



## "Social Welfare and Its Role in Societal Development: A Sri Lankan Perspective"

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### ABSTRACT

This study examines social welfare's role in Sri Lanka's societal development between 2015-2025, analyzing its contributions to poverty reduction, equity, and human capabilities amid economic constraints. Sri Lanka's welfare system encompasses universal services—free education and healthcare—alongside targeted programmes such as Samurdhi and Aswesuma cash transfers, forming a framework that elevated the country's HDI to 0.782 despite modest GDP. The research analyzes historical and current policies' impacts on poverty, inequality, health, education, and Sustainable Development Goals, while identifying challenges and proposing enhancements. Methodology involves secondary data analysis of government reports, policy documents, and scholarly literature, synthesizing qualitative themes with descriptive quantitative evaluation. Key findings reveal welfare programmes drove poverty from 22.7% (2002) to 4.1% (2016), achieving life expectancy of 77.48 years and near-universal enrollment. However, the 2022-2023 economic crisis reversed gains to 25.9% poverty. Persistent challenges include targeting inefficiencies (41% inclusion errors), endemic political interference, programme fragmentation across 27 schemes, benefit inadequacy, and systematic



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exclusion of estate populations and persons with disabilities. Universal services demonstrated superior inequality reduction compared to targeted transfers. The study concludes that strategic reforms—including integrated registries, indexed benefits, depoliticized delivery, and comprehensive graduation pathways—are essential for sustainable, equitable advancement aligned with SDGs.

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## Introduction

Social welfare is a critical component of societal development, encompassing a range of services and programs designed to ensure the well-being of individuals and communities, particularly those who are vulnerable or marginalized. It plays a pivotal role in promoting social equity, reducing poverty, and fostering inclusive growth that benefits all segments of society (Titmuss, 1974). The concept of social welfare is deeply embedded in the social contract between citizens and the state, where the government assumes responsibility for safeguarding the basic needs of its population through policies and interventions that address health, education, housing, and income security (Alcock, 2013).

In the context of developing countries like Sri Lanka, social welfare assumes an even greater significance because it serves as a mechanism to alleviate poverty and promote human development amid socio-economic challenges. Sri Lanka has a unique social welfare system shaped by its historical experiences, cultural values, and political economy. The country possesses a relatively robust welfare state compared to many other South Asian nations, with long-standing programs such as universal education, free healthcare, and targeted social assistance that have contributed to notable achievements in social indicators (De Mel, 2016; World Bank, 2019). However, despite these accomplishments, challenges such as income inequality, rural-urban disparities, and the effects of prolonged ethnic conflict continue to test the resilience and effectiveness of Sri Lanka's social welfare framework (Rajapakse & Fernando, 2018).

Societal development refers to the holistic advancement of a community or nation in terms of economic growth, social cohesion, political stability, and environmental sustainability. Social welfare systems play a crucial role in this process, as they promote human capital development by enhancing health outcomes, increasing educational attainment, and improving the quality of life for the underprivileged (Sen, 1999). In Sri Lanka, the interconnectedness between social welfare and societal development is particularly evident in post-conflict reconstruction efforts and poverty reduction strategies, where welfare programs



have been used to rebuild communities, foster social capital, and stimulate inclusive economic participation (Fernando & Samarasinghe, 2017).

Given the dynamic socio-political landscape of Sri Lanka, it is crucial to critically assess the role of social welfare in facilitating societal development. This research paper aims to explore the multifaceted nature of social welfare in Sri Lanka, examining its historical evolution, current policies, implementation challenges, and outcomes. It also seeks to understand how social welfare contributes to broader development goals, particularly in enhancing social equity, economic resilience, and community empowerment within the Sri Lankan context.

By situating the inquiry within the Sri Lankan context, the research addresses the gap in localized knowledge and provides policy-relevant recommendations to strengthen social welfare systems for sustainable development.

This research paper highlights the significance of social welfare as a crucial driver of societal development in Sri Lanka. It highlights the need for continuous innovation and responsiveness in welfare policies to address emerging social challenges and ensure that development gains are equitably distributed. The findings are expected to contribute to academic debates and inform policymakers, practitioners, and civil society actors engaged in advancing social welfare and development in Sri Lanka.

### **Definition of key terminology**

#### **Social Welfare**

Social welfare refers to the organized system of social services and institutions designed to aid individuals and groups to attain satisfying standards of life and health (Midgley, 2014). It encompasses programs that provide economic security, healthcare, education, and social protection to citizens, particularly vulnerable populations (Spicker, 2014).

In the Sri Lankan context, social welfare has historically been comprehensive, with successive governments maintaining commitment to universal services (Alailima, 1997). The country's welfare system includes free education, healthcare, food subsidies, and social safety nets that have contributed significantly to human development outcomes (Sen, 1988). As noted by Dunham and Jayasuriya (2000), Sri Lanka's welfare policies have been "characterized by their universality and their significant redistributive impact" (p. 381).

#### **Societal Development**



Societal development encompasses the holistic progress of a nation across economic, social, cultural, and political dimensions (Todaro & Smith, 2015). It goes beyond mere economic growth to include improvements in quality of life, social equity, institutional capacity, and human capabilities (Sen, 1999).

For Sri Lanka, societal development has been characterized by what Isenman (1980) termed the paradox of achieving high human development indicators despite relatively low per capita income. This "Sri Lankan development model" has been extensively studied by scholars seeking to understand how a developing nation achieved such remarkable social outcomes (Gough, 2004; Osmani, 1994).

### **Human Development**

Human development, as conceptualised by the United Nations Development Programme (UNDP), focuses on expanding people's choices and capabilities (UNDP, 1990). According to Sen (1999), human development "is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests" (p. 14).

Sri Lanka has historically performed well on human development metrics, with life expectancy, literacy rates, and education enrollment figures comparable to developed nations (UNDP, 2020). These achievements have been attributed to sustained investment in social welfare programs since independence (Alailima, 1985; Gunatilleke, 1984).

### **Universal Social Services**

Universal social services are welfare provisions made available to all citizens regardless of income, class, or social status (Korpi & Palme, 1998). This universalist approach contrasts with targeted or means-tested programs (Mkandawire, 2005).

Sri Lanka's free education system, extending from primary through university level, and its free healthcare system exemplify universal service provision (Jayaweera, 1999). According to Little (2003), "these policies, introduced in the early post-independence period, have been credited with reducing inequality and promoting social mobility across ethnic and class lines" (p. 185).

### **Social Safety Nets**

Social safety nets are programs designed to protect vulnerable populations from poverty and economic shocks (World Bank, 2018). These include cash transfers, food subsidies, public works programs, and social insurance schemes (Grosh et al., 2008).



In Sri Lanka, key safety net programs have included the Samurdhi poverty alleviation program, elderly assistance allowances, and various targeted transfer schemes (Kelegama, 2004). However, as Gunatilaka and Chotikapanich (2009) observe, the effectiveness of these programs has been "constrained by political considerations and targeting inefficiencies" (p. 1028).

### **Redistributive Policies**

Redistributive policies involve the transfer of income, wealth, or resources from certain segments of society to others, typically from wealthier to poorer groups, to reduce inequality and promote social justice (Barr, 2012). According to Korpi and Palme (1998), redistribution can occur through both direct transfers and universal service provision.

Sri Lanka's redistributive mechanisms have historically included progressive taxation, subsidised services, and direct transfer programs (Jayasuriya & Wodon, 2003). However, as noted by Athukorala and Jayasuriya (2015), "the extent and effectiveness of redistribution have varied across different political periods, with liberalization policies since 1977 potentially undermining earlier redistributive gains" (p. 567).

### **Welfare State**

A welfare state is a government system that assumes primary responsibility for the welfare of its citizens through comprehensive social protection and services (Esping, 1990). It represents an institutional commitment to ensuring minimum living standards and protecting against social risks (Briggs, 2006).

While Sri Lanka has never been a welfare state in the full Scandinavian sense, it has maintained significant welfare state characteristics, particularly in education and health (Gough & Wood, 2004). Scholars have termed this a "precocious welfare state," given its low-income status (Gough, 2004, p. 167) or a case of "welfare statism without the welfare state" (Marga Institute, 1984, p. 23).

### **Social Capital**

Social capital refers to "the networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit" within communities and societies (Putnam, 1995, p. 67). Woolcock (1998) distinguishes between bonding social capital (ties within groups) and bridging social capital (ties across groups).

In the Sri Lankan context, social capital has been both strengthened through community-based welfare initiatives and challenged by ethnic conflict and political divisions (Bastian, 2003). According to



Goodhand, Korf, and Spencer (2011), "the civil war significantly eroded bridging social capital across ethnic communities while potentially strengthening bonding capital within ethnic groups" (p. 49).

### **Poverty Alleviation**

Poverty alleviation encompasses strategies and programs aimed at reducing the incidence, depth, and severity of poverty (Ravallion, 2016). The World Bank (2001) defines poverty not only in terms of income but also as "deprivation in well-being," encompassing health, education, and empowerment dimensions.

Sri Lanka's poverty alleviation efforts have evolved from broad-based welfare programs to more targeted interventions following economic liberalization (Kelegama & Tilakaratna, 2014). Despite these efforts, Heltberg (2002) notes that "poverty in Sri Lanka has shown persistence, particularly in rural areas and among certain ethnic minorities" (p. 493).

### **Social Equity**

Social equity refers to fairness and justice in the distribution of resources, opportunities, and outcomes across society (Rawls, 1971). It emphasizes not just equality of treatment but consideration of different needs and circumstances (Sen, 1992).

In Sri Lanka's development trajectory, social equity has been a stated policy objective, with education and health services serving as key mechanisms for promoting equal opportunities (Jayawardena, 2000). However, as Aturupane, Glewwe, and Wisniewski (2013) demonstrate, "significant disparities persist across regions, ethnic groups, and socioeconomic classes despite universal service provision" (p. 234)

### **Objectives**

1. To analyze historical and current social welfare policies in Sri Lanka and their impact on societal development
2. To assess the role of social welfare in reducing poverty, inequality, and social exclusion
3. To examine social welfare contributions to health, education, and living standards
4. To identify implementation challenges and propose enhancement strategies
5. To explore how social welfare supports sustainable development goals through social capital and community empowerment



## Methodology

This research adopts a secondary data analysis approach, systematically collecting and reviewing published research studies, government documents, policy reports, and scholarly articles. Data sources are selected for their relevance, credibility, and comprehensiveness in addressing social welfare policies, programs, and societal impacts. Qualitative data are synthesized to identify key themes and trends, while quantitative data are descriptively analyzed to assess welfare outcomes such as poverty reduction, health, and education improvements.

## Discussion

### Historical and Current Social Welfare Policies and Their Impact on Societal Development

Sri Lanka's welfare landscape experienced a significant shift between 2015 and 2025. The Samurdhi Programme, launched in 1995, functioned as the main cash transfer scheme, reaching about 1.76 million households by 2022 (Wanigasinghe, 2023). However, ongoing issues persisted within the system, with only 17% of beneficiaries successfully leaving the programme, indicating limited success in graduation (LIRNEasia, 2023). Political interference continued to be widespread, with respondents reporting they could not access Samurdhi benefits unless they supported the ruling political party (LIRNEasia Survey, 2023).

In December 2022, the government introduced the Aswesuma Welfare Benefit Programme to replace Samurdhi, employing 22 socioeconomic indicators to determine eligibility across four poverty categories: Transitional, Vulnerable, Poor, and Severely Poor (Gazette No. 2328/13, 2023). Transfer amounts ranged from LKR 2,500 to LKR 15,000 monthly, significantly higher than previous Samurdhi allocations (CEPA, 2023). Cabinet approval in April 2025 increased these amounts to LKR 5,000-17,500, recognizing inadequacy relative to inflation (Amarasinge, 2025).

The programme targeted 2 million households (approximately 32% of households), though implementation faced significant challenges (CEPA, 2023). Of 1.28 million Samurdhi recipients who applied, only 887,653 were deemed eligible, generating 982,770 appeals and 62,368 objections (Wanigasinghe, 2023; Semasinghe, 2023). By November 2023, only 1.365 million households received payments, with 234,997 households lacking bank accounts and 75,457 lacking national identity cards, preventing benefit receipt (CEPA, 2023).



The Welfare Benefits Board (WBB) was established as the implementing agency, supported by a USD 310 million World Bank project to develop the Social Registry Information System (SRIS) and strengthen institutional capacity (Bird et al., 2022). However, the World Bank's Independent Evaluation Group rated the project "moderately unsatisfactory," citing deteriorating application processing times from 30 days to 90 days, failing to meet the 10-day target (World Bank ICR, 2024). The grievance redress mechanism remained weak, and system audits were incomplete by project closing in June 2023 (World Bank, 2024).

Universal healthcare and education continued serving as foundational welfare pillars. Healthcare coverage remained at approximately 93% of the population, though the 2022 economic crisis precipitated medicine shortages as the rupee depreciated 70% against the dollar, subsequently easing by 2024 (DFAT, 2024; WHO, 2023). Free education maintained near-universal primary enrollment, though quality concerns persisted with government education expenditure declining to below 5% of GDP (ILO, 2016).

Sri Lanka's HDI trajectory reflected both achievements and challenges. From 0.766 in 2015, HDI rose to 0.782 in 2019 and 0.780 in 2020, before declining to 0.776 in 2023 due to economic crisis impacts (UNDP, 2025; The Global Economy, 2025). The country ranked 73rd globally in 2015, improved to 72nd in 2019, but slipped to 89th by 2023, though maintaining "High Human Development" status (UNDP, 2025). Life expectancy increased from 75 years in 2015 to 77.48 years by 2023, while mean schooling remained relatively stable around 10-11 years (UNDP, 2025; IPS, 2017).

The government's stated objective for Aswesuma was creating a poverty-free Sri Lanka by 2048, transitioning from a welfare state to an "entrepreneurial state" model (Pasqual, 2023). This ambitious vision contrasted with immediate implementation realities, where targeting inefficiencies, institutional capacity constraints, and fiscal pressures limited effectiveness. The foundation established through integrated registries and digital payment systems represented progress, but long-term success depended on balancing short-term relief with sustainable development pathways (Amarasinge, 2025).

### **The Role of Social Welfare in Reducing Poverty, Inequality, and Social Exclusion**

Poverty dynamics between 2015 and 2025 revealed both progress and regression. From 2015 to 2019, poverty declined steadily, with national poverty rates falling from 8.9% in 2010 to 4.1% in 2016 at the national poverty line (World Bank, 2017). This represented one of the lowest poverty rates in South Asia, with extreme poverty below 3% by 2012/13 (World Bank, 2017). Rural areas, accounting for 85% of the poor, saw particularly strong improvements (World Bank, 2019).



However, the COVID-19 pandemic and economic crisis dramatically reversed these gains. Poverty at the international poverty line (\$3.65 PPP) surged from 11.3% in 2019 to 13.1% in 2021, then doubled to 25.0% in 2022, pushing approximately 2.5 million additional people into poverty (World Bank, 2023). By 2023, an estimated 25.9% of Sri Lankans lived below the poverty line, with projections indicating rates would remain above 22% until 2026 (World Bank, 2024). The national poverty line increased from Rs. 6,966 per month in 2019 to Rs. 17,014 by January 2024, reflecting 144% cumulative inflation (Groundviews, 2024).

Social protection programs demonstrated mixed effectiveness in poverty reduction. Between 2002 and 2012, Samurdhi lifted approximately 3.5% of beneficiary households above the poverty line, contributing 18% to overall poverty reduction (Kiribanda & Thennakoon, 2013). Cash transfers constituted 8-12% of household income for the poorest quintile, providing crucial support, though insufficient for meaningful poverty escape (Gunatilaka, 2010). Emergency cash transfers during COVID-19 to 3.5 million households prevented an estimated 5-6 percentage point poverty increase (World Bank, 2021).

However, targeting failures undermined efficiency. Samurdhi inclusion errors reached 41% with exclusion errors of 28%, meaning approximately 35% of resources reached non-poor households (World Bank, 2015). Coverage of the poorest 20% increased from 37.1% in December 2016 to only 43% by June 2023, falling short of the 60% target (World Bank ICR, 2024). Political interference perpetuated these failures, with coverage in electorally competitive areas exceeding need-based allocations by 15-20% (Transparency International Sri Lanka, 2017).

Aswesuma's targeting represented an improvement over Samurdhi, employing multidimensional poverty criteria rather than single-variable assessments (IPS, 2025). The 22 indicators assessed income, education, infrastructure access, and assets, providing more comprehensive vulnerability identification (Gazette No. 2328/13, 2023). However, the system penalized households that had invested in basic improvements—permanently built houses, indoor toilets, gas cylinders, motorbikes—potentially excluding genuinely vulnerable families (CSF-Asia, 2025).

Among Aswesuma recipients, only 179,272 households (approximately 3% of households) were identified as severely poor, substantially below the expected 400,000 households (CEPA, 2023). This suggested either a significant underestimation of severe poverty or targeting failures. More concerningly, 55.7% of Sri Lankans (12.34 million people) were multidimensionally vulnerable according to UNDP analysis, yet only 2 million households received Aswesuma benefits, representing a substantial coverage gap (UNDP, 2023).



Inequality trends showed limited improvement despite welfare spending. The Gini coefficient remained elevated around 0.48 during this period (Central Bank of Sri Lanka, 2017). Social protection transfers reduced inequality by only 2-3 percentage points, while including in-kind benefits from universal services reduced the effective Gini to 0.42-0.43 (Ministry of Finance, 2019). This demonstrated that universal healthcare and education provided greater inequality reduction than targeted cash transfers.

Social exclusion remained persistent for specific groups. The estate sector experienced poverty rates of 10.9% compared to 1.9% in urban areas, with only 62% of estate youth completing secondary education versus 89% nationally (Department of Census and Statistics, 2017). Persons with disabilities faced severe exclusion, with only 420,000 receiving disability allowances despite 8.7% of the population having disabilities, and only 22% of working-age disabled adults employed (ILO, 2018). Female-headed households, constituting 25.8% of all households, experienced poverty rates of 7.2% compared to 5.8% for male-headed households (Department of Census and Statistics, 2017).

The economic crisis exacerbated exclusion, with women bearing disproportionate burdens through increased unpaid care work as household economic pressures intensified (Feminist Collective, 2022). The World Food Programme reported in February 2024 that 43% of households adopted livelihood-based coping strategies while 42% adopted food coping strategies, indicating widespread economic stress (WFP, 2024).

### **Social Welfare Contributions to Health, Education, and Living Standards**

Healthcare achievements during 2015-2019 remained impressive despite resource constraints. Universal healthcare coverage maintained approximately 93% population reach, with the poorest quintile accounting for 22% of outpatient visits and 24% of inpatient admissions, demonstrating equitable utilization (Rannan-Eliya et al., 2015). Maternal mortality remained stable at 36 per 100,000 live births in 2017, with skilled birth attendance at 99.8% (WHO, 2018). Infant mortality declined to 7.4 per 1,000 in 2019, while under-five mortality reached 8 per 1,000, exceeding SDG targets (UNICEF, 2020).

Immunisation coverage maintained excellence above 99% for all childhood vaccines, eliminating vaccine-preventable diseases (Epidemiology Unit, 2019). The programme's success contributed to malaria elimination in 2016 and tuberculosis control to 65 per 100,000 by 2018 (Epidemiology Unit, 2019). Life expectancy increased from 75 years in 2015 to 77.48 years by 2023, significantly exceeding the South Asian average (UNDP, 2025).



However, challenges emerged. The UHC Service Coverage Index scored 76 for reproductive, maternal, newborn and child health, 66 for service capacity and infectious diseases, and 60 for noncommunicable diseases, with several indicators in medium- and low-score categories (WHO, 2023). Healthcare facilities faced overcrowding with bed occupancy rates exceeding 100%, while only 8 hospitals maintained geriatric units for the 13.4% elderly population (Ministry of Health, 2019). Growing privatization and increasing out-of-pocket expenditures threatened accessibility (Chapman & Dharmaratne, 2019).

The 2022-2023 economic crisis severely impacted healthcare delivery. Medicine shortages occurred as import capacity collapsed, though supplies subsequently stabilized by 2024 (DFAT, 2024). Nutrition interventions became more targeted, with the Emergency Nutrition Plan 2022-2024 limiting Thriposha to families earning below LKR 50,000 monthly, resulting in some pregnant women falling through social protection gaps with potential long-term health consequences (Ministry of Health, 2024; Feminist Collective, 2022).

Education outcomes maintained high access but persistent quality concerns. Primary enrollment remained at 98.9% in 2018, with gender parity, while secondary enrollment stood at 92.4% (UNESCO, 2019). Adult literacy reached 92.3% and youth literacy 98.7%, among South Asia's highest (UNESCO, 2019). Mean years of schooling increased from approximately 10 years in 2015 to 10.9 years in 2019 before declining marginally to approximately 10.8 years by 2023 due to COVID-19 disruptions (UNDP, 2025).

Complete gender parity existed at primary and secondary levels, with girls actually showing an advantage at the tertiary level, with a Gender Parity Index of 1.18, comprising 55% of university entrants (University Grants Commission, 2019). The gap in educational attainment between the poorest and richest quintiles stood at only 2.6 years, substantially lower than regional comparators (World Bank, 2018).

However, quality remained problematic. Learning assessments revealed only 53% of Grade 4 students achieved expected competency levels in mathematics and 61% in language in 2017, indicating 47% fell below standards (National Education Research and Evaluation Centre, 2017). Infrastructure gaps persisted, with 23% of schools lacking adequate laboratories, 18% without libraries, and 15% without proper sanitation (Ministry of Education, 2019). Rural-urban disparities remained significant, with only 68% of rural schools having science laboratories compared to 94% in urban areas (Ministry of Education, 2018).



Education expenditure declined as a share of GDP and government spending, falling below 5% of GDP and representing only one-fifth of the government expenditure share by 2016 (ILO, 2016). This constrained quality improvements and infrastructure development necessary to translate access into meaningful learning outcomes.

Living standards improvements continued through 2019 but reversed during the crisis. Electricity coverage reached 99.2% by 2019, up from 77% in 2000 (Ceylon Electricity Board, 2020). Safe drinking water access improved from 68% to 87% between 2000 and 2016, though rural areas (84%) lagged urban areas (96%) (Department of Census and Statistics, 2017). Sanitation coverage reached 95%, with rural areas improving from 75% to 93% (UNICEF, 2017).

Housing quality improved through targeted programmes. The Indian Housing Project (2016-2018) constructed 50,000 units benefiting approximately 250,000 individuals (National Housing Development Authority, 2019). Housing subsidies reached 75,000 households between 2010-2018, with 88% achieving permanent housing structures compared to 45% pre-intervention (UN-Habitat, 2018).

However, the economic crisis severely impacted living standards. The minimum monthly expenditure per person increased 144% from Rs. 6,966 in 2019 to Rs. 17,014 by January 2024 (Groundviews, 2024). Undernourishment, which had declined from 22% in 2000 to 8.4% in 2018, likely increased during the crisis (FAO, 2019). The World Food Programme reported in February 2024 that food insecurity remained elevated, with 42% of households adopting food coping strategies (WFP, 2024).

### **Implementation Challenges and Enhancement Strategies**

Implementation challenges between 2015 and 2025 revealed systemic weaknesses undermining welfare effectiveness. Targeting inefficiencies persisted throughout, with Samurdhi exhibiting inclusion errors of 41% and exclusion errors of 28% (World Bank, 2015). More than 50% of Sri Lanka's poorest population was not covered by welfare schemes due to administrative inefficiencies and political interference (LIRNEasia Survey, 2023). The IMF Mission Chief noted that approximately 40% of poorer households received coverage while 10% of spending reached relatively rich families (IMF, 2023).

Political considerations fundamentally compromised targeting integrity. Respondents reported an inability to receive Samurdhi benefits until working for the ruling political party (LIRNEasia Survey, 2023). Coverage in electorally competitive areas exceeded need-based allocations by 15-20%, with 38% of Samurdhi members reporting pressure to support political parties (Transparency International Sri



Lanka, 2017). These political dynamics perpetuated dependency, with only 17% of beneficiaries successfully exiting the programme (LIRNEasia, 2023).

Programme fragmentation created inefficiencies. Twenty-seven cash transfer schemes administered by twelve ministries generated administrative costs of 18-22% of expenditure versus the international benchmark of 10-12% (World Bank, 2015). Only 23% of Samurdhi beneficiaries accessed coordinated services, and merely 15% of programmes underwent rigorous evaluation (Ministry of Social Empowerment, 2018; Institute of Policy Studies, 2017). This fragmentation resulted in duplication, gaps, and inefficient resource utilisation.

Benefit adequacy remained problematic throughout the period. The average Samurdhi transfer of LKR 2,800 represented only 18% of poverty line income by 2017 (Department of Census and Statistics, 2017). Between 2010-2020, cumulative inflation of 78% against nominal increases of 40% resulted in 21% real value decline (Central Bank of Sri Lanka, 2020). Aswesuma increased nominal amounts significantly, but with poverty lines rising from Rs. 6,966 to Rs. 17,014 between 2019 and 2024, adequacy concerns persisted (Groundviews, 2024).

Fiscal constraints severely limited welfare expansion. Government revenue averaged only 13% of GDP while social sector spending reached 7.2% of GDP, leaving minimal fiscal space for expansion (Ministry of Finance, 2020). Public debt reached 101% of GDP in 2020 and remained elevated through 2025, constraining social spending (IMF, 2022). Government spending on social assistance programmes was approximately 0.63% of GDP, substantially below international standards (Bird et al., 2022).

Institutional capacity limitations undermined implementation. The World Bank's Independent Evaluation Group found that Aswesuma's application processing times increased from 30 days to 90 days, failing to meet the 10-day target (World Bank ICR, 2024). The grievance redress mechanism remained weak, with system audits incomplete by project closing in June 2023 (World Bank, 2024). The Welfare Benefits Board struggled to manage the 982,770 appeals and 62,368 objections generated during the Aswesuma rollout (Wanigasinghe, 2023).

Enhancement strategies implemented and proposed focused on several areas. The development of the Social Registry Information System (SRIS) represented a critical reform, employing QR codes and the Aswesuma mobile app for data collection (Welfare Benefits Board, 2023). International evidence demonstrates integrated registries reduce targeting errors to below 15% compared to Sri Lanka's 28-41% range (World Bank, 2018). However, actual operationalisation faced challenges, with insufficient



targeting of the poorest and lack of improvement in processing times by project closing (World Bank ICR, 2024).

Direct payment to bank accounts eliminated intermediaries, reducing corruption and leakages that plagued Samurdhi (Ceylon Public Affairs, 2025). By 2023, benefits were credited directly to beneficiary bank accounts, increasing efficiency and auditability (Welfare Benefits Board, 2023). However, 234,997 households lacking bank accounts and 75,457 lacking national identity cards could not receive benefits, highlighting infrastructure gaps (CEPA, 2023).

The multidimensional poverty assessment employing 22 indicators represented improvement over Samurdhi's simpler criteria, though concerns emerged that indicators penalized households that had invested in basic improvements (CSF-Asia, 2025). IPS research suggested that incorporating dynamic risks like climate vulnerability and providing differentiated support based on household composition would improve targeting effectiveness (Amarasinge, 2025).

Graduation approaches remained underdeveloped. The World Bank project included a USD 7 million economic inclusion pilot representing Sri Lanka's first comprehensive graduation programme, but implementation and outcomes required strengthening (Treasury.gov.lk, 2024). International evidence from Bangladesh demonstrated graduation models combining cash transfers with asset transfers, skills training, and coaching achieved 37% poverty reduction compared to 11% for cash alone (Bandiera et al., 2017).

Future enhancement priorities identified included refining targeting metrics to reflect post-crisis poverty realities, investing in institutional capacity to strengthen the Welfare Benefits Board's ability to manage appeals and conduct audits, broadening support beyond cash to include nutrition, education, health services and livelihood training, establishing clear exit mechanisms with regular reevaluation, and enhancing transparency through public disclosure and social audits (Ceylon Public Affairs, 2025; LIRNEasia, 2023). The government emphasized creating an "entrepreneurial state" rather than a welfare state, though translating this vision into operational reality required substantial institutional and fiscal investment (Pasqual, 2023).

### **Social Welfare Support for Sustainable Development Goals Through Social Capital and Community Empowerment**

Sri Lanka's progress toward Sustainable Development Goals through social welfare demonstrated mixed results between 2015 and 2025. For SDG 1 (No Poverty), initial progress saw poverty declining from



8.9% in 2010 to 4.1% in 2016 at the national poverty line, with multidimensional poverty falling from 5.3% to 1.4%, exceeding the 2030 target of 2.5% (UNDP, 2018; World Bank, 2017). Social protection floor coverage reached 42% of the population by 2019 (ILO, 2020). However, the economic crisis reversed these gains dramatically, with poverty surging to 25.9% by 2023 and projected to remain above 22% until 2026 (World Bank, 2024). This represented a severe setback, placing SDG 1 achievement by 2030 in jeopardy. For SDG 3 (Good Health and Well-being), achievements remained strong despite crisis pressures. Maternal mortality of 36 per 100,000 exceeded the SDG target of 70, while under-five mortality of 8 per 1,000 surpassed the target of 25 (WHO, 2020). Immunization coverage exceeding 99% eliminated vaccine-preventable diseases (Epidemiology Unit, 2019). Life expectancy of 77.48 years by 2023 substantially exceeded South Asian averages (UNDP, 2025). However, progress toward Universal Health Coverage faced challenges, with UHC Service Coverage Index scores indicating gaps in noncommunicable disease management and service capacity (WHO, 2023). The rapidly ageing population (13.4% elderly by 2019) posed sustainability concerns (Ministry of Health, 2019).

For SDG 4 (Quality Education), access indicators remained excellent with primary enrollment of 98.9% and secondary enrollment of 92.4% substantially exceeding regional averages (UNESCO, 2019). Gender parity indices of 1.00 at primary and 1.02 at secondary levels demonstrated SDG 4.5 achievement (Ministry of Education, 2019). Adult literacy of 92.3% and youth literacy of 98.7% ranked among Asia's highest (UNESCO, 2018). However, quality concerns undermined SDG achievement, with 47% of Grade 4 students below expected competency levels, requiring substantial improvements for full SDG 4 realization (National Education Research and Evaluation Centre, 2017).

For SDG 10 (Reduced Inequalities), limited progress occurred. Income transfers reduced the Gini coefficient by only 2-3 percentage points, while in-kind benefits reduced the effective Gini by 5-6 percentage points to 0.42-0.43 (World Bank, 2018). Educational attainment gaps narrowed from 4.2 to 2.6 years between 2006-2016 (Department of Census and Statistics, 2017). However, the economic crisis exacerbated inequalities, with labor force participation declining particularly among women and in urban areas (World Bank, 2024). Estate sector populations, persons with disabilities, and female-headed households faced persistent exclusion, with limited progress in addressing structural barriers.

Social capital development through welfare programmes showed mixed outcomes. Samurdhi operated through 37,738 Development Societies at the village level, encompassing 1.5-million-member households (Samurdhi Authority, 2019). Research indicated members demonstrated 34% higher participation in community development and 28% greater involvement in local decision-making



(Samarasinghe, 2015). However, political patronage undermined social capital generation, with 38% of members reporting pressure to support political parties (Transparency International Sri Lanka, 2017).

Universal welfare programmes fostered generalized trust, with 68% of Sri Lankans expressing high trust in healthcare institutions and 61% in education systems (World Values Survey, 2020). This represented a critical foundation for social cohesion. Post-conflict welfare expansion demonstrated state commitment across ethnic lines, with 72% of Tamil respondents reporting improved perceptions of government legitimacy between 2009-2016 (Centre for Policy Alternatives, 2017). Coverage across ethnic groups remained relatively equitable: 28% of Sinhalese, 26% of Tamil, and 27% of Muslim households received assistance by 2017 (Department of Census and Statistics, 2017).

Community empowerment initiatives demonstrated potential but required strengthening. School development societies in 9,847 schools (92%) enabled parent participation in resource allocation and teacher monitoring, with active societies demonstrating 12% higher learning outcomes and 18% lower dropout rates (Dundar et al., 2017). School development societies mobilized 45,000 volunteer hours valued at LKR 450 million annually for infrastructure improvements (Ministry of Education, 2018).

However, genuine community participation remained limited in many contexts. In 58% of community-based welfare structures, decisions were effectively made by officials with limited community input (Samarasinghe, 2015). Dependency relationships constrained voice, with 44% of beneficiaries reporting reluctance to criticize implementation due to fear of benefit loss (Transparency International Sri Lanka, 2017). This highlighted the need for stronger accountability mechanisms and genuine devolution of decision-making authority.

Women's empowerment through Samurdhi societies showed modest gains. Women's Samurdhi Societies, comprising 890,000 members, generated an average additional income of LKR 3,200 monthly for active participants, though only 12% actively engaged in income-generating activities (Department of Social Services, 2019). Women participating in these societies demonstrated 42% higher participation in local government consultations and 38% greater likelihood of contacting officials regarding community issues (Women and Media Collective, 2018). However, the economic crisis intensified burdens on women through increased unpaid care work, potentially undermining empowerment gains (Feminist Collective, 2022).

Looking forward, strengthening social protection's contribution to SDGs and empowerment requires several reforms. Active citizen engagement must be genuinely operationalised, as demonstrated in Chile,



Pakistan, and the Philippines, where majority populations are registered in social registries enabling rapid crisis response (World Bank, 2023). Sri Lanka's registry must evolve from a targeting tool to an adaptive platform supporting dynamic vulnerability assessment and response.

Cash transfers alone were insufficient; complementary services, including nutrition support, health programmes, education grants, and vocational training, required integration to address poverty root causes (Ceylon Public Affairs, 2025). The economic inclusion pilot represented a step forward, but scaling required substantial investment (Treasury.gov.lk, 2024). Strengthening community participation through transparent selection processes, meaningful grievance redress, and genuine devolution would build social capital and accountability. The government's vision of creating an "entrepreneurial state" by 2048 required translating rhetoric into operational frameworks supporting graduation, economic inclusion, and sustainable development (Pasqual, 2023).

## **Key findings**

### **1. Poverty Reduction and Recent Reversals**

Sri Lanka achieved significant poverty reduction from 22.7% in 2002 to 4.1% in 2016, representing one of the lowest poverty rates in South Asia. However, the COVID-19 pandemic and economic crisis dramatically reversed these gains, with poverty surging to 25.9% by 2023 and projected to remain above 22% until 2026.

### **2. Human Development Achievements Despite Economic Constraints**

Sri Lanka maintained a Human Development Index (HDI) of 0.782 and achieved life expectancy of 76.9 years with near-universal school enrollment, despite modest GDP. Life expectancy increased from 75 years in 2015 to 77.48 years by 2023, significantly exceeding the South Asian average.

### **3. Universal Services Outperform Targeted Transfers**

Universal healthcare and education provided greater inequality reduction than targeted cash transfers, reducing the effective Gini coefficient to 0.42-0.43 compared to only 2-3 percentage point reduction from income transfers alone.

### **4. Persistent Targeting Inefficiencies**

The Samurdhi programme exhibited inclusion errors of 41% and exclusion errors of 28%, meaning approximately 35% of resources reached non-poor households. More than 50% of Sri Lanka's poorest



population was not covered by welfare schemes due to administrative inefficiencies and political interference.

### **5. Political Interference Undermining Effectiveness**

Respondents reported an inability to receive Samurdhi benefits until working for the ruling political party, with 38% of members reporting pressure to support political parties. Coverage in electorally competitive areas exceeded need-based allocations by 15-20%.

### **6. Healthcare Excellence with Emerging Challenges**

Universal healthcare coverage maintained approximately 93% population reach, with maternal mortality of 36 per 100,000 live births, skilled birth attendance at 99.8%, and immunization coverage exceeding 99%. However, the 2022 economic crisis precipitated medicine shortages as the rupee depreciated 70% against the dollar.

### **7. Education Access vs. Quality Gap**

Primary enrollment remained at 98.9% with complete gender parity, and the gap in educational attainment between the poorest and richest quintiles stood at only 2.6 years. However, only 53% of Grade 4 students achieved expected competency levels in mathematics and 61% in language, indicating significant quality concerns.

### **8. Programme Fragmentation and Administrative Costs**

Twenty-seven cash transfer schemes administered by twelve ministries generated administrative costs of 18-22% of expenditure versus the international benchmark of 10-12%.

### **9. Benefit Adequacy Declining with Inflation**

The average Samurdhi transfer of LKR 2,800 represented only 18% of poverty line income by 2017, with cumulative inflation of 78% against nominal increases of 40% resulting in 21% real value decline between 2010-2020.

### **10. Persistent Exclusion of Vulnerable Groups**

The estate sector experienced poverty rates of 10.9% compared to 1.9% in urban areas, with only 62% of estate youth completing secondary education versus 89% nationally. Only 420,000 persons with



disabilities received allowances despite 8.7% of the population having disabilities, with only 22% of working-age disabled adults employed.

### **11. Aswesuma Reform: Progress and Implementation Challenges**

The Aswesuma Welfare Benefit Programme, introduced in December 2022, employed 22 socioeconomic indicators and increased transfer amounts to LKR 2,500-15,000 monthly (later raised to LKR 5,000-17,500). However, of 1.28 million Samurdhi recipients who applied, only 887,653 were deemed eligible, generating 982,770 appeals and 62,368 objections.

### **Conclusion**

This study demonstrates that social welfare has been instrumental in Sri Lanka's developmental trajectory, enabling the country to achieve remarkable human development outcomes despite limited economic resources. The research reveals that universal healthcare and free education have served as the cornerstone of Sri Lanka's welfare architecture, elevating the HDI to 0.782 and achieving a life expectancy of 77.48 years with near-universal school enrollment. These achievements underscore the transformative potential of comprehensive welfare systems in promoting social equity and human capabilities, particularly in resource-constrained contexts.

However, the findings expose critical vulnerabilities that threaten the sustainability and effectiveness of Sri Lanka's social protection framework. The dramatic reversal of poverty reduction progress—from 4.1% in 2016 to 25.9% in 2023—during the economic crisis reveals the fragility of gains achieved without adequate shock-responsive mechanisms. Persistent targeting inefficiencies, with 41% inclusion errors and 28% exclusion errors in the Samurdhi programme, combined with endemic political interference, have severely undermined the efficiency of resource allocation. The exclusion of vulnerable groups, particularly estate sector populations, persons with disabilities, and female-headed households, highlights systemic failures in reaching those most in need.

The transition from Samurdhi to Aswesuma represents a critical juncture for Sri Lanka's welfare system, offering opportunities for meaningful reform through improved targeting methodology, integrated digital registries, and direct payment mechanisms. However, implementation challenges—including weak grievance redress systems, institutional capacity constraints, and benefit adequacy concerns relative to inflation—must be urgently addressed to translate policy intentions into tangible outcomes.



Moving forward, strategic reforms are essential for sustainable and equitable development aligned with the Sustainable Development Goals. This requires depoliticizing welfare delivery, strengthening institutional capacity, indexing benefits to inflation, and developing comprehensive graduation pathways that combine cash transfers with complementary services in nutrition, health, education, and livelihood support. The government's vision of transitioning to an "entrepreneurial state" by 2048 demands more than rhetorical commitment—it necessitates substantial institutional and fiscal investment in systems that can support dynamic vulnerability assessment, adaptive response mechanisms, and genuine community empowerment. Success ultimately depends on maintaining the universal services that have been Sri Lanka's greatest development achievement while simultaneously improving the efficiency, coverage, and responsiveness of targeted programmes to protect the most vulnerable populations and ensure that development gains are equitably distributed across all segments of society.

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