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Accessing Aswesuma:

Key Findings on Sri Lanka's New Social Protection Program from the BRIGHT 2024-25 National Survey

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Key findings

- We use the nationally representative BRIGHT 2024-25 survey to document Aswesuma access at the national and subnational level, and among poor and food-insecure households
- At the time of the BRIGHT 2024-2025 survey, the Aswesuma program covered 29.1% of the Sri Lankan population compared to just 18.8% of the population under Samurdhi in 2016: a 10.3 percentage point improvement. However, at the time of the survey, the Aswesuma program has still not reached its target of 35% national population coverage.
- Encouragingly, the largest expansion of cash transfer access was in upland (Estate) districts, who had limited access to cash transfers under the previous Samurdhi program
- Aswesuma access among poor populations was highest in the Estate sector (56%), followed by the rural (46%) and urban populations (44%)
- Aswesuma transfers are unlikely to reduce employment or other income-generating activities among the poor, as Aswesuma cash transfers only represent 19% of the expenditures of the poorest 20% of households, and just 10% for the next poorest group.
- While Aswesuma transfers may protect households against low calorie intake (hunger), Aswesuma households still have low-quality diets, under-consuming fruits, vegetables, dairy, and legumes in particular
- Nutritional knowledge is also much poorer among Aswesuma beneficiaries than the rest of the Sri Lankan population, particularly knowledge of key micronutrient-rich foods
- These results imply the need for a wide range of policy-oriented research and follow-up surveys on drivers of access to Aswesuma, but also impacts of Aswesuma on key welfare indicators
- There is also a need to explore and improve multisectoral coordination between Aswesuma and other programs on child nutrition and development, as well as women's empowerment.

Introduction

Sri Lanka is navigating a period of profound economic and social transformation following the country's worst financial crisis since independence in 1948. While the origins of the 2022 economic crisis stem from years of macroeconomic mismanagement and poor governance under previous regions, the impacts of the crisis were felt in the space of days and months. In March 2022, the rupee depreciated sharply, leading to soaring inflation. By September year-on-year food inflation had reached 95%. **In the space of just months, real wages had fallen by 30%, and access to basic needs like fuel, food and electricity suffered tremendously.** Microsimulation estimates from the World Bank suggested that national poverty rates doubled between 2019 and 2022 (World Bank, 2023).

In response to these mounting pressures, the Government of then President Wickremesinghe and its key development partners instigated reforms to social assistance program by replacing the long-standing but poorly targeted Samurdhi program with the new Aswesuma program. Introduced nationwide in late 2023, **Aswesuma represents a fundamental shift in the country's social protection architecture. Its core objective is to improve targeting efficiency and ensure that scarce public resources reach the most vulnerable.** The program adopts a data-driven, two-stage allocation system:

Stage 1 – Federal funds are first distributed across each of Sri Lanka's 25 districts based on their share of national monetary poverty (measured from the 2019 DCS Household Income and Expenditure Survey).

Stage 2 – Aswesuma funds are allocated within districts using a 22-indicator multi-deprivation score across six dimensions (education, health, housing, assets, income, demographics; See the appendix to this note) to determine household eligibility for receiving Aswesuma, and to determine levels of cash receipts (See the Appendix for the list of indicators)

Aswesuma categorizes eligible households into four welfare tiers: (1) severely poor, (2) poor, (3) vulnerable, and (4) transitional, with monthly transfers ranging from LKR 2,000 to LKR 15,000. These are unconditional cash transfers, designed to provide immediate income support rather than being tied to behavioral incentives (such as school attendance or improved nutrition). The program aims to reach approximately two million households, covering more than one-third of the national population, at an annual fiscal cost of about 0.6–0.7 percent of GDP.

Despite its ambitious scope and potentially important improvements over Samurdhi – which was targeted on the basis of income, with all the problems that entails with misreporting – several key questions remain unanswered about Aswesuma, chiefly due to lack of recent data. The first stage of Aswesuma's district targeting strategy relies entirely on poverty estimates from the pre-crisis 2019 Household Income and Expenditure Survey (HIES), raising concerns about whether district-level allocations adequately reflect post-crisis realities given the profound economic shocks that affected Sri Lanka's diverse socioeconomic groups (World Bank 2024).

Additionally, the effectiveness of the second-stage registration process required by poorer segments of the population to be aware of their potential access to Aswesuma, to understand that Aswesuma eligibility was very different from Samurdhi, and to know how to register for the program. Anecdotally, we know that this process initially faced challenges in some districts with slow or insufficient registration of some disadvantaged populations.

Finally, the requirement to fully disburse district funding allocations, regardless of the completeness of registration levels among disadvantaged groups or eligibility quality, creates potential scope for mistargeting within districts, particularly in areas where poor households at least initially faced barriers to registration or lack awareness of the program.

This policy brief provides the first systematic descriptive assessment of Aswesuma access – or targeting – using nationally representative evidence from the BRIGHT Integrated Household Survey of Sri Lanka conducted between November 2024 and March 2025.

It is vitally important to note that the BRIGHT survey reveals important information on Aswesuma access on that specific first phase of the program's implementation in late 2024 and early 2025; the Aswesuma program continues to evolve, and a key conclusion from our study is that further surveys are needed to re-assess the evolution of Aswesuma access through the course of 2025, and forwards into 2026.

The analysis focuses on three core dimensions of program effectiveness – coverage, equity, and adequacy – to answer the following questions.

1. **How has program coverage changed from Samurdhi to Aswesuma?**
2. **How well are poor, food-insecure, and other vulnerable populations effectively targeted by Aswesuma?**
3. **How large are Aswesuma transfers relative to household expenditure patterns among different socioeconomic groups?**

The BRIGHT Integrated Household Survey of Sri Lanka 2024-2025

In March 2024, the Sri Lankan Prime Minister requested CGIAR support for the country's "economic revival … including innovations that integrate livelihoods, food and nutrition security, and resilience." In response, The International Food Policy Research Institute (IFPRI) and The International Water Management Institute (IWMI) launched The Building Resilient and Inclusive Growth and Holistic Transformation (BRIGHT) Project under the CGIAR Science Program on Policy Innovations. Given the absence of recent survey data on Sri Lanka's economic and social welfare since the onset of the 2022 economic crisis, the BRIGHT project implement the first ever truly multi-thematic household survey, The BRIGHT Integrated Household Survey of Sri Lanka.

The survey interviewed male and female members from 6,850 households across all provinces and districts of Sri Lanka between November 2024 and March 2025. The BRIGHT survey is representative of urban, rural and estate populations, and of each of Sri Lanka's provinces, and was also implemented in each of Sri Lanka's 25 districts. The survey is nationally and subnationally representative through both its three-stage cluster sampling approach and the use of detailed subnational population data from the DCS to construct household-level survey weights.

Content-wise, the BRIGHT survey builds on large-scale surveys conducted by IFPRI in Bangladesh, India, Myanmar and dozens of other countries (see https://www.ifpri.org/publications/datasets/). However, **the BRIGHT survey was uniquely multi-thematic in the Sri Lanka context,** covering household food and non-food expenditure, monetary poverty, education, health, housing, assets, employment and livelihoods, farm and non-farm businesses, women's empowerment, psychological wellbeing, nutrition knowledge and anthropometry, social protection, food, water and energy insecurity, debt, migration, climate change adaptation, and exposure to shocks, among other topics. More details can be found on the BRIGHT website: https://www.ifpri.org/project/bright-sri-lanka/.

Key findings on Aswesuma access in Sri Lanka

Comparing the Aswesuma and Samurdhi programs

As shown in Table 1, the share of households receiving Aswesuma at the time of the BRIGHT survey (Nov 2024 to March 2025) was 29.1% at the national level, up from 18.8% under Samurdhi in 2016. While still below the official Aswesuma target of 35%, a 10-percentage point improvement represents substantial progress: a 55% percent increase over Samurdhi 2016 coverage.

Table 1: Comparing Aswesuma coverage and rates of different poverty and food insecurity indicators at the national level and by sector from the BRIGHT National Survey 2024-2025

	National	Poorest	Second poorest
Samurdhi (2016) [a]	18.8%	37.3%	25.0%
Aswesuma (2024-25) [b]	29.1%	48.2%	34.9%

Source: a. Samurdhi statistics are from Bird et al. (2022). b. Aswesuma statistics are from the BRIGHT Survey, 2024-2025.

While 29% coverage by early 2025 is encouraging, the different poverty, food insecurity and health insecurity indicators measured by the BRIGHT survey suggest the 35% official Aswesuma target is justified. Other studies on the BRIGHT website (https://www.ifpri.org/project/bright-sri-lanka/#publications) show that Sri Lanka's population is still profoundly affected by both chronic poverty and vulnerability, and the lingering effects of the 2022 economic crisis. While 29% of all Sri Lankan households received Aswesuma at the time of the BRIGHT 2024-2025 survey, 17.9% were monetarily poor according to BRIGHT's expenditure data. **This 17.9% monetary poverty estimate from BRIGHT is higher than the DCS estimates of 14.3% for 2019 (prior to the economic crisis) from the DCS Household Income and Expenditure Survey (HIES), but much lower than the World Bank's simulation-based estimates of 25% poverty in 2024**. Note, however, that **none of these three estimates are methodologically fully comparable:** BRIGHT and HIES collect expenditure data in different ways (recall and diary methods, respectively) and the World Bank estimates are simulated estimates, not survey-based estimates.

In addition to the 17.9% percent of Sri Lankan households below the basic needs poverty line, a further 4.7% had relatively low expenditure levels that were within 10% of Sri Lanka's poverty line, suggesting many Sri Lankas are still vulnerable to economic shocks, being only "a 10% income shock away from being poor".

Table 2: Aswesuma coverage and rates of different poverty and food insecurity indicators at the national level and by sector from the BRIGHT National Survey 2024-2025

Share of households …	National	Urban	Rural	Estate
… Receiving Aswesuma transfers	29.1%	22.5%	29.3%	52.5%
… Below monetary poverty line	17.9%	15.3%	17.7%	32.9%
… just above monetary poverty line (<10%)	4.7%	3.9%	4.8%	7.0%
… Multidimensional poor	26.7%	18.6%	26.2%	66.7%
… Food-insecure (FIES)	32.8%	35.1%	31.1%	54.5%
… with debt	41.8%	37.2%	42.4%	49.6%
… with ≥ 1 chronically ill / disabled	47.7%	54.4%	46.8%	40.2%

Source: BRIGHT Integrated Household Survey, 2024-2025

Although HIES-based monetary poverty in 2019 has thus far been used to allocate Aswesuma finances across districts, BRIGHT data suggest multidimensional poverty and food insecurity are much more widespread than monetary poverty, even in 2024-2025. **Some 26.7% of households were multidimensionally poor in BRIGHT, rising to 66.7% in the estate sector**.

Based on the Food Insecurity Experience Scale (FAO 2016), **moderate/severe food insecurity prevalence was 32.8%, and was again very high in the estate sector (54.5%).** Moreover, 41.8% of Sri Lankan households in BRIGHT said they were in debt – largely because debt was such a common coping mechanism during the crisis – and many reported this debt would be difficult or very difficult to repay.

Finally, **47.7% of all Sri Lankan households had at least one household member who was chronically ill or disabled, with higher prevalence in urban areas (54.4%) compared to rural (46.8%) and estate households (40.2%)**. Many illness or disability-affected households may have sufficient financial resources to cope with this health burden, but many may not.

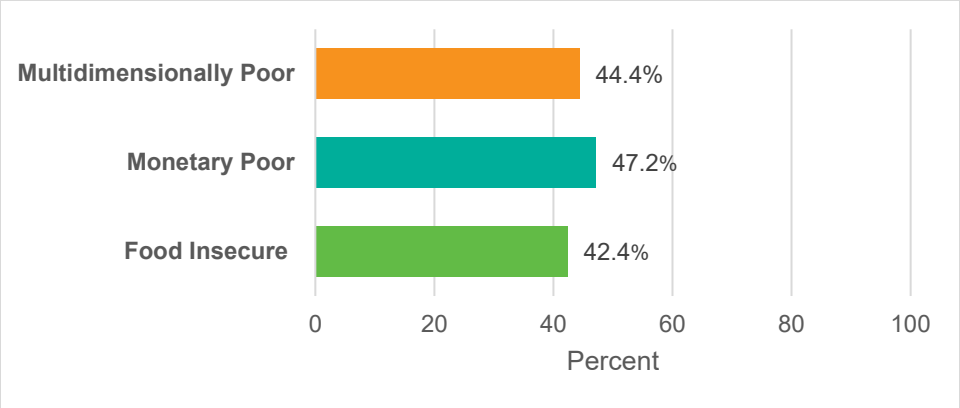
Aswesuma access among the poor and food insecure

Figure 1 compares the share of beneficiaries across three indicators of deprivation: food insecurity, monetary poverty, and multidimensional poverty. Ideally, effective targeting would result in a much higher concentration of program beneficiaries among poor or food-insecure households.[1] However, imperfect targeting of poor households is normal to some extent, as measurement of vulnerability is challenging in large scale programs (Alaref et al. 2024).

The results in Figure 1 indicate that between 42% and 47% of poor or food insecure households received Aswesuma benefits, depending on the indicator. This suggests that Aswesuma is reaching a substantial portion of the poor, although more than half of poor or food-insecure households are not covered by existing programs. Hence, there is clearly scope to improve targeting as the program evolves.

[1] One caveat is that self-reported food security measures are imperfect proxies of overall well-being (Headey 2024), and coverage estimates based on these measures should be interpreted with caution.

Figure 1: The percentage of poor or food insecure households receiving Aswesuma transfers at the national level



Source: BRIGHT Integrated Household Survey, 2024-2025

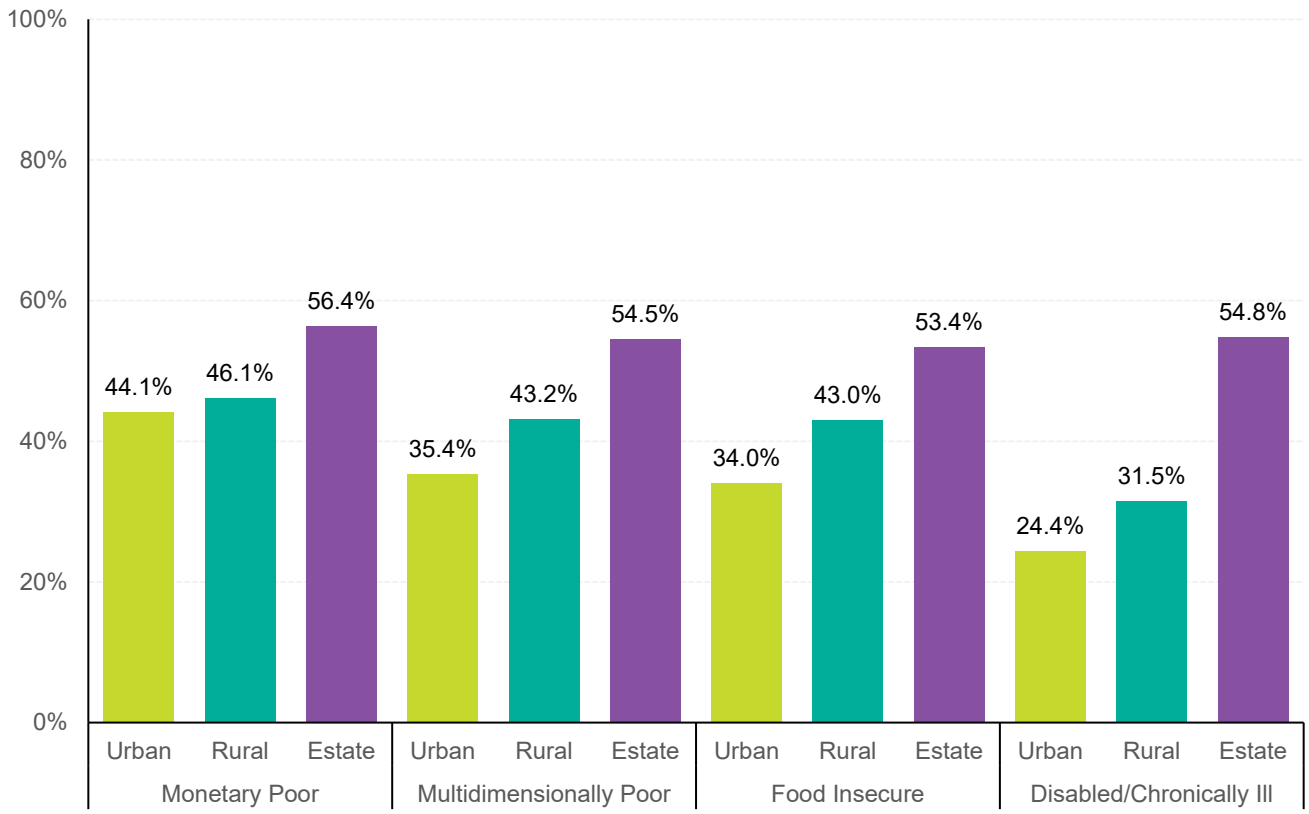
Figure 2 disaggregates these numbers further and contrasts the share of beneficiaries in urban, rural, and estate areas across indicators of poverty, food insecurity, and chronic illness (as defined in Aswesuma).

Across all measures, estate households show the highest Aswesuma coverage, with coverage ranging from 53–56% of poor or food-insecure households. This is positive news: the new social protection program is comparatively well-targeted toward estate communities, which are historically among the most vulnerable groups in Sri Lanka, and were a population not well covered by Samurdhi.

Urban households show the lowest levels of coverage, with only 34-44% of poor or food-insecure households receiving Aswesuma benefits. Rural households fall in between, with coverage rates around 43–46%. These disparities indicate that urban poverty and food insecurity may be under recognized within existing targeting systems, perhaps because poverty and food insecurity are now far more prevalent among the urban population compared to the 2019 HIES, and also because some indicators in the Aswesuma multideprivation index favour agricultural households. In particular, two indicators pertain to “Not having at least 0.5 acre of cultivable highland to a family” and “Not having at least one acre of cultivable paddy land to a family”.

Overall, the findings suggest a need for mechanisms that better identify and reach the poor, to ensure more equitable and inclusive social protection coverage across all regions and sectors.

Figure 2: The share of urban, rural and estate households who are poor, food-insecure or have chronic health conditions and were receiving Aswesuma transfers in 2024-2025



Source: BRIGHT Integrated Household Survey, 2024-2025

Aswesuma access across livelihood types

Table 3 shows the poverty headcount and share of Aswesuma beneficiaries across different employment sectors in Sri Lanka.[2]

Aswesuma coverage is highest among agricultural households, particularly those engaged in off-farm agricultural work (47%), which includes estate households. Coverage among households engaged in mixed farm-nonfarm livelihoods, crop and livestock farms, and fishing also have high Aswesuma coverage, and these are indeed livelihoods that often face high income volatility and vulnerability. Households with unemployed individuals also represent a significant beneficiary group, with 32.9% receiving Aswesuma support.

In contrast, households in formal employment sectors such as education, public service, and health show lower poverty rates (4–12%) and correspondingly low program coverage (8–11%), indicating relatively strong targeting performance in terms of the exclusion of better-off groups from Aswesuma.

[2] The employment sectors are defined at the household level from the main source of wage income. Households may engage in several livelihood activities and secondary activities, but this is beyond what we can capture here.

Table 3: Aswesuma cover across different household livelihood types (defined by main source of total household income)

Employment Sector	Monetary poverty	Aswesuma coverage	Observations
Agriculture (off-farm wage work, including estates)	30.2%	47.0%	705
Mixed sources of income	30.1%	23.8%	52
Livestock husbandry, own farm	28.3%	26.1%	27
Crop production, own farm	23.8%	29.4%	398
Non-farm enterprises	23.2%	30.2%	3033
Unemployed	16.2%	32.9%	934
Non-farm enterprises (own business)	14.9%	26.0%	665
Health	12.0%	11.3%	83
Public service	8.0%	8.2%	625
Fishery, own farm	7.3%	38.9%	75
Retired	5.8%	10.7%	76
Education	3.9%	8.2%	109
Total			6785

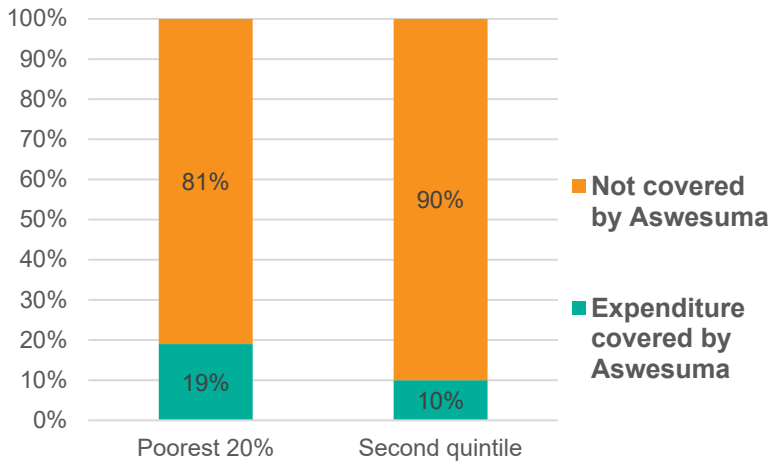
Source: BRIGHT Integrated Household Survey, 2024-2025. Of the total sample, 49 households declined to report their income, and six were identified as outliers; analyses are therefore based on the remaining 6,792 households. Mixed sources are defined as households where the income shares were similarly large from different sources.

Aswesuma transfers as a share of total household expenditure

The share of social transfers in total household expenditure provides an indication of how much these transfers contribute to household welfare and the extent to which they can cushion households against poverty. There are no set thresholds on adequacy in any given country or program, as these are tied to the objectives of the respective program, but evidence from other contexts indicates that transfers that reach around 20% of expenditure or income may be sufficient to build resilience (Daidone et al. 2019; Alaref et al. 2024). This share-of-expenditure indicator also addresses the widespread misperception that Aswesuma cash transfers are large enough to incentivize households to give up working; the evidence below clearly indicates that transfers are only large enough to cover a modest proportion of total household expenditure needs.

Figure 3 illustrates that among the bottom quintile (the poorest 20% in expenditure terms), Aswesuma accounts for 19% of total household expenditure. This ratio falls by half in the second poorest quintile (10%), showing a strongly progressive pattern across expenditure quintiles, with poorer households relying much more heavily on transfers than wealthier ones. This is also higher compared to the South Indian Average of 9.2% in the bottom quintile and constitutes an increase from 15.7% of expenditure among the bottom quintile in the Samurdhi program (Alaref et al. 2024).

Figure 3: Aswesuma cash transfers account for 19% of the total household expenditure of the poorest households, and 10% of expenditures for the second-poorest households



Source: BRIGHT Integrated Household Survey, 2024-2025

Dietary quality (nutrition) of Aswesuma recipients relative to the Ministry of Health's 2021 Food-Based Dietary Guidelines

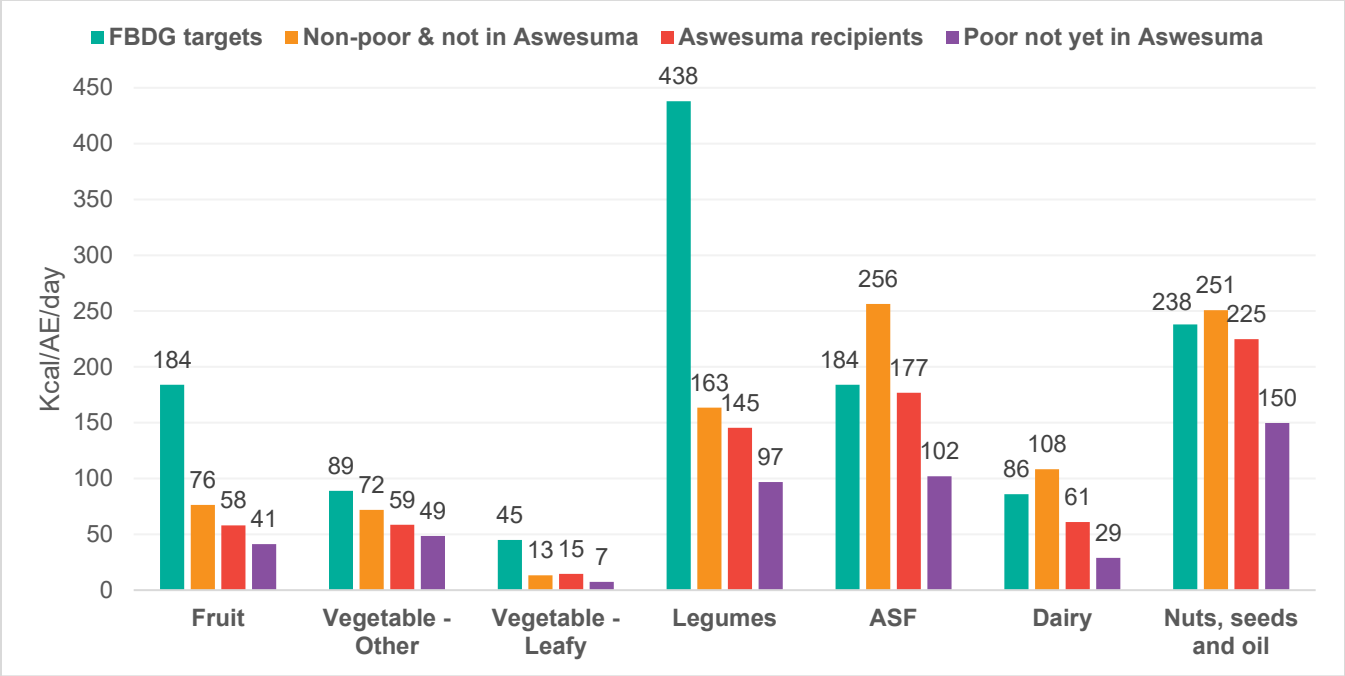
While social protection programs such as Aswesuma are often primarily designed to reduce poverty and improve basic food security, these programs often aspire to improve nutrition as well. However, **a global review by IFPRI researchers suggests that the impact of cash/food transfers on nutrition outcomes is very small when transfer programs are not combined with nutrition education interventions (Olney et al. 2022)**. Currently, Aswesuma is not closely linked to nutrition interventions, and is certainly not conditional on any household members engaging in nutrition education.

To examine dietary quality among Aswesuma beneficiaries, **Figure 4** summarizes households' estimated calorie intake patterns per adult equivalent per day (**red bars**) across major food groups and compares them with the national dietary benchmarks (**green bars**) set by Sri Lanka's 2021 Food-Based Dietary Guidelines. We also compare this to the consumption patterns of non-poor, non-Aswesuma recipients (**orange bars**) and poor non-Aswesuma recipients (**purple bars**).

Aswesuma households face severe nutritional challenges and have low quality diets, under-consuming fruits, vegetables, dark green leafy vegetables, dairy, and legumes. **A potentially positive finding is that Aswesuma households have overall better diet quality (at the household level) than poor non-Aswesuma populations.** While these differences are purely descriptive and not necessarily indicative of a causal relationship, it is possible that Aswesuma transfers may contribute to better diet quality. Even so, the low consumption of fruits, vegetables, and legumes signals room for dietary improvements across the general population.

While the BRIGHT survey could be used to further investigate nutritional differences in terms of micronutrient intakes, as well as anthropometric outcomes, further research on these other outcomes is needed, and especially analysis of households with young nutritionally vulnerable children (Hoddinott et al. 2013).

Figure 4: Daily calorie intake of Aswesuma and non-Aswesuma households relative to Sri Lanka's 2021 Food-Based Dietary Guidelines targets



Source: BRIGHT Integrated Household Survey, 2024-2025. Target calories are calculated based on the recommended portion sizes by the Ministry of Health's 2021 Food-Based Dietary Guideline.

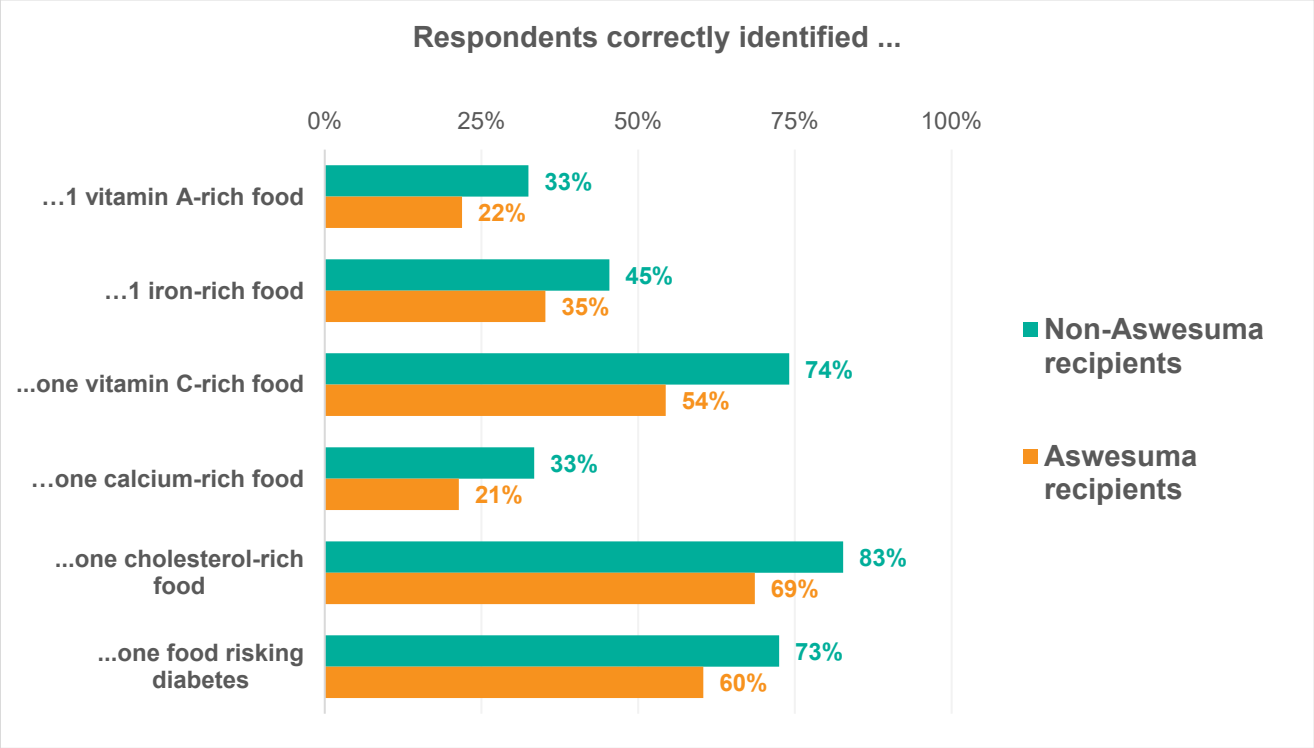
Comparing nutritional knowledge between Aswesuma and non-Aswesuma households

Uniquely, the BRIGHT survey collected data on respondents' nutritional knowledge based on their ability to correctly identify foods rich in specific micronutrients (vitamin A, iron, vitamin C, and calcium) from a list of pre-defined food items, and to correctly identify food items that contain cholesterol and that elevate the risk of diabetes.

Figure 5 shows that Aswesuma beneficiaries have much worse nutritional knowledge than non-beneficiary households, typically being 10 to 20 percentage points less likely to identify micronutrient-rich foods, and 12-14 percentage points less likely to identify foods that contribute to diabetes risk.

Hence, while nutritional knowledge is sub-optimal among the population at large, it is especially poor among Aswesuma households.

Figure 5: Comparing nutrition knowledge of Aswesuma recipients and non-recipients



Source: BRIGHT Integrated Household Survey, 2024-2025

Policy implications

The Aswesuma program has clearly adopted a much-improved targeting system based on district-wise allocations according to pre-crisis monetary poverty rates, and a more multifaceted deprivation index that is likely much more robust to misreporting than self-reported income alone, as under Samurdhi.

In this study, **the first key finding was that Aswesuma has better coverage than Samurdhi of the total population and – critically – better coverage of the poorest 20% of the population (48% compared to 37% under Samurdhi) and the second poorest segment (35% vs 25% under Samurdhi)**. As an extension of that finding, we observe **very strong coverage of households in the estate sector**, whom the BRIGHT survey shows are significantly more poor and more food-insecure by any measure, especially multidimensional poverty.

While these successes are encouraging, there are still areas for improvement in Aswesuma targeting, and collection of more recent data could assess whether improved targeting of poor and vulnerable populations by Aswesuma is indeed taking place.

Potential areas for further policy deliberation and policy-oriented research include:

1. **Explore refining and improving the Aswesuma targeting formula, such as different formula for poor and vulnerable urban areas, since the share of poor urban households who received Aswesuma transfers in BRIGHT was unusually low.** There are likely fundamental differences between urban and rural poverty that needs to be further explored with the BRIGHT survey;

2. Conduct research on the poverty status, livelihoods and Aswesuma access of female-headed households, as well as the adequacy of Aswesuma transfers relative to their expenditure needs;
3. Conduct further research on the importance of household size in influencing welfare impacts, to ensure that transfers to larger households do not have diluted effects on key welfare indicators;
4. Conduct research to assess whether Aswesuma transfers have any impact in changing household behaviours around child nutrition and care practices;
5. Implement follow-up panel surveys of BRIGHT households by phone to interview both existing Aswesuma beneficiaries as well as poor households that were not yet beneficiaries in 2024-2025 at the time of the original in-person survey, in order to understand changes in program coverage and households' own perceptions of the strengths and challenges of the program;
6. Conduct further research on the impact of receiving Aswesuma cash transfers on labor force participation and livelihoods, to assess whether there is any reduction in employment or own-business activities as a possible consequence of cash transfers;
7. Conduct further research to causally identify the impacts of Aswesuma cash transfers on the wide variety of welfare outcomes measured in the BRIGHT 2024-2025 survey, including food security, dietary quality, child nutrition outcomes (e.g. stunting, wasting), psychological wellbeing (e.g. stress, anxiety) and women's empowerment.
8. Conduct further research on the nutritional dimensions of the program, to understand the extent to which the program supports improvements in household diets and nutrition outcomes, or whether such improvements may be conditional upon nutritional knowledge or exposure to nutritional education programs, or whether program messaging can play an important role.

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Appendix

The 22 indicators used to determine household eligibility for receiving Aswesuma

1. Education

i. Education level of family members
ii. Number of non-school going children between the age of 5 – 16 years

2. Health

i. Family members suffering from long-term chronic diseases.
ii. Family members with disabilities.

3. Economic level

i. Monthly per capita expenditure.
ii. Monthly per capita income.
iii. Electricity consumption less than 60 units per month.

4. **Assets**

i. Not having ownership of the occupied house and land to a family member.
ii. Not having ownership of other house or a building to a family member.
iii. Not having at least 0.5 acre of cultivable highland to a family.
iv. Not having at least one acre of cultivable paddy land to a family.
v. Not having at least one asset related to mobility (Motor bike CC 125 >,Three-wheeler, Car, Van, Jeep, Bus, Lorry, Tipper, Hand tractor (2 wheels), Tractor (4 wheels)
vi. Not having at least one assets related to economic activity (Fishingboat, Combined harvest machines, Threshers)
vii. Not having at least one assets related to livelihood (5 cattle for milk, 20goats, 50 chickens, 50 ducks ,10 swine)

5. Housing Conditions

i. Living in line room/row house/ slum/shanty or other.
ii. Not having a living home with a permanent wall and permanent floor and permanent roof.
iii. Total floor area is less than 500 square feet.
iv. No access to clean drinking water.
v. No access to adequate sanitation.
vi. Not having access to electricity.

6. Family Demography

i. Dependency ratio (Number of people aged 0-14 and those aged 65 and over/number of people aged 15-64) greater than 0.64
ii. Single parent family

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