst recent estimates indicate that 31.7 percent of the population lived below the internationally recognised PPP $2 per capita per day poverty line in 2003/2004 (Somanathan et al., 2006).

Sri Lanka is considered to be already on track in achieving its MDG targets for social indicators. The enrolment ratio and retention rates in primary education and literacy rate are at 92.5 percent. However there is still a percentage of children from marginalized groups who are out of the schooling system, indicating some significant problems of social exclusion.

The status of Sri Lankan women with regards to gender equality and empowerment is at a considerably better level in comparison with most other developing countries, and with the region generally.

The Sri Lankan health system is recognized as one of the best performers in the developing world, and particularly in comparison with its South Asian counterparts (Hsiao and Associates, 2001, Rannan-Eliya, 2001). While the infant mortality was reported at 12 and the under-five mortality rate is at 19, Sri Lanka's maternal mortality rate was 0.47 and has been declining consistently over the past 5 decades. An increasing trend in HIV infection has been observed in recent years, but Sri Lanka remains a low prevalence, but high-risk, country for HIV infection. Historically, malaria has been a significant public health problem, and socio-economic burden in Sri Lanka, but it is in decline and by 2003 accounted for less than one third of one percent of all hospital admissions, and annually less than one hundred deaths. However, owing to the continuing conflict which has disrupted efforts to control and treat the disease, malaria remains a particular burden in the eastern and northern districts, where it accounts for more than half of all nationally recorded cases (Department of Health Services, Forthcoming). In fact in many ways, the MDG health-related goals increasingly do not reflect the key priorities for improving population health in Sri Lanka, which relate to reducing adult morbidity and mortality, non-communicable diseases and improving the health of elderly persons.

In most areas, Sri Lanka is on track in achieving its MDGs by year 2015.

4.2 Poverty, economic conditions and nutritional status

Poverty is measured by using various indicators. In Sri Lanka, the national poverty line is based on the consumption basket required to achieve a certain minimum caloric intake, and is estimated using the regular household consumption survey, conducted by the Department of Census and Statistics (DCS). This survey is known as Household Income and Expenditure

Survey (HIES). The survey is conducted every five years and the last HIES was conducted in the year 2002.

Economic conditions have been improving, but the decline in poverty has not been as fast as the overall increase in per capita GDP might imply, owing to increasing income inequality since the 1980s, except for a short period during the Premadasa administration in the early 1990s when aggressive poverty-alleviation efforts reversed the trend.

A provincial comparison done by the Central Bank using data from its Consumer Finance Survey 2003/2004 showed that the age dependency ratio was higher in the Northern and the Eastern provinces, implying that a lower proportion of the population is potentially available to engage in economic activities. This difference in the age structure is probably due to out-migration of younger adults to other areas where they can obtain employment or have more security.

Information with regards to the nutritional status of children in the country is derived routinely from monitoring of child growth by the Health Ministry's MCH services, and from the semi-annual Demographic and Health Survey (DHS) conducted by the DCS. The DHS 2000 report (Department of Census and Statistics, 2002) reveals that there had been remarkable improvements at the national level since the previous survey in 1993 with respect to stunting (reduced from 23.8 percent in year 1993 to 29.4 percent in year 2000) and in the number of underweight cases. However, it must be noted that neither DHS was able to collect data from most districts in the east and north owing to the security conditions, so these national data refer to the non-conflict affected areas for the most part.

The following sections and tables will elaborate more on the findings from the survey on poverty, economic conditions and nutritional status of IDPs and non-IDPs as separate groups, and also with reference to the over all country status.

4.2.1 Economic activity in the household

The national labour force participation rates (LFPR) was 46.4% in year 2004 according to DCS (2004a), and 47.6% in 2003/2004 according to the Central Bank (2004). The LFPR reported by the Central Bank from its Consumer Finance Survey for 2003/2004 for the surveyed districts were; Mannar 39.3 percent, Vavuniya 38.0 percent, Trincomalee 38.1 percent, Anuradhapura 56.9 percent and Polonnaruwa 48.8 percent. The LFPRs in the Northern and Eastern provinces were considerably lower than in other provinces, most particularly for women, in 2003/2004. This may be due to obstacles related to the civil conflict, as well as cultural factors that limited female participation in the labour force in these areas and constrained their migration to other areas for employment, which had taken place among males (Department of Census and Statistics, 2004a).

.

The level of economic inactivity among both the IDPs and the non-IDPs was high, being more than 35 percent in most age-groups (Table 4.2), but as noted this does not imply a level of labour force participation any lower than reported for the relevant district populations in other surveys of the general population. In fact the level of labour force participation of non-IDPs at about 60 percent is similar to the levels reported for Anuradhapura in national surveys, but the level of participation by IDPs (~40-60 percent) is modestly higher than the reported general levels in other eastern and northern districts in 2003/2004.

In both groups, unemployment rates are substantially higher in all age groups than the national levels, reflecting the lower levels of economic activity in north-central, eastern and northern parts of the country. In the last quarter of 2005, unemployment rates for 35-64 year

olds were 2-3 percent nationally (Central Bank of Sri Lanka, 2006), less than in the surveyed IDPs (4 percent) and much less than in the non-IDPs (11 percent).

In general, the levels of economic inactivity in young adults (20-34 years) are significantly higher in the IDPs than in the non-IDPs, although similar in older adults (35-64 years). The major reason for this appears to be that more IDPs are engaged in household duties and child-care. However, it is also possible that other explanatory factors for this include that IDPs are more likely to be discouraged of being able to find work, or that the receipt of dry-rations by IDP households reduces the incentive to work.

The largest employment status group among the IDPs and the non-IDPs found in the sampled areas is contract wage earners (see Table 4.1). The share of contract wage earners among women in both groups is similar (around 55 percent), but the share among male IDPs is almost twice as large as among non-IDPs (63 versus 33 percent). The smallest employment status group is in the employer category, which is better represented among the non-IDPs population. This is to be expected, since the number of employers would be higher in any more settled population.

Table 4.1: Percentage distribution of employed population 15-64 by IDP status, sex and by employment status and occupation and industry status

Employer status, Occupational status, Industrial status	*IDP*			*Non IDP*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Employment status						
Employer	3%	4%	3%	9%	3%	8%
Employee	10%	12%	10%	18%	24%	19%
Contract wage earner	63%	53%	61%	33%	57%	37%
Casual labourer	4%	10%	5%	4%	8%	5%
Other	21%	21%	21%	36%	8%	31%
Total	100%	100%	100%	100%	100%	100%
N	736	149	885	177	32	209
Occupational status						
Clerks	1%	4%	1%	9%	26%	12%
Service workers & shop & market sales workers	22%	18%	21%	17%	5%	15%
Skilled & unskilled agricultural & fishery	9%	7%	9%	22%	19%	21%
Craft & related workers	12%	11%	12%	18%	6%	16%
Plant & machinery operators & assemblers	1%	0%	1%	3%	0%	2%
Elementary occupations	52%	51%	52%	30%	43%	33%
Not answered	2%	8%	3%	0%	0%	0%
Security/Armed forces	1%	2%	1%	1%	0%	1%
Total	100%	100%	100%	100%	100%	100%
N	736	149	885	177	32	209

Table 4.1 (Continued)

Industrial status						
Agriculture, hunting and related service	12.4%	18.1%	13.4%	19.3%	10.2%	17.7%
Fishing, operation of fish hatcheries	4.7%	0.1%	3.9%	7.5%	0.0%	6.1%
Manufacturing	3.6%	7.9%	4.4%	5.4%	0.8%	4.6%
Construction	0.4%	0.4%	0.4%	2.5%	0.4%	2.1%
Retail Trade exclusive of motor vehicles	12.6%	13.2%	12.7%	17.0%	6.3%	15.0%
Hotels & restaurants	1.0%	0.0%	0.8%	3.8%	4.9%	4.0%
Post and telecommunication	0.8%	2.8%	1.1%	1.4%	4.4%	2.0%
Financial intermediation	0.9%	2.3%	1.1%	6.1%	3.1%	5.5%
Public administration & defense	2.0%	1.7%	1.9%	3.6%	3.9%	3.6%
Health & social work	0.3%	0.1%	0.2%	0.1%	13.8%	2.6%
Other service activities	61.5%	53.4%	60.0%	33.2%	52.2%	36.7%
Total	100%	100%	100%	100%	100%	100%
N	714	147	861	176	32	208

With respect to occupation status, a high percentage has stated elementary occupations as their main occupation, but significantly more so among IDPs than non-IDPs (52 percent and 33 percent respectively). This may be an indication either of the occupational background of the IDPs prior to fleeing, or of the disadvantages that IDPs face in re-establishing an occupation after fleeing.

Overall employment rates are similar in IDPs and non-IDPs, being if anything higher in IDPs. However, unemployment rates are significantly higher in the surveyed non-IDPs than in IDPs. The explanation for this is that although overall employment rates are comparable, a much higher percentage of the non-IDP population is economically active, and thus unemployment rates are higher in the non-IDP group.

Table 4.2: Percentage distribution of population 15-64 by IDP status, activity status in last week and unemployment rate by sex, 5-year age categories and youth

Sex, Age	*IDP Status*							
	IDP				*NON IDP*			
	Inactive	*Employed*	*Unemployed*	*Unemployment Rate*	*Inactive*	*Employed*	*Unemployed*	*Unemployment Rate*
Total								
15-19	76.7%	9.8%	13.5%	58.0%	76.2%	4.6%	19.2%	80.5%
20-34	36.8%	49.1%	14.1%	22.3%	21.5%	44.1%	34.5%	43.9%
35-64	40.1%	56.0%	3.9%	6.6%	37.5%	55.7%	6.8%	10.8%
N	760	861	184		171	206	46	
15-24 (Youth)	63.6%	20.9%	15.6%	42.7%	40.2%	16.0%	43.8%	73.2%
Male								
15-19	72.3%	12.9%	14.8%	53.5%	83.2%	9.0%	7.8%	46.4%
20-34	14.9%	78.4%	6.7%	7.9%	1.2%	72.6%	26.2%	26.5%
35-64	5.8%	92.1%	2.0%	2.2%	4.1%	92.7%	3.3%	3.4%
N	151	715	70		29	174	15	
15-24 (Youth)	57%	31%	12%	28.8%	33%	29%	38%	56.8%
Female								
15-19	80.9%	6.8%	12.3%	64.4%	70.5%	1.1%	28.3%	96.2%
20-34	62.0%	15.3%	22.6%	59.7%	42.8%	13.9%	43.2%	75.6%
35-64	73.2%	21.0%	5.8%	21.6%	68.0%	22.1%	9.9%	31.0%
N	609	146	114		142	32	31	
15-24 (Youth)	70.8%	10.1%	19.1%	65.4%	47.8%	2.8%	49.3%	94.6%

Table 4.3: Percentage distribution of inactive population 15-64 by IDP status, reason for not working and by sex, age

	IDP						*Non-IDP*					
Sex Age	*HH duties*	*Child care*	*Retired/old age*	*Student*	*Disabled*	*N*	*HH duties*	*Child care*	*Retired/old age*	*Student*	*Disabled*	*N*
Total												
15-19	2.2%	0.5%	0.0%	93.3%	4.0%	891	5%	0.0%	0.0%	94.1%	1.0%	47
20-34	49.9%	19.8%	0.1%	28.6%	1.6%	271	70%	18.4%	0.0%	10.4%	0.7%	61
35-64	70.0%	9.0%	17.9%	0.8%	2.3%	298	76%	0.6%	19.0%	3.4%	0.9%	63
15-24 (Youth)	9.9%	4.1%	0.0%	82.3%	3.7%	722	8%	8.8%	0.0%	82.7%	0.8%	171
Male												
15-19	0.1%	0.0%	0.0%	97.0%	2.9%	779	0%	0%	0%	98%	2%	20
20-34	2.5%	0.0%	0.3%	94.7%	2.5%	44	12%	0%	0%	82%	6%	5
35-64	11.3%	4.4%	63.4%	0.0%	21.0%	28	0%	0%	25%	65%	10%	4
15-24 (Youth)	0.9%	0.0%	0.0%	96.7%	2.3%	113	0%	0%	0%	98%	2%	29
Female												
15-19	4.1%	1.0%	0.0%	89.9%	5.0%	112	9%	0%	0%	90%	0%	27
20-34	63.1%	25.3%	0.0%	10.3%	1.3%	227	72%	19%	0%	8%	1%	56
35-64	74.6%	9.3%	14.4%	0.9%	0.8%	270	80%	1%	19%	0%	0%	59
15-24 (Youth)	18.0%	7.7%	0.0%	69.3%	4.9%	609	13%	15%	0%	72%	0%	142

4.2.2 Financial situation of the household

In this section we review the financial situation of the IDP and non-IDP households with regard to per capita income and sufficiency of the current financial situation. The design of the cross-country survey required that the financial status of households be judged by asking respondents to report on their household income. However, this approach is known to be potentially unreliable as a means of assessing household income, this will be discussed later. The initial presentation of income levels is thus based on the household incomes reported by the households in the surveys. The reporting of per capita income was based on the mid points of the income classes given to the respondents. The income classes used in the questionnaire ranged from less than 1,500, 1,500-2,999, 3,000-4,999, 5,000-9,999 and 10,000 and above. The selection of income ranges were based on the selection criteria used by the safety nets programme – Samurdhi, which is implemented by the Government. The Samurdhi Programme is aimed at improving the nutritional status of poor communities by providing direct financial assistance and implementing programmes to enhance their income levels. The income ceiling for selecting Samurdhi beneficiaries is all households earning less than Rs. 1,500 a month. However, it must be noted that in previous surveys in Sri Lanka when income has been asked for in this fashion, that households have frequently under-reported their incomes owing to a fear that their responses might endanger their eligibility for Samurdhi benefits.

The percentage of IDP's with per capita daily incomes less than Rs. 50 and less than Rs. 100 is 83 percent and 95 percent respectively (Table 4.4). Thirty-one percent of non-IDPs reportedly earn more than PPP$ 2 per capita daily income compared with 9.5 percent for the IDPs (Table 17). The mean per capita daily incomes of IDPs and non-IDPs in the urban areas were PPP$ 1.28 and PPP$ 1.81, in rural areas PPP$ 0.94 and PPP$ 1.47 respectively. Therefore, the median reported per capita incomes for both the IDPs and non-IDPs are well below the international poverty line.

The official poverty line in Sri Lanka is fixed at welfare level of a person who meets a certain minimal nutrition intake (2030 Kilocalories) in 2002. The estimated poverty line for year 2002 was a consumption level of Rs. 1,423 per month, and the population living below the poverty line was estimated to be 22.7 percent (Department of Census and Statistics, 2004c). Since this consumption level is equivalent to an income level in 2006 of more than Rs 2,100 per month (or Rs. 70 per day), it can be seen that more than 50-80 percent of the surveyed households report incomes below the national poverty line.

Unfortunately, these results are almost certainly highly misleading and biased. First, it is well-known in the survey literature that households may often under-report incomes, and so for this and other reasons, consumption or expenditure measures of financial status are to be preferred. In the case of Sri Lanka, this is not an academic issue, since it has been known for some decades that households systematically under-report household incomes, and for this reason most Sri Lankan researchers who are interested in household consumption use data on reported expenditure or consumption to determine poverty levels. Second, examination of the data on ownership of household assets indicates that the ownership levels are not consistent with other survey data on the correlation of asset ownership with implicit household incomes. A more useful and valid approach to thus determining how many of the surveyed households are below any of the national and international poverty lines should thus analyze not only the income responses, but other data on household consumption. In addition, an alternative method to determining how the surveyed households rank in comparison with national income distribution would be to use asset indexes to proxy for income, and by calibrating an asset index with the Central Bank CFS 2003/2004.

In summary, we believe that the reported incomes in the survey are gross under-estimates of the actual income level of households and their implicit consumption levels. These data thus should not be used for estimating real levels of poverty, or for comparison with the international poverty lines based on PPP dollars, as these benchmark measures are anyway expenditure-based and not income based. Nevertheless, it can be concluded that the percentage of IDP households living below the poverty line is higher than of non-IDP households.

The survey included some questions on how households perceived their financial situation (Table 4.5). This revealed that IDP households judged their situation significantly worse than non-IDP households. Nearly half (48 percent) of non-IDP households stated that their situation was sufficient or more than sufficient, whereas only just over a quarter (28 percent) of IDP households did so. The share that indicated that the financial situation was insufficient was 39.0 percent among IDP and 16.5 percent among non-IDP households.

Similarly, nearly 43 percent of non-IDP households indicated that their situation was better then that of other households and 29 percent that their situation was worse. For IDP households these percentages were, respectively 27 and 48 percent. Also in terms of future prospects, non-IDP households had more positive expectations.

Table 4.4: Daily per capita income distribution of total population by household IDP typology and by daily per capita income category in Rupees and PPP Dollars

Per capita income per day <1, <2, >2 USD PPP	*HH IDP Typology*	
	IDP	*Non IDP*
Less than 1 USD	53.4%	34.6%
Less than 2 USD	90.6%	68.6%
More than 2 USD	9.5%	31.4%
N	3,261	1,211

Per capita income per day (Based on mid point of SL specific income classes)		*HH IDP Typology*	
		IDP	*Non IDP*
less or equal Rs 50	(1.44 USD PPP)	83.1%	53.3%
less or equal Rs 100	(2.88 USD PPP)	95.4%	74.9%
less or equal Rs 250	(7.19 USD PPP)	99.8%	94.8%
More than 250	(7.19 USD PPP)	0.2%	5.3%
N		3,261	1,211

Table 4.5: Percentage distribution of all households by household IDP typology and by sufficiency of financial situation and comparison to other households and expectation for 2 years

Sufficiency of financial situation, Compared with other households Expectation for next 2 years	*Household IDP typology*		N
	IDP	*Non-IDP*	
Sufficiency of financial situation			
More than sufficient	1.5%	6.5%	33
Sufficient	26.1%	41.8%	227
Barely sufficient	33.5%	35.2%	379
Insufficient	39.0%	16.5%	418
Total	100.0%	100.0%	1,057
Compared with other households			
Much better	2.2%	13.2%	40
Somewhat better	25.1%	30.7%	213
Same	24.6%	26.9%	323
Somewhat worse	27.4%	20.3%	315
Much worse	20.7%	8.9%	170
Total	100.0%	100.0%	1,061
Expectation for next 2 years			
Better	13.4%	37.8%	151
Same	21.5%	17.2%	207
Worse	29.7%	18.1%	282
Don't know	35.4%	26.9%	415
Total	100.0%	100.0%	1,057

Targets for MDG 1 on eradication of extreme poverty and hunger refers to the proportion of people whose income is less than one dollar a day. Related indicators measurable in the present survey are the proportion of people living on less than one dollar a day (Box A) and the poverty gap ratio (Box B). For international comparison, the proportion of people living on less than two dollars a day is reported. However, as noted these results must be treated with extreme caution, and should not be considered reliable, as they over-estimate the level of poverty.

Box A: Proportion of population below PPP$1 and PPP$2

	IDP (2006)	NON-IDP (2006)	SRI LANKA (2003/4)
PROPORTION OF POPULATION BELOW $1	53%*	35%*	2.3%
PROPORTION OF POPULATION BELOW $2	91%*	69%*	31.5%

**These estimates are derived from the incomes reported in the survey, and are not reliable or comparable with the national estimates in the last column. They substantially over-estimate actual levels of poverty in both surveyed groups. The national estimates are by IHP staff using the Central Bank CFS 2003/2004 dataset (Somanathan et al., 2006).*

Box B: Poverty gap ratio

POVERTY GAP RATIO	18.4%

**These estimates are derived from the incomes reported in the survey, and are not reliable or comparable with the national estimates in the last column. They substantially over-estimate actual levels of poverty in both surveyed groups.*

The MDG poverty indicators suggest that generally the situation in the surveyed districts is worse than the national average. Compared to the reference group of non-IDPs, the IDP population is even more disadvantaged than their neighbours: 53 percent of IDPs live on less than one US dollar a day, and 91 percent on less than two US dollars a day. However, as stated the estimates of relative poverty presented here cannot be considered reliable or unbiased.

4.2.3 Food security and nutritional status

Three anthropometric measures have been used to ascertain the level of nutrition amongst the IDP and the non-IDPs in the selected sample. During the survey, all children were measured for height and weight, except in Trincomalee district. Height for Age (HfA), Weight for Height (WfH), Weight for Age (WfA) are the three indicators used to obtain the extent of stunting, wasting and underweight among the children. These three indices provide indications of children's susceptibility to diseases and their chances of survival and are expressed as standardized (Z-scores) deviation units from the median of a reference population recommended by the World Health Organization (WHO). The reference population that has been used in the survey is the international reference population defined by the U.S National Centres for Health statistics (NCHS) and accepted by WHO and the U.S Centres for Disease Control and Prevention (CDC). Children who fall below 2 standard deviations (2SD) from the reference median are regarded as malnourished, whereas children who fall three standard deviations (3SD) below the reference median are regarded as severely malnourished.

It is evident from the results in Table 4.6, that IDPs across all age categories are severely malnourished. Overall, 14.9 percent of male and 34.6 percent of female IDP children are stunted and 10.6 percent of male and 18.3 percent of female IDP children are severely stunted. According to data from the DHS 2000 survey, children from rural areas are more likely to be stunted (12.8 percent) than children in urban areas (8.6 percent).

The WfH index in the same table provides a measure of overall wasting or acute malnutrition among the non-IDP children. 39.9 percent of male and 5.7 percent of female non-IDP children are wasted and 10.6 percent of male and 1.1 percent of female IDP children are severely wasted.

WfA takes into account both chronic and under nutrition and is often used to monitor nutritional status on a longitudinal basis. The survey confirms that among the IDPs, there are 4.9 percent of male and 40.9 percent of female children who are underweight. The severely underweight are 4.0 percent of male and 22.5 percent of female IDPs. In comparison with the non-IDPs the proportion of underweight cases are much higher among the IDPs. It should be noted that whilst 29.4 percent of under-fives were reported as being underweight nationally in the DHS 2000, the figures for districts in the north-central and northern and eastern areas were higher at 33-37 percent. Thus it can be seen that the non-IDPs surveyed in this survey

were underweight to a similar extent to the populations of their relevant areas in 2000, but that the IDPs surveyed were more underweight than the average for their areas.

Table 4.6: Nutritional status of children less than 5 years of age by IDP status, nutritional status indicators and by sex and age

Sex, age (months)		*HfA*					
		IDP			*Non IDP*		
		3SD	*2SD*	*Numbers*	*3SD*	*2SD*	*Numbers*
Male	<12 months	32.2%	32.2%	10	0.0%	57.3%	17
	12-23 months	20.9%	35.8%	16	22.0%	45.3%	11
	24-60 months	8.7%	12.1%	58	2.8%	13.9%	48
	Total	10.6%	14.9%	84	3.5%	27.7%	76
Female	<12 months	0.0%	0.0%	11	0.0%	0.0%	7
	12-23 months	35.1%	35.1%	19	5.4%	18.2%	24
	24-60 months	18.1%	40.0%	60	6.7%	8.8%	55
	Total	18.3%	34.6%	90	6.3%	9.5%	86
		WfH					
		IDP			*Non IDP*		
		3SD	*2SD*	*Numbers*	*3SD*	*2SD*	*Numbers*
Male	<12 months	1.3%	6.2%	10	9.3%	15.9%	17
	12-23 months	3.6%	38.9%	16	1.2%	49.8%	11
	24-60 months	3.3%	29.8%	58	11.4%	48.4%	48
	Total	3.3%	30.0%	84	10.1%	39.9%	76
Female	<12 months	0.4%	0.7%	11	0.7%	1.4%	7
	12-23 months	0.9%	36.3%	19	9.4%	11.5%	24
	24-60 months	7.5%	28.8%	60	0.0%	5.2%	55
	Total	5.8%	26.6%	90	1.1%	5.7%	86
		WfA					
		IDP			*Non IDP*		
		3SD	*2SD*	*Numbers*	*3SD*	*2SD*	*Numbers*
Male	<12 months	7.0%	15.7%	10	0.0%	9.5%	17
	12-23 months	19.5%	29.3%	16	17.5%	39.8%	11
	24-60 months	2.2%	43.1%	58	6.3%	49.1%	48
	Total	4.0%	40.9%	84	5.5%	37.9%	76
Female	<12 months	0.4%	2.4%	11	0.0%	0.0%	7
	12-23 months	21.2%	41.0%	19	6.5%	27.3%	24
	24-60 months	26.4%	47.1%	60	3.4%	35.5%	55
	Total	22.5%	40.9%	90	3.6%	33.1%	86

The MDG indicator measuring the proportion of people who suffer from hunger covered in this report is the prevalence of (moderately or severely) underweight children under age 5 (Box C). In addition, the prevalence of severely underweight children under age 5 is provided.

Box C: Prevalence of underweight children under 5 years of age

	IDP	NON-IDP
PREVALENCE OF UNDERWEIGHT CHILDREN UNDER 5 YEARS OF AGE	40.9%	35.9%
PREVALENCE OF SEVERLY UNDERWEIGHT CHILDREN UNDER 5 YEARS OF AGE	13.1%	4.7%

The MDG nutrition indicator shows that generally the food situation in the surveyed districts is worse than the national average. Compared to the non-IDP children, the IDP under-fives are even more underweight: 41 percent of IDPs children are underweight and 35.9 percent of non-IDP children (compared with 29.4 percent for Sri Lanka as a whole in 2000, and 32-37 percent in the most comparable districts).

4.3 Social development

4.3.1 Educational characteristics

Education in Sri Lanka is viewed as a basic right. The Government of Sri Lanka provides free primary, secondary and tertiary education. The Government also provides incentives, which include scholarships, free mid-day meals, free textbooks, material for school uniforms and easy access to a number of schools.

The net enrolment ratio (overall) in primary education in 2003 was 98.4% (National Council for Economic Development, 2005). The male enrolment and female enrolment in the same age cohort were 97.1 and 95.6 percent in year 2002 (Department of Census and Statistics, 2004b) The national percentages with regard to educational attainment are: no schooling 7.4 percent, primary education 29.1 percent, secondary education 42.2 percent and tertiary education 21.3 percent. While the over all literacy rate is at 92.5 percent, the male and female rates are 94.5 percent and 90.6 percent respectively (Central Bank of Sri Lanka, 2006)

The conflict has heavily impacted the provision of educational services to children in the eastern and northern districts and all aspects of the education system are damaged, even though the government continues to fund the provision of all schools even in the LTTE-controlled areas. Problems such as non-enrolment, drop-outs, absenteeism and poor learning and teaching are wide spread. According to a Needs Assessment Report prepared by the ADB, World Bank and the WFP in 2003, 50,000 school aged children in the North and East were out of school, and there was a 15 percent drop-out rate (National Council for Economic Development, 2005).

Table 4.7 presents the percentages of surveyed children aged 6-11 years who are enrolled in primary school. Interestingly, the percentages of IDP children who are enrolled is significantly higher than for non-IDP children (96 percent versus 90 percent). This is probably because many IDP communities have schools specifically provided for their use,

and so access may in fact be better in some respects for IDPs than for non-IDPs, especially when the IDPs are located in long-established IDP communities.

Table 4.7: Net enrolment ratio of population aged 6-11 by IDP status and by sex

Sex	*IDP status*	
	IDP	*Non-IDP*
	Attained primary education	*Attained primary education*
Male	95.0%	90.0%
Female	98.0%	89.2%
N	419	245

Table 4.8: Percentage distribution of population aged 15 and over by IDP status, literacy status and by sex, 10-year age category

	IDP status											
	IDP						*Non-IDP*					
Sex, age	*Cannot read at all*	*Able to read only parts of sentence*	*Able to read whole sentence*	*Blind/visually impaired*	*Total*	*N*	*Cannot read at all*	*Able to read only parts of sentence*	*Able to read whole sentence*	*Blind/visually impaired*	*Total*	*N*
Male												
5-14	0.0%	94.1%	5.5%	0.0%	100.0%	3	0.0%	100.0%	0.0%	0.0%	100.0%	
15-24	1.6%	10.2%	85.4%	2.8%	100.0%	293	3.3%	4.2%	92.5%	0.0%	100.0%	66
25-34	11.6%	30.3%	57.9%	0.2%	100.0%	231	2.2%	34.2%	63.3%	0.0%	100.0%	65
35-44	31.9%	23.0%	45.0%	0.1%	100.0%	224	7.1%	7.0%	85.8%	0.0%	100.0%	41
45-54	18.7%	19.8%	60.7%	0.8%	100.0%	157	3.3%	10.5%	81.4%	0.0%	100.0%	33
55-64	31.6%	17.0%	50.2%	1.3%	100.0%	72	13.6%	20.1%	66.3%	0.0%	100.0%	27
65 and above	25.2%	11.8%	62.4%	0.7%	100.0%	49	62.9%	3.3%	10.0%	23.8%	100.0%	12
5-14	48.9%	48.9%	0.0%	0.0%	100.0%	2	…	…	…	…	…	…
15-24	3.4%	8.0%	88.5%	0.0%	100.0%	309	0.4%	3.4%	95.9%	0.0%	100.0%	72
25-34	21.8%	14.9%	62.9%	0.1%	100.0%	276	3.1%	15.2%	81.7%	0.0%	100.0%	64
35-44	31.2%	23.1%	44.5%	1.2%	100.0%	257	3.0%	23.8%	67.8%	0.0%	100.0%	49
45-54	17.4%	37.9%	43.3%	0.5%	100.0%	146	26.1%	13.4%	60.5%	0.0%	100.0%	41
55-64	21.6%	30.8%	46.7%	0.9%	100.0%	83	73.6%	15.6%	10.8%	0.0%	100.0%	16
65 and above	58.3%	9.3%	28.4%	4.1%	100.0%	46	62.0%	2.4%	32.7%	1.0%	100.0%	9

Table 4.9: Distribution of current school attendance of population aged 5 years and over by IDP status, level of education and by sex and female-male ratio.

Sex, Male/Female ratio	*IDP status*							
	IDP				*Non-IDP*			
	Primary	*Secondary*	*Tertiary*	N (Total Population > 5 yrs	*Primary*	*Secondary*	*Tertiary*	N (Total Population > 5 yrs
Sex								
Male	11.8%	19.7%	0.0%	1,444	12.7%	18.7%	0.2%	487
Female	11.0%	15.8%	0.1%	1,515	10.7%	16.6%	0.0%	469
Female-Male Ratio	93% (500)	85.3% (343)			110.9% (238)	87.4% (138)		

The MDG indicator measuring the proportion of people who suffer from hunger covered in this report is the prevalence of (moderately or severely) underweight children under age 5 (Box C). In addition, the prevalence of severely underweight children under age 5 is provided.

The MDG indicators, measuring the achievement of universal primary education, are the net enrolment rates in primary education, the proportion of pupils successfully completing primary education and the literacy rates of young adults. Box D shows these achievements in the surveyed populations. In terms of primary education enrolment by children in the 6-11 year age group, the IDPs surveyed do better than their immediate non-IDP neighbours, and the overall level of primary education enrolment at 95% is close to the final MDG target of 100%. This pattern probably reflects the fact that, at least in camps, most IDPs have access to on-site schooling facilities. The proportions completing primary education are also higher in IDPs than in the non-IDP surveyed population, but the achieved literacy rates in the 15-24 year cohort is slightly less than the non-IDP population. This apparent discrepancy can be explained by two potential reasons: (i) the youngest cohorts have benefited from the past five years of the ceasefire, but the older youths did not, and (ii) IDPs may be more likely to be schooled, but the efficiency of their schooling may be worse than average owing to disruptions of their schooling by the ongoing conflict or because the quality of their schooling provision is worse than average.

Box D: Net enrolment ratio in primary education, proportion of pupils starting grade I who reach grade 5, literacy rate of 15-24 year olds

	IDP	NON-IDP
NET ENROLMENT RATIO IN PRIMARY EDUCATION	95.0%	90.0%
PROPORTION OF PUPILS STARTING GRADE 1 WHO REACH GRADE 5	92.3%	82.9%
LITERACY RATE OF 15-24 YEAR-OLDS	96.6%	96.7%

4.3.2 Gender characteristics

The MDG indicator measuring gender equality and empowerment of women focus on disparities in education and participation in non-agricultural employment. The first is measured by the ratios of girls to boys in primary, secondary and tertiary education, and the ratio of literate women to literate men in the 15-24 year age group (Box E). The latter is measured by the share of women in wage employment in the non-agricultural sector.

With respect to the education indicators, the profile of IDPs differs from that of the national population. In the case of primary education, the male bias in primary school enrolment seen nationally is smaller in the case of IDPs, and actually reversed in the case of their immediate non-IDP neighbours. When we look at secondary education, nationally girls do better and the gender ratio is biased towards females at the national level. In contrast, this trend is reversed in the case of IDPs, and the secondary enrolment ratio is more male biased than for primary education. However, this male bias in secondary education is not seen with their non-IDP neighbours. The reasons for this are not clear and require more investigation. Nevertheless, when we look at literacy of young adults, women are more likely to be literate than men in all the surveyed populations as well as nationally (Box E).

The share of women in non-agricultural wage employment is much less than the national average in both the surveyed IDPs and non-IDPs. However, there is not much difference between the two surveyed groups, and this overall pattern probably reflects the actual regional differences in non-agricultural employment, which is much less in the districts outside the Western province.

Box E: Ratio of girls to boys in primary, secondary and tertiary education and ratio of literate women to men 15-24 years old and share of women in wage employment in the non-agricultural sector

	IDP	NON-IDP	SRI LANKA
RATIO OF GIRLS TO BOYS IN PRIMARY EDUCATION	98%	110%	95.3%
RATIO OF GIRLS TO BOYS IN SECONDARY EDUCATION	93%	112%	104.2%
RATIO OF LITERATE WOMEN TO MEN 15-24 YEARS	108%	114%	101%
SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE NON-AGRICULTURAL SECTOR	18%	15%	31%

4.4 Health and reproductive behaviour

Sri Lanka has long been cited as an example of a low income country that has achieved remarkable progress in health and social development, particularly relative to comparable low income countries and its neighbouring South Asian counterparts.

4.4.1 Infant and child health

In 2002 the national infant mortality rate was 13.6, the under five mortality rate was 14.6, and the neonatal mortality rate was 8.3 (Department of Census and Statistics, 2002). The establishment of a widespread system of Maternal and Child Health (MCH) clinics as well as an outreach of MCH care through home visits by Public Health Midwives, supported by family planning programmes have contributed to the declining mortality, in addition to the contribution made by the wide availability and accessibility of curative medical services.

Sri Lankan mothers are issued with a Child Health Development Record (CHDR) by the heath authorities, at the time of birth of their child. Information related to the child's health and developments are recorded in it including the regular vaccinations they receive. The DHS 2000 recorded that 86 percent of children under-five years of age were having a CHDR. Whilst the coverage of BCG was universal, and the DPT, complete immunizations cover has risen to 88 percent. Full immunization coverage of polio and measles were 88 and 81 percent respectively (Department of Census and Statistics, 2004b).

It is evident from Table 4.10 that the percentage of children vaccinated among IDPs is lower than in the non-IDPs. There could be several reasons for this lower rate. The low level of education and awareness of mothers, impaired access to proper healthcare providers, and constant displacement could be sighted as reasons for low vaccination rates.

However, comparing the IDP figures with the national figures and with the levels seen in most developing countries, it is quite satisfactory. This is indicative that, despite the ongoing conflict and difficult conditions, the government has been able to maintain a creditable level of health services both in the conflict areas and for vulnerable populations such as IDPs. At the same time, the fact that vaccination rates are lower in IDPs than in their immediate neighbours indicates that the public sector MCH services may need to make special additional efforts to reach this vulnerable population.

Table 4.10: Percentage distribution of children aged 0-4 by IDP status, sex and by selected vaccinations

Vaccinations	*IDP*						*Non - IDP*					
	Male			*Female*			*Male*			*Female*		
	Age 0	*Age 1*	*Age 2-4*	*Age 0*	*Age 1*	*Age 2-4*	*Age 0*	*Age 1*	*Age 2-4*	*Age 0*	*Age 1*	*Age 2-4*
Measles	96%	82%	86%	83%	79%	85%	0%	99%	97%	98%	75%	92%
BCG	79%	82%	88%	43%	71%	86%	0%	99%	99%	98%	100%	89%
Polio	73%	82%	88%	82%	66%	88%	0%	99%	98%	87%	100%	91%
DPT	77%	82%	79%	42%	55%	81%	0%	99%	98%	98%	87%	86%
N	22	28	105	15	37	115	5	15	28	5	7	31

Box F presents one of the MDG indicators for reducing child mortality – the others relate to changes in mortality rates which are not measurable with the small sample sizes used in this survey. It is evident here that the surveyed IDP population of one year olds have a lower immunization coverage against measles than one year olds in the non-IDP population, as only 80.1% of 1 year old children in the surveyed IDP population are immunized against measles compared to 93.5% of one year olds in the surveyed non-IDP population.

Box F: Proportion of 1year old Children Immunised Against Measles

	IDP	NON-IDP
PROPORTION OF 1YEAR OLD CHILDREN IMMUNISED AGAINST MEASLES	80.1%	93.5%

4.4.2 Maternal health and fertility

Sri Lanka's consistent decline in maternal mortality for over 5 decades is attributed to a wide network of maternal services, which has been integrated with childcare and a trained cadre of Public Health Midwives.

The maternal mortality ratio (MMR) per 1,000 live births in year 2001 was reported as 0.47 and the proportion of births attended by skilled health personnel was 97% (Family Health Bureau, 2003)These indicators are good compared to most developing countries, and reflects Sri Lanka's achievements in reducing maternal mortality (Pathmanathan et al., 2003). Maternal mortality rates are probably higher than the national average in the districts of Mannar, Vavuniya and Trincomalee, but this is difficult to assess from the reported maternal death statistics, as maternal deaths tend to be under-reported, and because the low level of maternal mortality in the country and low birth rate both combine to make maternal deaths in sub-national areas rare events thus making the annual estimates of maternal mortality rates in districts subject to considerable random variation. Maternal mortality is higher in the conflict-affected areas probably due to poverty associated maternal malnutrition, and worse access to emergency obstetric care owing to reduced provision of services and greater barriers in transport.

The quality of antenatal care provided to pregnant women can be assessed in terms of the type of services provider, the number of antenatal care visits made, the timing of the first visit, and the services and information provided during antenatal checkups. In Sri Lanka, a pregnant woman could receive prenatal care either by paying regular visits to a maternity clinic, or by receiving home visits from the family health worker assigned to the area of residence. Table 4.11 reports the use of antenatal care in the surveyed population.

The most visited antenatal care provider in the survey sample are doctors, followed by nurses, midwives and attendants. No mothers reported receiving no antenatal care, and the percentage who did not receive antenatal care from a skilled provider was almost zero in both IDPs and non-IDPs. IDP mothers were less likely to have obtained antenatal care from doctors, but otherwise the pattern of how they obtained care, and how often, was generally similar in both IDPs and non-IDPs. In the 35+ age cohort the percentage of non-IDPs visiting the clinic 6-7 times is greater (76 percent) than of IDPs (36 percent), where the number of IDPs who have

visited the clinics more than 10 times is (26 percent) is greater than of non-IDPs (7 percent). However, these differences are probably not statistically significant.

The overall visits by the health midwives visiting pregnant women is greater among the non-IDPs than the IDPs. As health ministry policies are that midwives need to visit mothers if necessary by visiting them in their homes, this suggests that more efforts should be made to ensure effective outreach to IDP mothers.

Attendance by skilled providers is important in reducing maternal mortality and also infant mortality. As can be seen in Table 4.11, the percentages of births attended by skilled personnel such as midwives or nurses or doctors was 92 percent in the IDP cases, and more than 98 percent in the case of the non-IDPs. These rates are comparable with national levels of access, but indicates that whilst most IDP mothers do obtain appropriate supervision during child birth, the percentage who do not is higher than for non-IDPs.

The place of delivery across all age groups and in both the populations is similar. Most have reported to have given birth at government hospitals, and only a small proportion report using private facilities (Table 4.11). Some differences of note are (i) that the use of traditional birth attendants was 4-6 percent in the IDP population compared with none reported in the non-IDPs, and 2percent as reported nationally by the DHS 2000; and (ii) the significant number of births that took place at home (8-10 percent) in the case of IDPs, compared with no cases with the non-IDPs and 1.8percent as reported nationally by the DHS 2000.

Table 4.11: Percentage distribution of births in five years preceding the survey by IDP status and age of mother by type of antenatal check-up and no. of clinic visits during pregnancy and no. of visits by health midwife during pregnancy and type of attendance during delivery and place of delivery

Type of antenatal checkup, No. of clinic visits during pregnancy, No. of visits by health midwife during pregnancy and type of attendance during delivery, place of delivery	*IDP*			*Non-IDP*		
	<20	*20-34*	*35+*	*<20*	*20-34*	*35+*
Type of Antenatal Checkup						
Doctor	41%	81%	80%	Nill	96%	97%
Nurse	59%	8%	14%	Nill	4%	3%
Midwife	0%	10%	3%	Nill	0%	0%
Traditional Birth Attendant	0%	1%	3%	Nill	0%	0%
No one	0%	0%	0.13%	Nill	0%	0%
N	4	223	106	Nill	60	25
Number of Clinics during Pregnancy						
1-3	0%	3%	7%	Nill	5%	4%
4-5	0%	13%	16%	Nill	11%	2%
6-7	73%	51%	36%	Nill	66%	76%
8-9	14%	16%	26%	Nill	14%	7%
10+	14%	16%	16%	Nill	4%	11%
N	4	223	106	Nill	60	25

Table 4.11 Cont.

Number of visits by health Midwife during pregnancy						
0	0%	23%	20%	Nill	11%	13%
1-5	27%	45%	43%	Nill	50%	70%
6-10	73%	33%	38%	Nill	38%	17%
11+	0%	0%	0%	Nill	2%	0%
Total	100%	100%	100%	Nill	100%	100%
N	4	223	106	Nill	60	25
Type of Attendance during delivery						
Last born Child						
Doctor	41%	67%	67%	Nill	74%	90%
Nurse	59%	27%	22%	Nill	16%	2%
Midwife	0%	2%	5%	Nill	10%	8%
Traditional Birth Attendant	0%	4%	6%	Nill	0%	0%
N	4	223	106	Nill	60	25
Place of delivery						
Last born Child						
Your home	0%	8%	10%	Nill	0%	0%
Other home	0%	0%	0%	Nill	1%	3%
Government hospital	100%	90%	90%	Nill	99%	77%
Government health center	0%	1%	0%	Nill	0%	5%
Government health post	0%	0%	0%	Nill	0%	0%
Private Hospital/Clinic	0%	0%	0%	Nill	0%	15%
N	4	223	106	Nill	60	25

The survey used the 'proportion of births attended by skilled health personnel' as the indicator for assessing the 5th MDG goal - improving maternal health. This indicator is used to monitor maternal health, as access to skilled birthing care is vital for reducing maternal mortality, and since such care is a good indicator of overall access to adequate maternal care services. Box G suggests that more non-IDP births (100 percent) are attended by skilled health personnel than for IDPs (96 percent). However, the percentages in both groups are 100 percent or close to it, indicating that in general IDPs do have good access to minimal levels of skilled maternal care.

Box G: Proportion of births attended by skilled health personnel

	IDP	NON-IDP
PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL	96%	100%

4.4.3 Family Planning

The contraceptive prevalence rate is similar in both IDPs and non-IDPs surveyed, at 39-40 percent in 20-34 year old married women or women living with partners (Table 4.12). This compares with a national figure of 49 percent using any modern method reported in the DHS 2000 (Department of Census and Statistics, 2002). Thus whilst contraceptive prevalence rates are similar in the surveyed populations, they are significantly less than in the national population.

The use of condoms is not widespread, and the condom use rate is generally low, although comparable with the national situation, where sterilization is by far the most common method of contraception. However, it is notable that the use of condoms is significantly higher in the case of IDP women than in the non-IDPs (Table 4.12).

Table 4.12: Distribution of married women and women living with partners currently using any method of contraception by IDP status, age and by contraceptive prevalence rate (CPR) and condom use rate of the CPR

CPR . Condom use rate of the CPR	*IDP*			*Non-IDP*		
	15-19	*20-34*	*35-64*	*15-19*	*20-34*	*35-64*
Contraceptive Prevalence Rate	1.6%	42.6%	37.5%	0.0%	40.7%	38.7%
Condom use rate of the CPR	0.0%	18.2%	8.6%	Nill	5.2%	0.0%
N	5	350	531	2	100	123

4.4.4 HIV/AIDS

According to estimates for the year 2003, there are 3,500 persons in Sri Lanka living with HIV. According to the UNAIDS classification Sri Lanka is a country of "low level HIV epidemic" but with potential for spread. The MDG survey included a battery of questions to tap respondents' knowledge about risks at and protection against HIV transmission (see Table 4.14). Sound knowledge about HIV/AIDS is an essential pre-requisite for adoption of behaviours that reduce the risk of HIV transmission.

Of particular interest is to know what is the level of 'comprehensive and correct knowledge' of HIV/AIDS. Comprehensive and correct knowledge of HIV/AIDS means that a person knows that:

1. Reducing the number of sex partners, preferably to one faithful and uninfected person, prevents transmission.
2. Consistent condom use helps to prevent transmission.
3. Even healthy looking persons may be infected with the HIV/AIDS virus.
4. Mosquito bites cannot transmit HIV.
5. Kissing an HIV/AIDS infected person is without risk.

The first three are commonly used in all countries, while the latter two are country-specific, depending on commonly held misconceptions about transmission of HIV/AIDS.

The comprehensive knowledge rate is derived from the number of respondents (aged 15-24) that correctly answered all questions addressing these above five items (the numerator) and the number of persons who responded to all such questions (the denominator).

The survey asked adult respondents about their knowledge of different means by which HIV/AIDS can be transmitted. In general, it appears that overall knowledge in both the IDPs and non-IDPs is high, and in fact significantly higher than reported in the DHS 2000. This may be testimony to effective health education efforts in the past decade. In particular, the percentages of IDPs and non-IDPs, who are aware that transmission can occur during child birth are significantly higher than the national estimates obtained in the DHS 2000. It is also worth noting that knowledge also appears higher amongst IDPs than amongst non-IDPs, although the differences are not large.

Table 4.13: Percentage distribution of correct knowledge & comprehensive correct knowledge of HIV/AIDS of population aged 15-54 by IDP status and by sex and age

	IDP												
Sex, Age	*One sex partner*	*Mosquito bites*	*Use of condom*	*blood transfusion*	*sharing food*	*Healthy looking person having AIDs*	*used injection needles*	*Kissing*	*During pregnancy (mother to a child)*	*During delivery (mother to a child)*	*Breast-feeding*	*N*	*Comprehensive correct knowledge (N)*
Male													
15-19	95%	23%	55%	79%	67%	61%	78%	34%	23%	88%	86%	74	2.2%
20-34	95%	14%	82%	77%	64%	53%	76%	43%	9%	90%	85%	174	0.1%
35-54	94%	22%	72%	83%	71%	53%	76%	30%	8%	87%	86%	260	0.4%
(15-24) Youth	98%	19%	76%	90%	70%	82%	88%	60%	3%	95%	97%	112	0.3%
Female													
15-19	97%	16%	61%	87%	64%	58%	75%	42%	5%	96%	94%	93	4.3%
20-34	93%	28%	60%	83%	65%	55%	78%	32%	6%	96%	97%	214	0.4%
35-54	96%	36%	62%	72%	52%	47%	65%	36%	2%	94%	96%	258	0.3%
(15-24) Youth	97%	13%	72%	87%	85%	64%	91%	36%	5%	97%	92%	90	0.0%

	Non IDP												
Sex, Age	*One sex partner*	*Mosquito bites*	*Use of condom*	*blood transfusion*	*sharing food*	*Healthy looking person having AIDs*	*used injection needles*	*Kissing*	*During pregnancy (mother to a child)*	*During delivery (mother to a child)*	*Breast-feeding*	*N*	*Comprehensive correct knowledge (N)*
Male													
15-19	95%	8%	83%	90%	73%	78%	90%	16%	3%	90%	91%	22	0.0%
20-34	96%	15%	78%	95%	68%	55%	77%	30%	8%	78%	96%	62	2.8%
35-54	94%	9%	72%	85%	71%	42%	79%	39%	12%	84%	88%	62	0.2%
(15-24) Youth	89%	8%	72%	75%	61%	75%	87%	46%	5%	99%	96%	24	0.0%
Female													
15-19	92%	13%	49%	92%	49%	61%	69%	52%	7%	91%	90%	21	0.0%
20-34	96%	17%	56%	86%	66%	64%	85%	36%	10%	84%	90%	57	2.8%
35-54	91%	13%	51%	71%	56%	62%	72%	49%	5%	93%	94%	65	0.0%
(15-24) Youth	94%	5%	70%	78%	70%	80%	91%	72%	5%	69%	69%	34	0.9%

Box H shows some of the indicators used under the MDG to combat HIV /AIDS. It can be deduced from the box that the surveyed IDP population has a higher condom use rate than the Non-IDPs (12 percent and 2percent respectively)**.** Moreover**,** both populations have very low comprehensive correct knowledge of HIV/AIDS.

Box H: CPR, condom use rate of the CPR, % of population 15-24 years with comprehensive correct knowledge of HIV/AIDS

	IDP	NON-IDP
CPR	38.1%	39.2%
CONDOM USE RATE OF THE CPR	12%	2%
PERCENTAGE OF POPULATION 15-24 YEARS WITH COMPREHENSIVE CORRECT KNOWLEDGE OF HIV/AIDS	0.13%	0.48%

4.4.5 Other health issues

Table 4.14 reports on the use of bed nets, which is an important measure to reduce transmission of malaria. Almost 35.1 percent of IDPs were sleeping under bed-nets, which was in fact lower than in the neighbouring non-IDP households.

Table 4.14: Percentage distribution of total population by household IDP typology and by bed net coverage, treatment of bed nets

Bed nets Coverage, Treatment of Bed Nets	*HH IDP Typology*	
	IDP	*Non-IDP*
Number of persons not sleeping under bed nets	64.9%	56.6%
Number of persons sleeping under bed nets	35.1%	43.4%
Bed nets treated with insecticide	13.0%	16.4%
Bed nets not treated with insecticide	22.0%	27.0%
Total	100.0%	100.0%
N	3,712	753

Table 4.15 reports on the incidence of fever or malaria in the past two weeks, and the treatment behaviour. In general, there appears to be little difference in the treatment seeking behaviour of IDPs and non-IDPs. As can be seen in both groups, fever was less likely to be treated than other illnesses. However, it should not be assumed that fever was typically malaria, as non-malarial fever, such as viral fevers, are common causes of morbidity in Sri Lanka.

Table 4.15: Percentage distribution of total population by IDP status, illness in past two weeks and treatment by sex, age

Sex, age	IDP status									
	IDP					Non-IDP				
	Percent with malaria/fever in past 2 weeks	Of which treated with malaria medicine	Percent with other illness	Of which treated	N	Percent with malaria/fever in past 2 weeks	Of which treated with malaria medicine	Percent with other illness	Of which treated	N
Total					3,114					1,156
0-4	3.5%	0.0%	0.9%	100.0%	212	5.0%	0.0%	3.2%	76.8%	220
5-14	2.5%	1.0%	1.7%	75.1%	741	3.8%	11.4%	2.0%	56.0%	424
15-64	7.9%	20.6%	8.7%	58.8%	2,066	7.3%	19.3%	17.9%	68.0%	490
60+	27.4%	21.2%	31.2%	87.0%	155	41.0%	12.2%	57.2%	95.6%	33
65+	14.2%	36.0%	38.9%	89.0%	95	42.0%	20.0%	58.4%	100.0%	22
Males										
0-4	5.4%	0.0%	0.6%	100.0%	106	5.6%	0.0%	4.7%	71.6%	107
5-14	1.0%	0.8%	3.1%	73.5%	374	3.3%	15.5%	2.1%	56.7%	229
15-64	6.5%	18.4%	8.0%	64.2%	993	5.9%	37.5%	13.3%	68.6%	234
60+	8.4%	24.8%	33.2%	85.2%	79	42.7%	23.8%	53.2%	90.4%	19
65+	5.4%	50.0%	42.0%	92.9%	49	74.9%	26.6%	74.3%	100.0%	12
Females										
0-4	1.3%	0.0%	1.2%	100.0%	106	4.3%	0.0%	1.3%	100.0%	113
5-14	4.2%	1.1%	0.2%	100.0%	367	4.3%	8.2%	1.9%	55.2%	195
15-64	9.1%	21.8%	9.3%	54.6%	1,073	8.4%	9.8%	21.8%	67.7%	256
60+	47.4%	20.5%	29.0%	89.1%	76	39.2%	0.0%	61.1%	100.0%	14
65+	25.5%	32.1%	35.0%	83.0%	46	17.9%	0.0%	46.6%	100.0%	10

Box I shows the indicators used in the survey under the MDG goal relating to combating malaria. It reveals similar proportions of IDP and Non-IDP populations using effective malaria prevention and treatment measures.

Box I: Proportion of population using effective malaria prevention / malaria treatment measures

	IDP	NON-IDP
PROPORTION OF POPULATION USING EFFECTIVE MALARIA PREVENTION	35.1%	43.4%
PROPORTION OF POPULATION USING EFFECTIVE MALARIA PREVENTION (TREATED BEDNETS)	13%	16.4%
PROPORTION OF POPULATION USING EFFECTIVE MALARIA TREATMENT MEASURES (0-4 YEARS)	0%	0%

Table 4.16 indicates impairments among the IDPs and non-IDPs. The highest impairments among IDPs are in the areas of blindness, deafness and dumbness and loss of limbs. The impairments maybe related to the conflict. However, reasons for impairments were not provided by the respondents.

Table 4.16: Percentage distribution of population aged 15 and over with impairment and by IDP status, sex, age

Sex, Age	*Impairment*											
	Mentally Retarded	*Blind*	*Deaf & Dumb*	*Deaf*	*Dumb*	*Loss of one Hand or Arm*	*Loss of both Hands or Arms*	*Loss of one Foot or Leg*	*Loss of both Legs*	*Paralysis of one arm or both*	*Paralysis of one leg or both*	*Other Disability*
						IDP						
Male												
15-34	2.2%	0.1%	0.2%	0.7%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
35-64	0.3%	0.9%	0.3%	0.3%	0.1%	0.0%	0.0%	1.7%	0.3%	0.2%	0.6%	0.8%
65+	0.0%	6.3%	8.3%	7.4%	0.0%	0.7%	0.0%	0.9%	0.0%	0.7%	3.5%	0.7%
Female												
15-34	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.5%	0.1%
35-64	0.6%	0.9%	0.6%	0.2%	0.3%	0.1%	0.0%	0.0%	0.3%	0.7%	0.3%	0.6%
65+	0.2%	5.2%	0.2%	0.2%	0.0%	0.0%	0.5%	1.2%	0.2%	3.3%	0.2%	0.7%
						Non-IDP						
Male												
15-34	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
35-64	0.4%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.6%
65+	1.4%	1.4%	1.4%	23.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%
Female												
15-34	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
35-64	0.0%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%
65+	1.0%	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	35.2%	0.0%

4.5 Housing and sanitation

Table 4.17 gives details of house ownership and availability of household amenities in the IDP and non-IDP populations surveyed. In general, the data show that IDPs have a less permanent and inferior housing situation compared with their immediate non-IDP neighbours in the same communities, and that they have access to fewer household amenities.

As in Sri Lanka generally, rural non-IDPs are more likely to be home-owners than urban non-IDPs. However, IDPs are only half as likely to be home-owners as their immediate non-IDP neighbours in rural areas, and are also less likely in urban areas. This is not too surprising though, given that IDPs have been forcibly relocated from their original homes.

IDPs are much more likely to not own their homes. Their housing is also inferior in almost all respects compared with their neighbours. Their houses are more likely to have earth or sand as the floor material and less likely to use cement or ceramic tiles. Similarly, IDPs are only two-thirds as likely to have piped water or water from protected wells as their non-IDP neighbours. The inferior housing stock of IDPs compared with non-IDPs is again, however, not unexpected considering their circumstances, but does imply the extent to which displacement probably means a considerable downward shift in physical circumstances for most IDPs.

Table 4.18 gives details of assets owned by and services available to surveyed households. In general it shows the general reality that urban residents, whether they be IDPs or not, tend to have more assets than rural residents. However, these data are of particular interest in that they provide a more reliable indicator than the household income questions of the relative affluence and economic status of the households. If we compare the ownership of specific assets in the survey with those reported nationally by income quintile in the Central Bank CFS 2003/2004, the following conclusion emerges. The rural and urban non-IDP neighbours of IDPs on average tend to resemble the ownership patterns of the middle or second poorest income quintile in Sri Lanka as a whole. This is entirely expected as the surveyed districts are amongst the poorer districts in the country. However, the IDPs surveyed have even fewer assets, and their ownership of assets would place them in the poorest income quintile of the national distribution. Given that all the poorest income quintile households in the country are considered below the poverty line, whichever of the commonly used poverty lines are used, this demonstrates more convincingly than the reported income data that IDPs in these districts are mostly belonging to the section of the population living below the poverty line.

Table 4.17: Percentage of all households by urban rural residence, household IDP typology and by household characteristics

HH Characteristics	*Urban*		*Rural*	
	IDP	*Non IDP's*	*IDP*	*Non IDP's*
	IDP	Non IDP	IDP	Non IDP
House ownership				
Owned by household member	27.6%	15.8%	43.5%	13.1%
Owned by household member and someone else	31.7%	28.0%	24.4%	15.9%
Not owned by any household member	54.1%	21.9%	15.2%	8.8%
Material of floor				
Earth/Sand	91.1%	87.5%	30.3%	1.9%
Raw wood planks/Bamboo	0.9%	2.1%	0.0%	0.0%
Polished wood	0.0%	0.0%	0.0%	0.0%
Vinyl	2.7%	5.2%	0.5%	0.1%
Ceramic tiles	0.7%	0.0%	54.6%	86.9%
Cement / Concrete	0.6%	0.0%	4.5%	7.8%
Carpet	0.1%	0.0%	0.1%	0.0%
Plastic / Canvas	0.0%	0.0%	9.9%	2.0%
Prepared Clay	2.7%	5.2%	0.2%	0.9%
Stone	0.7%	0.0%	0.0%	0.4%
Other	0.6%	0.0%	0.0%	0.0%
Material of roof				
Galvanized iron/Metal/Tin/Zinc	4.2%	4.8%	6.1%	2.9%
Asbastos	8.4%	10.6%	6.1%	4.8%
Tiles	10.0%	17.0%	12.1%	23.1%
Cement	2.9%	1.8%	14.0%	3.9%
River/Stream	0.1%	0.0%	3.3%	0.5%
Pond / Lake	0.4%	0.0%	0.0%	0.0%
Rain water	0.0%	0.0%	0.0%	0.0%
Tanker Truck / Tank	15.7%	9.2%	14.2%	1.9%
Bottled water	0.7%	0.8%	4.0%	0.0%
Tube well	9.4%	4.1%	0.7%	2.3%
Other	0.0%	0.0%	0.0%	0.0%
Missing				
Location of drinking water				
On the premises	20.2%	27.3%	15.8%	18.5%
Elsewhere water	31.5%	21.0%	44.7%	20.9%
Type of toilet facility				
Flush	1.2%	0.8%	18.0%	15.7%
Water-sealed	93.4%	92.8%	43.8%	78.4%
Traditional pit	0.3%	0.0%	1.9%	3.4%
Ventilated improved pit	0.0%	0.4%	1.9%	0.5%
No facility (Bush/ field)	6.0%	2.4%	32.3%	8.5%
Other	1.4%	4.0%	7.2%	0.0%

Location of Toilet Facility				
On the premises	16.4%	25.5%	17.5%	30.5%
Elsewhere water	34.8%	23.3%	36.1%	15.9%
Percentage with access to improved sanitation	91.6%	60.5%	90.4%	84.3%
Percentage using solid fuel				
Coal / Lingnite	0.1%	0.0%	0.0%	0.0%
Charcoal	0.0%	0.0%	0.3%	0.0%
Wood / Straw	48.8%	96.8%	15.6%	48.7%
Dung	2.8%	0.0%	0.1%	0.8%
N	284	77	589	113

Table 4.18: Percentage distribution of all households by household IDP typology, urban rural residence and by household assets and amenities (including access to internet)

Household Assets & Amenities	*IDP Typology*			
	IDP		*Non-IDP*	
	Urban	*Rural*	*Urban*	*Rural*
Radio	65.7%	60.8%	80.9%	80.5%
Watch	70.3%	66.0%	81.7%	92.9%
Television	44.5%	18.7%	58.7%	44.5%
Telephone	5.6%	4.7%	27.2%	15.3%
Cellular/Mobile phone	10.2%	2.5%	29.5%	19.7%
Refrigerator	5.5%	2.2%	14.5%	10.2%
Sewing machine	10.0%	10.3%	16.4%	30.7%
Gas/Electric stove	7.4%	1.3%	18.7%	12.6%
Electric Iron	28.0%	7.7%	51.0%	36.5%
Electric fan	30.8%	12.0%	45.7%	39.8%
Bicycle/scooter	76.0%	58.3%	89.1%	68.4%
Tractor/Two-wheel tractor / Motor cycle/Car/Van/Jeep/Truck/ Threewheeler	2.0%	3.3%	22.8%	4.7%
Boat/Ship	0.9%	0.4%	2.6%	4.5%
Personal computer	1.3%	0.3%	5.1%	1.3%
VCR / DVD player	6.6%	1.2%	15.3%	7.3%
Washing machine	0.3%	0.0%	6.9%	2.9%
Cows	8.9%	6.8%	6.1%	10.1%
Goats/Sheep	9.8%	8.8%	13.9%	10.9%
Poultry	6.8%	5.8%	1.8%	9.9%
Pigs	0.3%	0.2%	0.0%	0.0%
Horses/Donkeys	6.6%	0.1%	1.8%	0.0%
Non-farm business	24.0%	9.3%	29.0%	15.2%
Jewellery	46.0%	47.7%	47.9%	59.3%
Access to internet	9.7%	4.4%	11.4%	5.7%
N	284	589	78	113

The measurable MDG indicators related to Goal 7, which is to ensure environmental sustainability, are presented in Box J. These are the proportion of the population using solid fuels, the proportions with access to improved water sources and sanitation, and the proportion with secure tenure. As can be seen there is little difference between the IDP and non-IDPs surveyed, although the IDPs are generally worse off to a modest extent.

The MDG objective is to reduce use of solid fuels. In general, Sri Lanka is not on track to achieve this goal, and the percentage of IDP (98%) and non-IDP (95%) households still using solid fuels is comparable with the levels in the country generally.

With respect to access to improved sanitation, 80 percent of the national population had such access in 2001 according to the national population census, and in relation to this 2000 achieved level, both the IDP (82%) and non-IDP (87%) populations surveyed are doing better than the national average. In general, with respect to this indicator both groups can be considered on track to achieve the MDG goal. Similarly, with respect to access to improved water sources, Sri Lanka is generally on track (2001 estimate was 82%), and both the IDP (88%) and non-IDP (94%) populations surveyed appear to be doing better than the national average.

Box J: Proportion of population using solid fuels, proportion of population with access to improved water source, proportion of improved sanitation, proportion of population with telephones or mobiles, PCs/1000, internet/1000

	IDP	NON-IDP
PROP. OF POPULATION USING SOLID FUEL	98%	95%
PROP. HAVING IMPROVED SANITATION	82%	87%
PROP. OF POPULATION WITH ACCESS TO IMPROVED WATER SOURCES	88%	94%
PROP. OF POPULATION WITH TELEPHONES OR MOBILES/100	11.5	30.3
PCS/100	1.05	2.5
INTERNET/100	8.09	9.55

5. VULNERABILITY AND COPING BEHAVIOURS

5.1 Vulnerable groups characteristics

IDP families are more likely to be headed by females than non-IDPs, although the difference is only modest (12% versus 9%). They are also more likely to have children, although again the difference is modest (28% versus 21%). There appears to be no difference between the two groups of households with respect to the proportion that consists of the elderly only (Table 5.1).

Table 5.1: Percentage distribution of all households by household IDP typology and vulnerability characteristics

Female headed HH, HH with children (age <15), HH with elderly (age 60+) ,Elderly HH	*HH IDP Typology*	
	IDP	*Non IDP*
Female headed households	12%	9%
Households with children (age<15)	28%	21%
Households with elderly (age 60+)	13%	14%
Elderly only households	6%	6%
N	873	191

Table 5.2 presents data on the problems and life difficulties encountered by surveyed households with respect to their personal vulnerability and ability to access public services and exercise civic rights. In general, the percentage of IDP households that experience particular problems tends to be one and a half to twice as high as for non-IDP households, with the exception of feeling insecure, were half of both IDP and non-IDP households responded positively.

Only a small percentage of women reported that they had been beaten or sexually molested, but the percentages were three to four times higher amongst the IDPs compared with the non-IDPs (4-5% versus 1-2%). IDP women were also more likely than their immediate neighbours to have been threatened, underlining their greater vulnerability, although there was no difference for IDP and non-IDP men in this respect. A large percentage of all households (10-30%) reported difficulties in accessing healthcare and education, which are considered basic social rights in Sri Lanka, but IDP households generally experience more problems in this respect. Similarly, IDP households were twice as likely to report problems in obtaining official documents (13% versus 7%) and having privacy in their houses than non-IDPs (20% versus 11%). The disparity was worse with respect to access to a place of worship, where IDPs were three times more likely to experience problems as their immediate neighbours (18% versus 6%).

5.2 Problems faced by IDPs and coping mechanisms

Table 5.2: Percentage distribution of population 15+ by IDP status, sex, for selected types of difficulties encountered.

Problem experienced	*IDP status*			
	IDP		*Non-IDP*	
	Male	*Female*	*Male*	*Female*
Feels insecure	49	53	45	56
Been robbed	5	4	1	1
Been beaten	0	5	0	1
Been sexually molested	0	4	0	2
Been threatened	25	15	24	10
Access to healthcare	25	29	15	20
Access to education	19	21	15	10
Ability to vote	17	13	6	7
Obtaining official documents	14	13	6	7
Access to place of worship	15	22	6	6
Ability to move around freely	53	45	39	39
Privacy in the house	21	19	12	11
N	1,022	1,113	241	251

Table 5.3 illustrates a significant difference in shelter, medical support and legal support sorted by the IDPs and the non-IDPs. While there are 50 percent male and 47 percent female IDPs seeking help on shelter there are only 21 percent male and 19 percent female non-IDPs. Medical support is sought after by 54 percent male and 45 percent female IDPs and only 28 percent male and 36 percent female non-IDPs. Similarly, for legal support, 22 percent of males and 23 percent of female IDPs have needs versus 12 percent of males and females from non-IDPs.

Table 5.3: Percentage distribution of population aged 15+ by IDP status, sex and by type of needs, help sought, help received

Proportion that indicated need of support for	IDP Status			
	IDP		Non-IDP	
	Male	Female	Male	Female
Needs (Of whom sought help)				
Shelter	50.0	47.1	21.4	19.2
Food	28.8	25.8	10.4	15.0
Clothes	35.3	30.0	24.7	21.3
Medical Support	53.7	44.6	28.1	35.7
Work	25.4	20.8	6.9	8.2
School for Children	14.4	14.4	8.5	7.8
Legal Support	21.8	22.9	12.1	11.8
Protection	18.6	17.5	6.8	6.0
Asylum	9.2	10.4	2.9	5.3
Other	5.6	4.3	7.7	2.5
N	1,035	1,118	244	256
Proportion seeking help	68.9	70.8	67.1	74.3
N	848	875	149	145
Of whom received help for above	11.1	12.4	4.7	1.7

Table 5.3 illustrates a significant difference in shelter, medical support and legal support sorted by the IDPs and the non-IDPs. While there are 50 percent male and 47 percent female IDPs seeking help on shelter there are only 21 percent male and 19 percent female non-IDPs. Medical support is sought after by 54 percent male and 45 percent female IDPs and only 28 percent male and 36 percent female non-IDPs. And for legal support similarly, it is 22 percent males and 23 percent female IDPs versus 12 percent male and 11 percent females from non-IDPs.

Table 5.4: Percentage distribution of population 15+ with needs, by IDP status, sex and by help received, nature of help and source of help

Nature of help, source of help	*IDP Status*			
	IDP		*Non-IDP*	
	Male	*Female*	*Male*	*Female*
Did not receive help	88.8	87.6	95.3	98.3
Did receive help	11.2	12.4	4.7	1.7
N	584	590	97	94
Nature of help				
Shelter	41.1	51.6	71.2	63.7
Food	51.5	45.6	100.0	76.6
Clothes	26.0	28.6	7.7	76.6
Medical support	22.8	19.6	92.3	69.1
Work	19.3	15.6	0.0	0.0
School for children	18.0	15.8	63.5	74.9
Legal support	0.4	1.0	0.0	0.0
Protection	17.7	12.1	0.0	1.6
Asylum	29.4	20.1	0.0	0.0
Other	11.2	14.6	0.0	4.7
Source of help				
Family living here	26.2	24.3	7.7	9.1
Friends living here	30.1	29.3	71.2	63.7
Neighbours	22.5	24.6	71.2	63.7
Government	53.8	31.3	32.6	7.5
UNHCR	47.8	31.6	0.0	7.5
ICRC/Red cross	14.1	8.4	0.0	7.5
Church/Religious organisation	20.2	12.3	0.0	0.0
Other	31.1	28.3	0.0	34.7
N	72	84	3	2

It can be deduced from the above table that out of the people who received help, more IDPs (male 11.2 percent and female 12.4 percent) than non-IDPs (male 4.7 and female 1.7 percent) have received help. The three top most types of help received by IDPs are in the form of food (52 percent male and 47 percent female), shelter (41 percent male and 52 percent female), and asylum (29 percent male and 20 percent female).Though the top most types of help received by the non-IDPs are similar to that of IDPs, the component of medical support is much greater than of non-IDPs.

In terms of source of help, while IDPs received help mostly from the government and the UNHCR, most of the non-IDPs have received their help from friends and neighbours.

Table 5.5: Percentage of All households by IDP typology and by expected source of financial support in case of crisis

Sources of financial support	*IDP Typology*	
	IDP	*Non-IDP*
Close family members	51.4%	41.5%
Other relatives	45.7%	45.0%
Friends	47.7%	43.4%
Neighbours	38.6%	34.5%
Credit cooperative	2.4%	1.9%
Bank	2.2%	17.5%
Commercial fund	1.6%	4.2%
Money broker/ Pawn broker	35.4%	39.1%
Other relatives	2.9%	2.7%
N	873	191

With reference to the above table there is not much difference in the pattern in the search of financial support between the IDPs and the non-IDPs. While non-IDPs, 17 percent would rely on the bank as a source of financial support only 2.2 percent of the IDPs would consider the particular option. But more IDPs seem to consider/are comfortable in getting financial support from credit cooperatives; 2.4 percent IDPs as opposed to 1.9 percent non-IDPs.

Table 5.6: Percentage distribution of all households by IDP typology and by money received and importance of money received and by origin of money

Received money, Importance of money received, origin of money	*IDP Typology*	
	IDP	*Non _IDP*
Received money	17.1%	15.3%
Did not receive money	82.9%	84.7%
N	779	284
Importance of money received		
Very impotrant	72%	78%
Important	14%	8%
Fairly important	15%	14%
Origin of money		
From within country	50.9%	55.0%
From abroad	43.4%	45.0%
N	127	27

Table 5.7: Percentage distribution of all households by IDP typology and by goods and services received and sources of goods and services received

Goods and services received	*IDP Typology*	
	IDP	*Non IDP*
Goods and sources received		
Shelter/Housing	2.7%	1.2%
Access to land	2.1%	1.2%
House repair	1.2%	1.9%
Dry rations/ Food	32.1%	6.9%
Money	1.9%	1.2%
Legal suport	0.1%	0.3%
Mobile clinic/ Health care	1.0%	0.3%
Clothes	3.2%	0.8%
Other	13.4%	17.1%
No goods	6.3%	18.8%
Sources of goods received		
Local Government	52.2%	26.3%
UNHCR	14.2%	2.9%
Other UN organizations	5.2%	2.8%
Local NGOs	0.8%	0.7%
Family or friends living in-		
In this country	0.5%	0.4%
Other countries	0.5%	0.0%
Permenantly settled abroad	1.0%	1.6%
Other	3.7%	4.5%
N	873	191

6. SUMMARY AND CONCLUSIONS

This survey examined the conditions faced by conflict-related IDPs in Sri Lanka, in the districts of Mannar, Vavuniya, Anuradhapura, Polonnaruwa and Trincomalee. Other districts in which there are sizeable numbers of conflict-related IDPs were not surveyed, because it proved impossible to access LTTE-controlled areas (Kilinochchi, Mullaitivu), or because of the deteriorating security situation (Jaffna), or because it was considered impractical to obtain an appropriate sampling frame (Batticaloa). It should be noted that this survey thus excluded half the IDPs in the country, whose displacement was the result of the December 2004 Tsunami, many of whom were doubly displaced as a result of the conflict and the more recent Tsunami.

To provide a comparison with an appropriate group, the survey also sampled non-IDP households living next to the surveyed IDP communities or households. The original target for the survey was a total of 1,500 households, but because the security situation deteriorated considerably during the first quarter of 2006 when fieldwork was conducted, it was necessary to curtail fieldwork, and the final achieved sample size was only 1,064 households, comprising 873 IDP households and 191 non-IDP households. Households were sampled using a two-stage, stratified design, with clusters chosen at the Grama Niladhari level. In general, cooperation from identified and located households was good, and the response rates overall and for individual items were uniformly high.

IDP households have a similar demographic structure to those of the non-IDP population, although the percentage of households who have children is modestly greater, and overall household size is larger. In terms of their displacement, the history of IDP households in all districts reflects the multiple waves of displacement that have occurred in the past two decades. Many in Mannar, Anuradhapura and Polonnaruwa come from afar afield as Jaffna and Vavuniya, whilst most of the rest are internally displaced within their own districts. Most IDPs have been separated from their original homes for more than five years, and 58% first fled more than 15 years ago. Although many have moved more than once, most IDPs have been residing in their current locations more than five years. Only a small minority of IDPs desire to return to their original homes, and overall very few intend to do so, even in the longer term.

In terms of living conditions, IDPs are in most respects worse off than the average Sri Lankan household, and worse off than the typical residents of the districts and communities they now find themselves in. It was not possible to reliably assess the overall income level of the surveyed households, but data collected on ownership of household assets indicates that whilst the non-IDP households surveyed are commonly drawn from the second and third poorest income quintiles in the country, IDPs are mostly concentrated in the poorest quintiles. IDPs, therefore, typically live below the national poverty line. Their generally precarious economic situation is reflected in their employment conditions – IDPs tend to be as likely to work as non-IDPs, but more of them do not participate in the workforce owing to household responsibilities and the need to care for other family members, and possibly because of discouragement at finding work if they search for it. The poorer economic status of IDP households is also reflected in lower rates of home ownership in both urban and rural areas, more inferior housing materials being used in their homes and worse than average access to improved sanitation and water supplies.

Nutritional and anthropometric indicators offer a better and less potentially unbiased measure of overall household status than direct questions concerning income. When statistics such as stunting and wasting in children are examined, the survey reveals that the non-IDP households are probably modestly worse off than the national average, but that the IDP children do even worse, with higher levels of stunting and wasting. Forty-one percent of IDP

children are underweight compared with 36% in their immediate neighbours, and 13% are severely underweight compared with 5% of their immediate neighbours.

Access to education for IDPs appears to be relatively high and comparable with their non-IDP neighbours, with access even better in some respects. Primary school enrolment rates are uniformly high and similar to national levels, but it was found that literacy rates amongst young adults was lower than the national average, reflecting perhaps a legacy of disrupted schooling in previous years as a result of the conflict. When educational achievement is examined with respect to gender, it was found that girls did relatively well in primary education, but did relatively badly in secondary education compared with the national situation: the ratio of girls to boys in secondary education was 93% in the IDP families compared with 104% in the national population. However, women IDPs were more likely to be literate than men, indicating that girls make better use of their schooling opportunities than boys.

Since the infant mortality rate in Sri Lanka is already so low (less than 12 per 100 live births nationally), it was not possible with the sample size of this survey to assess differentials in the infant mortality rate, as well as those in the maternal mortality rate. Nevertheless, whilst the levels of coverage with basic services as immunization are high in the IDP population at over 80%, the average levels are still 10-15% lower than in the non-IDP population surveyed. With respect to access to maternal services, similarly access was also generally high for IDPs, with IDP mothers reporting high levels of access to antenatal care and to skilled attendance at child birth, but with some indications that they did slightly worse than the non-IDP mothers, with fewer IDPs than non-IDPs accessing antenatal care from doctors, and 4% of IDP mothers giving birth at home (compared with 1-2% nationally), and 8% of births being attended by traditional birth attendants (compared with 1-2% nationally). Importantly, it should be noted that the high levels of access to basic services was due almost exclusively to provision by the government, as the public sector accounted for almost all maternal and antenatal care received by IDPs.

Consistent with the picture of good access to healthcare, IDPs appear to have similar levels of access to family planning services as non-IDPs, and in fact use of condoms was higher than in non-IDPs. Condom usage is doubly important as it also protects against HIV transmission. Compared with the results of the DHS 2000, both the IDP and non-IDPs surveyed had good knowledge of HIV/AIDS, suggesting that efforts to improve community awareness in the past six years have been successfully generally, and also especially in reaching the IDP populations, who would be expected to more vulnerable in this respect owing to their situation.

When asked questions about their general vulnerability and ability to access services, both IDPs and non-IDPs reported a significant level of problems, but these were generally higher in the case of non-IDPs. For example, the percentages of IDP households reporting problems in accessing healthcare (27%), education (20%), obtaining official documents (13%), access to places of worship (19%) and ability to vote (15%) are generally half or double as much as that for non-IDPs.

In summary, the general picture that emerges from this study is that most IDPs have typically been in this state for many years, and have been living in their current places of residence for a number of years. Most do not want to return to their original homes for whatever reasons, but continue to live in conditions of precariousness and vulnerability, and most are essentially below the poverty line. On the positive side, it was found that, despite their problems, access to government-provided health and education services was generally high, and often comparable to non-IDPs. More significant problems and disparities are found elsewhere, chiefly in areas related to normal living such as freedom from threats and dealings with the authorities.

The reality is that most IDPs will not be able to return home in the immediate future, as the underlying conflict remains unsolved, and given that all the indications are that the current ceasefire is all but dead in name. This means that it is vital that policy recognises that for most IDPs, their IDP status is likely to be a semi-permanent condition at least in the medium term. It follows then that efforts should be made to improve their conditions and assist them to integrate more effectively into normal society. In this respect, increased efforts need to be made with respect to employment and economic opportunities, so that the worst effects of poverty and vulnerability can be mitigated. At the same time, more can be done to address problems related to basic insecurity and other barriers that IDPs face in accessing official services and authorities.

BIBILOGRAPHY

ARUNATILAKE, N., JAYASURIYA, S. and KELEGAMA, S. (2001) The Economic Cost of the War in Sri Lanka. Colombo, Sri Lanka, IPS.

CARE, CHRISTIAN AID, JSAC, OXFAM, NRC, ZOA, UNDP, OCHA and UNHCR (2005) The Internally Displaced In Sri Lanka *Discussion Paper on Equity.* Colombo, Sri Lanka, UNHCR.

CENTRAL BANK OF SRI LANKA (2004) The Consumer Finances and Socio Economic Survey Report: 2003/2004. Colombo, Sri Lanka, Central Bank of Sri Lanka.

CENTRAL BANK OF SRI LANKA (2006) Annual Report 2005. Colombo, Sri Lanka, The Central Bank of Sri Lanka.

DEPARTMENT OF CENSUS AND STATISTICS (2000) Sri Lanka Demographic and Health Survey. Colombo, Sri Lanka, Department of Census and Statistics and Ministry of Health Nutrition and Welfare.

DEPARTMENT OF CENSUS AND STATISTICS (2002) Sri Lanka Demographic and Health Survey 2000. Colombo, Sri Lanka, Department of Census and Statistics and Ministry of Health Nutrition and Welfare.

DEPARTMENT OF CENSUS AND STATISTICS (2004a) Annual Report of the Sri Lanka Labour Force Survey Colombo, Sri Lanka Department of Census and Statistics

DEPARTMENT OF CENSUS AND STATISTICS (2004b) Household Income and Expenditure Survey 2002. Colombo, Sri Lanka, Department of Census and Statistics.

DEPARTMENT OF CENSUS AND STATISTICS (2004c) Official Poverty Line for Sri Lanka. Colombo, Sri Lanka, Department of Census and Statistics.

DEPARTMENT OF HEALTH SERVICES (Forthcoming) Annual Health Bulletin 2003. Colombo, Sri Lanka, Ministry of Healthcare Nutrition and Welfare

FAMILY HEALTH BUREAU (2003) Annual Report on Family Health Sri Lanka 2001. Colombo, Sri Lanka, Family Health Bureau, Ministry of Healthcare Nutrition and Welfare

GOODHAND, J., KLEM, B., FONSEKA, D., KEETHAPONCALAN, S. and SARDESAI, S. (2005) AID Conflict and Peace-building in Sri Lanka 2000-2005. Colombo, Sri Lanka, The Asia Foundation and the World Bank.

HSIAO, W. C. and ASSOCIATES (2001) A Preliminary Assessment of Sri Lanka's Health Sector and Steps Forward. Cambridge, MA, USA, Harvard University.

NATIONAL COUNCIL FOR ECONOMIC DEVELOPMENT (2005) Millennium Development Goals Country Report. Sri Lanka, National Council for Economic Development.

PATHMANATHAN, I., LILJESTRAND, J., MARTINS, J. M., RAJAPAKSA, L., LISSNER, C., SILVA, A. D., SELVARAJU, S. and SINGH, P. J. (2003) *Investing in Maternal Health: Learning from Malaysia and Sri Lanka,* Washington, D.C., World Bank.

RANNAN-ELIYA, R. P. (2001) Strategies for Improving the Health of the Poor – The Sri Lankan Experience. Colombo, Sri Lanka.

SIRIMAL, A. (2002) Economic Roots of Political Conflict: The Case of Sri Lanka. Colombo, Sri Lanka, University of Colombo - Department of Economics.

SOMANATHAN, A., SALEEM-ISMAIL, F. and RANNAN-ELIYA, R. P. (2006) Distribution of Public Subsidies for Healthcare in Five Asian countries. Colombo, Sri Lanka, Institute for Health Policy.

ANNEX A MILLENNIUM DEVELOPMENT GOALS, TARGETS AND INDICATORS

Goals	Targets	Indicators	Covered by survey[5]
1 Eradicate extreme poverty and hunger	1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1 Proportion of population below $1 (PPP) per day 2 Poverty gap ratio [incidence x depth of poverty] 3 Share of poorest quintile in national consumption	X X -
	2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4 Prevalence of underweight children under-five years of age 5 Proportion of population below minimum level of dietary energy consumption	X -
2 Achieve universal primary education	3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6 Net enrolment ratio in primary education 7 Proportion of pupils starting grade 1 who reach grade 5 8 Literacy rate of 15-24 year-olds	X X X
3 Promote gender equality and empower women	4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	9 Ratios of girls to boys in primary, secondary and tertiary education 10 Ratio of literate women to men, 15-24 years old 11 Share of women in wage employment in the non-agricultural sector 12 Proportion of seats held by women in national parliament	X X X -
4 Reduce child mortality	5 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13 Under-five mortality rate 14 Infant mortality rate 15 Proportion of 1 year-old children immunised against measles	- - X
5 Improve maternal health	6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16 Maternal mortality ratio 17 Proportion of births attended by skilled health personnel	- X
6 Combat HIV/AIDS, malaria and other diseases	7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18 HIV prevalence among pregnant women aged 5-24 years 19 Condom use rate of the contraceptive prevalence rate a Condom use at last high-risk sex b Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS c Contraceptive prevalence rate 20 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	- X - X X X

[5] X indicates coverage by the survey; - indicates non-coverage.

	8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21 Prevalence and death rates associated with malaria 22 Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures 23 Prevalence and death rates associated with tuberculosis 24 Proportion of tuberculosis cases detected and cured under DOTS	- X - -
7 Ensure environmental sustainability	9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25-28 Not applicable for population study 29 Proportion of population using solid fuels	- X
	10 Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30 Proportion of population with sustainable access to an improved water source, urban and rural 31 Proportion of population with access to improved sanitation, urban and rural	X X
	11 By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32 Proportion of households with access to secure tenure	X
8 Develop a global partnership for development	12 Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	33-44 Not applicable for population study	-
	13 Address the special needs of the least developed countries		
	14 Address the special needs of landlocked developing countries and small island developing States		
	15 Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term		
	16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	45 Unemployment rate of young people aged 15-24 years, each sex and total	X
	17 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	46 Proportion of population with access to affordable essential drugs on a sustainable basis	-
	18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47 Telephone lines and cellular subscribers per 100 population 48 Personal computers in use per 100 population and Internet users per 100 population	X X

The survey approach allows the collection of data for calculating a large number of MDG indicators. However, some MDG indicators cannot be calculated on the basis of the present survey data or are irrelevant in the context of this study. This relates to the following issues:

- *Nature of the survey instrument*. Some indicators refer to measures that cannot be calculated on the basis of individual and household information, e.g. the proportion of seats held by women in national parliament (indicator 12) or the proportion of land area covered by forest (indicator 25).
- *Size of the survey sample*. Relatively small sample sizes as used in the MDG project do not allow the computation of indicators that refer to 'rare events', such as maternal and infant deaths. Correspondingly, indicators like maternal and infant mortality (16 and 14) cannot be calculated unless larger sample sizes are obtained.
- *Specificity of the survey questionnaire*. Some indicators require much and detailed data, which is difficult to accommodate in a survey addressing a wide scope of issues, because of budget and time constraints (including respondent fatigue). This, for example, relates to food consumption (indicator 5), anthropometric measurement (indicator 4) and income assessment (indicators 1, 2). Country-specific feasibility and significance determined the extent to which such issues were incorporated. In Sri Lanka, for example, the survey included an additional module for anthropometric measurements, given the dire need for this type of information in the conflict-affected areas that were selected for the study.
- *Relevance of specific indicators*. Some MDG indicators are not relevant to all countries. For instance, the ratio of school attendance of orphans to school attendance of non-orphans (indicator 20) is only recommended for countries with HIV prevalence of more than 1.

ANNEX B OPERATIONAL ISSUES

A.1 Sample design and implementation

Geographical scope

The primary objective of the 2006 Sri Lanka IDP Survey was to produce estimates of key indicators of household and individual welfare for the conflict-related IDP population in the island, for the country as a whole and to the extent possible by district. In addition, the survey was designed to produce estimates of key variables by whether the IDP household was residing in welfare centres or outside.

In reality, it was necessary to limit the objective of the survey from the very beginning, owing to the realities of the ground situation and operational considerations of the client. First, it was decided not to survey IDPs outside the eastern and northern areas of the country and those living in Ampara, thus excluding conflict-related IDPs in places such as Colombo. This was in recognition of the fact that many of those who moved to southern areas have largely integrated economically into their receiving areas, and thus do not face the same problems as those living in or near the main conflict zones. Second, changes in the past few years in the way IDPs are registered and provided welfare services by authorities in Batticaloa district meant that there was no reliable sampling frame for IDPs in this district. This fact combined with the ongoing low-intensity conflict that was going on in the district between the two rival factions of the LTTE made the security situation precarious and not conducive to field work. Accordingly, it was decided to exclude Batticaloa from the scope of the survey. Third, it was decided to exclude Puttalam, as this district had been surveyed by UNHCR in 2004. Nevertheless, it was intended to conduct fieldwork in all other districts, comprising Trincomalee, Anuradhapura, Polonnaruwa, Jaffna, Mannar, Vavuniya and Killinochchi, and steps were taken to design the sample with these districts in mind.

The deteriorating security situation during the first half of 2006 and increasing internecine conflict between the two LTTE factions seriously circumscribed the areas that were eventually surveyed. First, it proved impossible to get permission from the LTTE for the project's civilian field workers to access areas under their control, thus rendering a survey of IDPs in these areas moot. Second, the increasing level of violent incidents and resulting turmoil including curfews and disruptions to transport and fuel supplies prevented field work being carried out in the districts of Jaffna and Trincomalee, although it was possible to collect a small sample in the latter district before field work was terminated. In the case of Mannar, the substantial part of the fieldwork was completed before field conditions made it necessary to stop fieldwork. In the case of Jaffna, intermittent violence and shortage fuel delayed commencement of fieldwork, and when fieldwork was attempted unknown persons, who are believed to have been LTTE agents, prevented fieldwork by tearing up the questionnaires and warning away the field staff.

As the deteriorating security situation made it impossible to complete the original sample, adjustments were made during the survey to make up the lost numbers to the extent possible in the time available. This was largely done by increasing the sample size in Vavuniya, Anuradhapura and Polonnaruwa districts, but whilst retaining the principles of random selection, so that the estimation of sample weights would not be compromised. The description of the sampling design given below is accordingly of the final achieved design that was implemented.

Sample selection

The survey sample consisted of a two-stage, stratified representative sample of IDP households drawn from the target districts of the sampling frame. The national listing was first divided into target districts, which were ultimately Mannar, Vavuniya, Anuradhapura, Polonnaruwa and Trincomalee. A household sample was also selected for Jaffna, but not used for reasons mentioned above. In the second step, strata were formed by subdividing the IDPs in each district into two groups, comprising of IDPs living outside welfare centres and those living inside welfare centres. The strata thus consisted of non-welfare centre and welfare centre household groups in each target district.

At the first stage of sampling, GN divisions were selected within each stratum with probability proportionate to size (PPS), with size defined as the number of IDP households reported for each GN division in the sampling frame. These GN divisions comprise the primary sampling units (PSUs). In the second stage of sampling, random samples of IDP households were selected using systematic sampling from each PSU. In general, the desired size of each GN sample was fixed in relation to the GN size, but with provision that a minimum sample of three households was to be collected from each PSU. Typically, the GN sample consisted of 3 to 40 households.

As an important concern of the survey was to compare the welfare of the IDP households with the rest of the population, a control group of non-IDP households were also sampled. For this purpose, it was decided to treat the population within which the IDPs are now living as being the appropriate reference group. A small sample of 1-19 non-IDP households was selected from those households living immediately adjacent to the IDP households in each GN division. In the case of welfare centre IDPs, the non-IDP households were selected by the field interviewers, who walked out of the welfare centre in one direction and selected every fourth household found. In the case of IDPs living outside welfare centres, the field interviewers selected the immediately adjacent or proximate non-IDP households.

Sample size

The target sample size of the original survey design was 1,500 IDP and non-IDP households. However, owing to the difficult conditions encountered during fieldwork it was not possible to survey the districts of Jaffna and Kilinochchi, and to substantially survey Trincomalee. In response to this, the GN samples in the districts of Vavuniya, Anuradhapura and Polonnaruwa were increased to partially compensate for the loss of sample size. Consequently it was possible to achieve a final sample size of 1,064 households. Their distribution is given in Table A.1.

Table A.1: Distribution of sampled households by district and Grama Niladhari Division

Outside welfare centers

District	GN-cluster	IDP sampled	Non- IDP sampled
Aunuradhapura	Ihalagama	5	1
Aunuradhapura	Halmillawa	12	3
Aunuradhapura	Gonameiyawa	20	3
Aunuradhapura	Pubogama	3	-
Aunuradhapura	Mahalagamuwa	3	2
Polonaruwa	Bowatta	24	4
Polonaruwa	Sadupitiya	41	6
Polonaruwa	Palliyagodela	184	17
Polonaruwa	Ihalagama	3	1
Mannar	Kalimodda	10	-
Mannar	Tharapuram east	16	4
Mannar	Tharapuram west	5	1
Mannar	Perriya	31	6
Mannar	Thalv	38	6
Mannar	Puthukuippuwa	3	-
Mannar	Maathamadu	4	-
Mannar	Emil Nagar	33	6
Mannar	Moor Street	38	7
Mannar	Chemanthiv	82	13
Mannar	Paavedduvan	3	-
Trincomalee	Nadaththu	42	-
Vavuniya	V North	15	2
Vavuniya	Kovil Pathu	5	2
Vavuniya	Padaichchikulam	32	7
Vavuniya	Nochchi modai	23	5
Vavuniya	Asikulam	5	1
Vavuniya	Kalmadu	27	6
Vavuniya	Avusthapitiya	16	3
Vavuniya	Vairapuluyamkulam	26	4
Vavuniya	Acer 400	10	2
Vavuniya	Pattari	35	6
Vavuniya	Rajedrakulam	47	9
Vavuniya	Vavuniya Town	38	9

Welfare Centers

District	GN-cluster	IDP sampled	Non- IDP sampled
Aunuradhapura	Morakewa	5	1
Aunuradhapura	Boralukanda	12	3
Aunuradhapura	Katukeliyawa	3	1
Aunuradhapura	Nachchaduwa	15	3
Aunuradhapura	Hikirigollawa	66	13
Mannar	Palampitiya	17	4
Mannar	Nannadda	26	4
Mannar	Paesali	34	4
Vavuniya	Sithapurab	16	3
Vavuniya	Iyankarwoor	8	-
Vavuniya	Poothotam	105	19

Sampling probabilities and weights

As GN divisions were selected with probability proportionate to size, the first-stage selection probability (P_{1g}) is given by:

$$P_{1g} = \frac{H_g}{\sum H_g}$$

where

P_{1g} is the probability of selection of a designated PSU *g* in a given district stratum,

H_g is the total number of IDP households in a given PSU *g*,

$\sum H_g$ is the number of IDP households in the district stratum.

In each selected PSU, a household sample was selected through systematic random sampling. The second stage selection probability of a household is thus given by:

$$P_{2i} = \frac{H_s}{H_g}$$

where

P_{2i} is the probability of selection of a household *i* in a given PSU *g*,

H_s is the number of IDP households selected in a given PSU,

H_g is the total number of IDP households in a given PSU *g*.

The final selection probability of each sampled IDP household is thus given by:

$$P_i = \left(P_{1g} * P_{2i}\right) * N_{gd}$$

where

P_i is the probability of selection of a household *i* in a given district *d* and PSU *g*,

P_{1g} is the probability of selection of a designated PSU *g* in a given district stratum,

P_{2i} is the probability of selection of a household *i* in a given PSU,

N_{gd} is the number of PSUs sampled in a given district *d*.

The sampling weights are simply the inverse of the probabilities of selection of a particular IDP household.

The non-IDP households were picked as a control group. For the purpose of analysis therefore the sampling weights for these households were computed by scaling the sampling weights of

the corresponding IDP households so that the size of the hypothetical population of non-IDP households from which they were drawn was the same size and distribution as the IDP household population.

A.2 Training and field work

The design of the questionnaire was based on the overall study instrument provided by NIDI. Minor modifications were made to the design by the HPRA/IHP project team, following internal review and a pilot test, in order to adjust for local circumstances. For the most part, these modifications involved changes to the categorization of responses. The final questionnaire was translated into both Sinhala and Tamil.

Fieldwork was entrusted to Sri Lanka Business Development Centre (SLBDC), an established survey research firm based in Colombo, but with field staff in all provinces. Training for the survey was conducted during the second week of January 2006, with supervisory inputs by HPRA/IHP staff. In addition, separate training sessions were conducted by staff of the Medical Research Institute (MRI), who taught the field staff how to use the anthropometric measuring instruments and record anthropometric data.

Fieldwork commenced in January 2006 and was completed at the end of June 2006. A total of four survey teams of five persons each were used in the field, consisting of both Tamil and Sinhala-speaking field interviewers. Owing to the particular sensitivity of certain questions, all survey teams included at least one female interviewer. In general, most of the field interviewers were local residents of the relevant districts, supplemented by interviewers recruited in Colombo. All interviewers were permanent field staff of SLBDC.

A.3 Data processing

The completed questionnaires were returned to the SLBDC office in Colombo for data processing. The data from the questionnaires were entered into computers using a data entry package implemented in Visual Basic. This package had been designed by HPRA/IHP staff, and was designed to catch typical data entry errors, such as logical inconsistencies, and to prevent skipping of entry of particular components or variables. The resulting data files were compiled in Microsoft Access format.

Double-entry data verification was used to monitor the quality of data entry. A separate team of data entry operators based at HPRA/IHP offices was used to enter a 5% sample of questionnaires, and Epi-Info software was used to compare these data with the SLBDC-entered main data. Some initial systematic errors that were detected were reported to SLBDC to ensure that they were not repeated. The error rate that was detected as a result of this process was 2%, which can be considered good.

The final data set was converted into Stata format for data analysis. All analysis presented in this report was carried out by IHP staff using Stata Version 9.0. A copy of the data file in SPSS format was provided to NIDI for the pooled cross-country analysis.

A.4 Response rate

Information on the household and individual interviews is presented in Tables A.2 and A.3. A total of 1251 IDP households were selected for interview during the survey. Of these 272 could not be interviewed, as the household could not be located, or it had relocated or the site of

residence was destroyed. Of the IDP households that could be located, interviews were completed for 873 households. Interviews were not completed for 73 households, because there was no respondent old enough to answer in four cases, or because there was nobody available to respond at the times that the interview team visited (54 cases), or because the household refused to respond or participate in the survey (15 cases).

Interviews were successfully completed for 873 IDP households, and for 191 non-IDP households. The response rate for IDP households was thus 97.3%. There was no significant difference in response rates between households in specific districts, and between those located in welfare centres and those located outside.

The interviewed IDP households consisted of 3,261 individuals, and the non-IDP households interviewed consisted of 1,211 individuals.

Table A.2: Sample implementation – IDP households residing outside welfare centres

District	GN-cluster	Completed (%)	Given name of the family was not there (%)	No suitable household member to response (%)	Entire household absent for extended period of time (%)	Dwelling vacant or address not a dwelling (%)	Dwelling destroyed (%)	Dwelling not found (%)	Could not complete interview for security reason (%)	Refused (%)	Couldn't reach to the location because of security situation (%)	Sample house holds	Household response rate (%)	Non- IDP household s
Aunuradhapura	Ihalagama	100	-	-	-	-	-	-	-	-	-	5	100	1
Aunuradhapura	Halmillawa	100	-	-	-	-	-	-	-	-	-	12	100	3
Aunuradhapura	Gonameiyawa	65	-	5	-	30	-	-	-	-	-	20	100	3
Aunuradhapura	Pubogama	-	100	-	-	-	-	-	-	-	-	3	100	-
Aunuradhapura	Mahalagamuwa	100	-	-	-	-	-	-	-	-	-	3	100	2
Polonaruwa	Bowatta	75	-	-	-	25	-	-	-	-	-	24	100	4
Polonaruwa	Sadupitiya	98	-	-	-	-	-	2	-	-	-	41	100	6
Polonaruwa	Palliyagodela	81	-	-	-	3	-	16	-	-	-	184	100	17
Polonaruwa	Ihalagama	100	-	-	-	-	-	-	-	-	-	3	100	1
Mannar	Kalimodda	-	-	-	-	-	-	-	-	-	100	10	-	-
Mannar	Tharapuram east	75	-	-	-	-	-	25	-	-	-	16	100	4
Mannar	Tharapuram west	100	-	-	-	-	-	-	-	-	-	5	100	1
Mannar	Perriya	48	-	-	-	-	-	52	-	-	-	31	100	6
Mannar	Thalv	45	-	-	24	11	5	16	-	-	-	38	100	6
Mannar	Puthukuippuwa	-	-	-	-	-	-	100	-	-	-	3	100	-
Mannar	Maathamadu	-	-	-	-	-	-	-	100	-	-	4	100	-
Mannar	Emil Nagar	70	-	-	15	-	-	15	-	-	-	33	100	6
Mannar	Moor Street	61	-	-	3	29	-	5	-	3	-	38	100	7
Mannar	Chemanthiv	85	-	-	7	-	-	7	-	-	-	82	100	13
Mannar	Paavedduvan	-	-	-	-	-	-	-	-	-	100	3	-	-

District	GN-cluster	Completed (%)	Given name of the family was not there (%)	No suitable household member to response (%)	Entire household absent for extended period of time (%)	Dwelling vacant or address not a dwelling (%)	Dwelling destroyed (%)	Dwelling not found (%)	Could not complete interview for security reason (%)	Refused (%)	Couldn't reach to the location because of security situation	Sample house holds	Household response rate (%)	Non- IDP households
Trincomalee	Nadaththu	76	-	-	-	14	-	10	-	-	-	42	100	-
Vavuniya	V North	60	-	-	7	-	-	33	-	-	-	15	100	2
Vavuniya	Kovil Pathu	60	-	-	-	-	-	40	-	-	-	5	100	2
Vavuniya	Padaichchikulam	84	-	-	-	-	-	-	16	-	-	32	100	7
Vavuniya	Nochchi modai	74	-	-	-	-	-	26	-	-	-	23	100	5
Vavuniya	Asikulam	100	-	-	-	-	-	-	-	-	-	5	100	1
Vavuniya	Kalmadu	85	-	-	11	-	-	-	4	-	-	27	100	6
Vavuniya	Avusthapitiya	88	-	-	-	-	-	6	-	6	-	16	100	3
Vavuniya	Vairapuluyamkulam	85	-	-	15	-	-	-	-	-	-	26	100	4
Vavuniya	Acer 400	70	-	-	30	-	-	-	-	-	-	10	100	2
Vavuniya	Pattari	80	-	-	-	6	-	14	-	-	-	35	100	6
Vavuniya	Rajedrakulam	40	-	-	4	4	-	9	11	-	-	47	53	9
Vavuniya	Vavuniya Town	82	-	-	-	-	-	-	18	-	-	38	100	9

Table A.3: Sample implementation – IDP households residing in welfare centres

District	GN-cluster	Completed (%)	Given name of the family was not there (%)	No suitable household member to response (%)	Entire household absent for extended period of time (%)	Dwelling vacant or address not a dwelling (%)	Dwelling destroyed (%)	Dwelling not found (%)	Could not complete interview for security reason (%)	Refused (%)	Couldn't reach to the location because of security situation (%)	Sample house holds	Household response rate (%)	Non- IDP households
Aunuradhapura	Morakewa	100	-	-	-	-	-	-	-	-	-	5	100	1
Aunuradhapura	Boralukanda	83	-	-	-	17	-	-	-	-	-	12	100	3
Aunuradhapura	Katukeliyawa	100	-	-	-	-	-	-	-	-	-	3	100	1
Aunuradhapura	Nachchaduwa	67	-	-	-	-	-	33	-	-	-	15	100	3
Aunuradhapura	Hikirigollawa	91	-	-	-	-	-	5	-	-	-	66	95	13
Mannar	Palampitiya	76	-	-	-	-	-	12	12	-	-	17	100	4
Mannar	Nannadda	96	-	-	-	-	-	4	-	-	-	26	100	4
Mannar	Paesali	74	-	-	15	-	-	12	-	-	-	34	100	4
Vavuniya	Sithapurab	69	-	-	19	-	-	13	-	-	-	16	100	3
Vavuniya	Iyankarwoor	-	-	-	-	-	-	100	-	-	-	8	-	-
Vavuniya	Poothotam	65	-	-	8	-	-	19	2	-	-	105	93	19

ANNEX C CONCEPTS AND DEFINITIONS

Economically inactive population - This comprises all persons who were neither "employed" nor "unemployed" during the reference period used to measure "current activity".

IDP Population - The population that experienced internal displacement or fled from the country of origin.

IDP Status - The status indicating whether or not a person belongs to the IDP population.

IDP households - These consist of households of IDPs only and mixed households with both IDPs and non-IDPs. Non-IDP households consist only of non-IDPs.

Poverty line - This is defined in Sri Lanka as the per capita expenditure for a person to be able to meet the nutritional anchor of 2,030 kilocalories in 2002.

Poverty gap ratio - The incidence and depth of poverty, measured as the sum of the income gap ratios for the population below the poverty line, divided by the total population.

Samurdhi - A Sri Lankan government-implemented programme aimed at improving the nutritional status of households earning below Rs. 1,500, by providing direct financial assistance and implementing programmes to enhance their income levels.

ANNEX D QUESTIONNAIRES