



World Vision

Baseline Study, 2024

ENOUGH
END CHILD HUNGER NOW

Research done in association with
Wayamba University of Sri Lanka

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Affirmation

The research team affirms our commitment to conducting a thorough and impactful baseline study on the nutritional status, food security, and child hunger among population groups in Sri Lanka.

We recognize the importance of this research in informing effective interventions and policy decisions aimed at improving the health and well-being of vulnerable communities. Our approach will be guided by the principles of ethical research, community engagement, and collaboration with stakeholders, ensuring that the voices of those most affected are heard and considered throughout the study.

We are dedicated to maintaining transparency and integrity throughout the research process and to sharing our findings with all relevant parties, including World Vision Lanka and the communities involved. This affirmation underscores our collective responsibility to contribute to meaningful change and enhance the quality of life for children and families facing food insecurity and nutritional challenges.



Abbreviations

ADB	Asian Development Bank
AP	Area program
BMI	Body mass index
CEPA	Centre for Poverty Analysis
CFSM	Crop and Food Security Assessment Missions
COVID-19	Coronavirus disease 2019
CSO	Civil Society Organizations
CSR	Corporate social responsibility
CVA	Citizen Voice and Action
DAPH	Department of Animal Production & Health
DFID	Department for International Development
DHS	Demographic and Health Survey
EU	European Union
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FGD	Focus Group Discussion
FIAN	Food-first Information and Action Network
FNS	Food and nutrition security
GDP	Gross Domestic Product
GN	Grama Niladhari
HARTI	Hector Kobbekaduwa Agrarian Research and Training Institute
HH	Household
HIES	Household Income and Expenditure Survey
HPP	Health Promoting School Programme
ICPD	Integrated Child Development Program
IDA	Iron deficiency anaemia



IFAD	International Fund for Agricultural Development
IFRC	International Federation of Red Cross
IPS	Institute of Policy Studies
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitudes, and Practices
KI	Key informant
KII	Key informant interview
LKR	Sri Lankan Rupees
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MMN	Multiple micronutrient
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoF	Ministry of Finance
MOH	Medical Officer of Health
MRI	Medical Research Institute
MSAPN	Multi-Sector Action Plan for Nutrition
MSG	monosodium glutamate
MWCA	Ministry of Women and Child Affairs
NAITA	National Apprentice and Industrial Training Authority
NCPI	National Consumer Price Index
NGO	Non-governmental organization
NNC	National Nutrition Council
NNP	National Nutrition Policy
NNSSL	National Nutrition Secretariat of Sri Lanka
NYSCO	Sri Lanka National Youth Services Co-operative Society
PD	Positive Deviance



PHI	Public Health Inspectors
PHM	Public Health Midwife
PLW	Pregnant and lactating women
PPP	Purchasing Power Parity
SAARC	South Asian Association for Regional Cooperation
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SHP	School Health Policy
SHP	School Health Programme
SLRCS	Sri Lanka Red Cross Society
SUN	Scaling up Nutrition
UN	United Nations
UNICEF	United Nation's Child Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WBB	Welfare Benefit Board
WFP	World Food Programme
WHO	World Health Organization
WVL	World Vision Lanka

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Glossary

Area Program (AP):	A geographic area within a country where World Vision implements its programs.
Focus Group Discussions (FGDs):	Qualitative research method where a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging.
Gap Analysis:	The identification of missing demographic groups, geographic areas with limited data, outdated data, or inconsistent data collection methods.
Intervention Program Assessment:	The evaluation of intervention programs implemented by World Vision Lanka and other stakeholders based on their goals, target populations, strategies, and effectiveness.
Key Informant Interviews (KIIs):	Qualitative research method where in-depth interviews are conducted with a small number of informants who are selected based on their experience and expertise.
Monitoring and Evaluation (M&E):	The systematic collection and analysis of information to assess the performance of a project, program, or policy.
Policy Analysis:	The identification of policy strengths, weaknesses, and barriers to effective implementation.
Qualitative Data Analysis:	The process of interpreting and deriving meaning from non-numerical data, such as interview transcripts and focus group discussions.
Scoping Review:	A comprehensive review of existing data sources related to child hunger, malnutrition, and food security to identify gaps, understand the extent of the issue, and determine the availability of data for program planning.
Structured Interviews:	A type of interview where the questions and response options are predetermined and standardized.
Sustainable Development Goals (SDGs):	A collection of 17 interlinked global goals designed to be a blueprint to achieve a better and more sustainable future for all".



Executive Summary

Sri Lanka faces a critical challenge in addressing malnutrition despite progress in health and social indicators. The country experiences a double burden of malnutrition, with high rates of undernutrition and increasing obesity, particularly in urban areas. Child malnutrition indicators, such as stunting (15–20%) and wasting (15%), remain serious public health concerns, particularly in economically disadvantaged and geographically isolated regions. Rising food prices, economic disparities, and climate-related disruptions further threaten food security, affecting vulnerable populations.

The ENOUGH Campaign by World Vision Lanka (WVL) is a strategic initiative aimed at combating child hunger and malnutrition. Aligned with Sustainable Development Goal (SDG) 2, the campaign seeks to ensure children's resilience through policies and services addressing hunger, malnutrition, and food insecurity. The campaign integrates advocacy, programming, and fundraising to create a lasting impact on child nutrition and well-being.

This baseline study provides qualitative insights into child malnutrition, hunger, and food insecurity in Sri Lanka. It aims to assess the current nutritional landscape and food security status, evaluate the policy environment related to child nutrition, gather stakeholder perspectives on nutrition and existing interventions, and establish baseline indicators for monitoring the ENOUGH campaign's impact.

The study employs a multi-faceted qualitative research approach, including a scoping review analysing existing data sources, a policy analysis reviewing national policies and WVL interventions, and stakeholder consultations through key informant interviews (KIIs) and focus group discussions (FGDs) with community members, policymakers, and local leaders.

Key findings reveal high rates of undernutrition, with 17.1% of children under five being underweight, particularly in estate communities. In 2022, Sri Lanka faced an unprecedented economic crisis, coupled with high inflation, soaring prices, unfavourable harvests and depleted foreign reserves leading to a substantial impact on food security. As a result, 28 percent of the population were estimated to be food insecure. Limited dietary diversity, with a heavy reliance on rice and staples, contributes to widespread nutrient deficiencies. Policy and programmatic gaps persist, including inconsistent policy implementation despite strong national nutrition frameworks, limited monitoring and evaluation mechanisms, and logistical challenges in school feeding programs, which hinder effective nutrition delivery.

To combat child malnutrition and food insecurity, the study recommends scaling up nutrition-sensitive agriculture to improve food accessibility, strengthening social protection programs to mitigate economic shocks affecting nutrition, enhancing school nutrition programs with locally sourced and nutrient-rich meals, expanding maternal and child nutrition programs to improve early-life nutrition, improving policy coordination and monitoring mechanisms for more effective intervention tracking, and leveraging public-private partnerships for food fortification and sustainable food distribution.

The findings from this baseline study will serve as a foundation for strategic decision-making and impact measurement in future program efforts, ultimately contributing to the vision of a hunger-free Sri Lanka.

Key Findings

01

Nutritional Status and Food Security

Malnutrition remains a significant concern, with high rates of stunting, wasting, and micronutrient deficiencies among children.

Food insecurity is pervasive, exacerbated by socio-economic disparities and rising food prices, particularly in rural and urban poor communities.

02

Policy and Program Landscape

The National Nutrition Policy and related programs align with global goals, including the Sustainable Development Goals (SDGs).

However, weak implementation mechanisms and insufficient monitoring hinder the effectiveness of these policies.

03

Stakeholder Perspectives

Key informants emphasized challenges such as administrative inefficiencies and the need for better targeting of beneficiaries.

Community awareness of nutrition and healthy dietary practices remains limited, highlighting the need for education-focused interventions.

Major Gaps Identified

Uneven access to nutrition and healthcare services across regions.

Lack of robust data systems for monitoring food security and program outcomes.

Insufficient engagement of local communities in the design and implementation of interventions.

Key Recommendations

Strengthen national surveillance systems for real-time monitoring of nutritional and food security trends.

Promote community-driven approaches to increase awareness and ownership of nutrition initiatives.

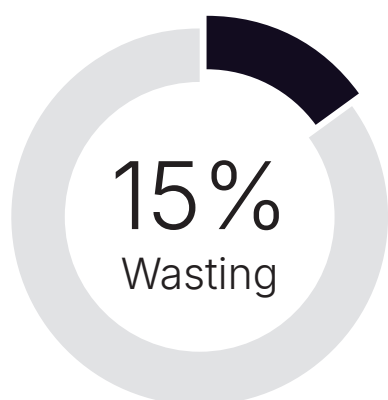
Enhance multi-sectoral coordination and accountability mechanisms to improve policy implementation.

Foster public-private partnerships to ensure sustainable funding and resource mobilization.

Conclusion

This study underscores the urgent need for targeted and collaborative efforts to address the nutritional challenges faced by vulnerable populations in Sri Lanka. By leveraging data-driven strategies and fostering community engagement, stakeholders can create impactful solutions to combat malnutrition and food insecurity, paving the way for a healthier future for all.

1. Background and context



among children under five remain critical public health concerns.

UNICEF, 2020

Sri Lanka faces a significant challenge in addressing malnutrition despite notable progress in health and social indicators. The country experiences a double burden of malnutrition, characterized by the coexistence of undernutrition, micronutrient deficiencies, and rising rates of overweight and obesity, especially among adults (WFP, 2021). Stunting (15–20%) and wasting (15%) rates among children under five remain critical public health concerns (UNICEF, 2020).

These issues are more pronounced in economically disadvantaged and geographically isolated regions, such as the plantation sector. Additionally, approximately 20% of children under five are underweight, reflecting a combination of chronic and acute malnutrition (Department of Census and Statistics (2016). Low Body Mass Index (BMI) is prevalent among women of reproductive age, with rural areas being particularly affected (Jayatissa & Hossaine, 2018). Iron-deficiency anaemia impacts nearly 35% of pregnant women, increasing risks during pregnancy and childbirth (WHO, 2021).

Iron, zinc, calcium and vitamin deficiencies are widely prevailed, especially in children and women (MRI, 2022). Although iodization programs have reduced iodine deficiency rates, some vulnerable populations still experience gaps (FAO, 2022). Urbanization and lifestyle changes have led to a surge in overweight and obesity, particularly in urban areas (MRI, 2022). These trends contribute to the increasing prevalence of non-communicable diseases (NCDs) such as diabetes and hypertension (Ministry of Health, 2023). Economic inequality, rising food prices, and climate-related disruptions (e.g., droughts and floods) hinder access to nutritious food. Rural and low-income households are disproportionately affected (FAO, 2022).



Limited dietary diversity, with a heavy reliance on rice and other staples, results in insufficient intake of essential nutrients. Suboptimal breastfeeding practices and poor complementary feeding exacerbate child malnutrition (UNICEF, 2020). Limited access to clean water, sanitation, and hygiene (WASH) increases the risk of infections, which can lead to malnutrition (WHO, 2021). Healthcare system gaps further limit the early detection and management of malnutrition cases. Gender inequality restricts women's access to resources, affecting household nutrition and caregiving practices. Cultural norms and beliefs often hinder the adoption of optimal nutrition behaviours (WFP, 2021).

The National Nutrition Policy emphasizes a life-cycle approach to address malnutrition among vulnerable groups (Ministry of Health, Nutrition, and Indigenous Medicine, 2018). Initiatives such as the Thriposha program, school meal programs, and home gardening aim to improve food and nutrition security. The Multi Sector Action Plan for Nutrition highlighted the need of a coordinated effort involving government agencies, international organizations, and local communities to address malnutrition in Sri Lanka (Ministry of Health, 2023). By addressing both the immediate and underlying causes of malnutrition, Sri Lanka can achieve sustainable improvements in nutrition and health outcomes, ensuring a healthier future for its population.

World Vision Lanka's ENOUGH campaign is dedicated to combating child hunger and malnutrition by engaging in targeted advocacy, implementing comprehensive programming, and executing strategic fundraising initiatives. The goal of the ENOUGH campaign is that



Children's lives resilience is ensured through policies and services that address hunger, malnutrition & food insecurity.



ENOUGH Campaign



ENOUGH Campaign is implemented to contribute to the Sustainable Development Goals 2 at global level by 2030. Goal 2 aims to end hunger in all its forms and achieve food security by 2030 through sustainable solutions. The objective is to ensure that everyone, everywhere, has access to sufficient, high-quality food for a healthy life.

Accomplishing this goal requires enhancing food accessibility and promoting sustainable agricultural practices. This includes boosting the productivity and incomes of small-scale farmers by ensuring equal access to land, technology, and markets, as well as adopting resilient agricultural systems. Additionally, it calls for increased investments through international collaboration to strengthen agricultural capacity in developing countries.

ENOUGH campaign has four expected outcomes:

1. Children's lives resilience is ensured through policies and services that address hunger, malnutrition & food insecurity.
2. More children reached with enough nutritional food provided ethically, sustainably & as local as possible.
3. Increased access for children and families to quality, comprehensive, and preventive nutrition services.
4. Ensured evidence based ENOUGH campaign.



ENOUGH Campaign – Theory of Change

The campaign's Theory of Change outlines a structured approach to ensure Children's resilience through policies and services that address hunger, malnutrition, and food insecurity, leading to sustainable improvements in child nutrition and food security.

Outcomes:

The campaign's Theory of Change outlines a structured approach to ensure Children's resilience through policies and services that address hunger, malnutrition, and food insecurity, leading to sustainable improvements in child nutrition and food security.

Outputs and Key Activities:

The campaign's Theory of Change outlines a structured approach to ensure Children's resilience through policies and services that address hunger, malnutrition, and food insecurity, leading to sustainable improvements in child nutrition and food security.



Improved data and evidence on child hunger and malnutrition

- Conduct scoping reviews and gap analyses on child hunger and malnutrition.
- Advocate for higher-level government stakeholder engagement to prioritize nutrition policies.
- Support government stakeholders in developing a common nutrition database for informed decision-making.



Increased advocacy and policy influence

- Engage in multi-stakeholder partnerships (government, NGOs, UN agencies).
- Promote Citizen Voice and Action (CVA) initiatives to influence policymaking.
- Advocate for policy changes addressing nutrition, food security, and social protection.



Strengthened child and community participation

- Conduct child-led advocacy campaigns on nutrition rights and food security.
- Facilitate focus group discussions and community-driven initiatives to address local malnutrition issues.
- Train parents/caregivers on household nutrition best practices to improve dietary diversity.



Assumptions & Risks:

The campaign's Theory of Change outlines a structured approach to ensure Children's resilience through policies and services that address hunger, malnutrition, and food insecurity, leading to sustainable improvements in child nutrition and food security.

Assumptions:

- Government remains open to policy recommendations and advocacy efforts.
- Partnerships at national and provincial levels remain active and engaged.
- Parents and caregivers support child participation in nutrition initiatives.

Risks:

- Political instability affecting policy implementation.
- Limited funding and logistical challenges in executing nutrition programs.
- Resistance from stakeholders due to competing policy priorities.

Key Elements of the Theory of Change

Immediate Change

Addressing acute malnutrition through supplementary feeding programs and community-based interventions. These efforts provide children with immediate access to nutritious food, preventing life-threatening consequences of hunger.

Community Empowerment

Enhancing local capacity through education on proper nutrition, hygiene, and child development. Empowered communities are equipped to advocate for their needs and adopt sustainable practices to improve their well-being.

Policy Advocacy

Influencing governments and decision-makers to enact policies that address systemic issues such as nutrition, poverty, climate change, and resource inequity. The campaign emphasizes long-term solutions to build sustainable food systems.

Partnerships

Collaborating with local organizations, international NGOs, and UN agencies to maximize the campaign's reach and amplify its impact. Partnerships ensure alignment with global efforts to combat hunger.

Monitoring and Evaluation

Employing data-driven approaches to track progress, measure outcomes, and refine strategies. This ensures accountability and effectiveness in achieving the campaign's goals.



To ensure that the campaign is both effective and impactful, WVL has identified the need of a thorough understanding of the current landscape of child hunger, malnutrition, and food insecurity within the country. By gaining an in-depth understanding of these challenges, WVL will be able to refine their campaign strategies, tailor their interventions, and optimize their efforts to better serve the needs of the children.

Purpose and significance of the study

The baseline study is intended to gather in-depth qualitative data and insights that reflect the present state of child hunger and malnutrition across various contexts, including the situation specific to Sri Lanka and World Vision's broader operational framework. By focusing on qualitative findings, this study aims to capture nuanced perspectives and contexts essential for understanding the challenges and opportunities in addressing child hunger.

Additionally, this baseline will provide a foundation for assessing the qualitative effectiveness of the ENOUGH campaign, enabling WVL to monitor progress and understand the impact of interventions on improving the lives of children. While qualitative findings will help identify areas for improvement and adaptation, future quantitative benchmarks will support measurable tracking of progress.

Furthermore, the information gathered in the study will ensure that the ENOUGH campaign is evidence-based, impactful, and aligned with the overarching goal of ending child hunger and malnutrition in WVL's target areas. By leveraging both quantitative and qualitative data (although this report provides qualitative data), the campaign can address the complex and multifaceted nature of child hunger and malnutrition with precision and depth.

Study objectives

The baseline study addresses the following objectives in relation to WVL's ENOUGH campaign.

1. To assess country context regarding present status of nutritional status and food security.
2. To evaluate the current policy environment related to child hunger, malnutrition and food security.
3. To investigate the stakeholder's opinion on nutritional diet, nutritional status and food security, and interventions to improve overall health and nutrition in Sri Lanka.



The information obtained in this study will:

- enable WVL to establish initial status of campaign indicators which would allow WVL to define targets for campaign lifecycle.
- be able to review and refine the WVL ENOUGH campaign's theory of change and result framework based on initial findings.
- provide a foundation for monitoring and evaluating the campaign impact (provided that specific quantitative data will be available in future studies).

Baseline Survey

The baseline study for the ENOUGH campaign comprised three (3) key components:

1. Scoping review on nutritional status and food security in Sri Lanka
 - Comprehensive mapping and review of internal and external data sources on child hunger, malnutrition, and food security.
 - Data quality assessment and identification of research gaps.
2. Sri Lanka's Nutrition and Food Security Policy and Program Analysis
 - Review of national policies of food security and nutrition and WVL's interventions.
 - Recommendations for enhancing alignment with international standards and improving program effectiveness.
3. Qualitative research on stakeholders' opinion on malnutrition, healthy diet and implementation of intervention programmes related to nutrition using key informant interviews with local professionals and community leaders and focus group discussions with adolescent children and women.



Study I:

A Scoping Review on Child Malnutrition, Child Hunger and Food Insecurity

Introduction

The review explores information pertaining to the following research/ review questions.

1. What is the current status of child malnutrition, child hunger, and food insecurity in Sri Lanka?
2. What is the severity of child malnutrition, child hunger, and food insecurity in Sri Lanka?
3. What factors influence child malnutrition, child hunger, and food insecurity in Sri Lanka?
4. What has been done through local/ global existing policies, programmes, and interventions to alleviate child malnutrition, child hunger, and food insecurity in Sri Lanka?
5. What can be proposed to address the current levels of child malnutrition, child hunger, and food insecurity in Sri Lanka?

The review includes three sections based on the analysis and synthesis of data/ information on child hunger, malnutrition, and food insecurity as follows.

- A. Child Food Poverty: Severity of the Situation in Sri Lanka
- B. The Forces Driving the Matrix of Child Malnutrition, Child Hunger, and Food Insecurity in Sri Lanka
- C. What is Missing? The Tale of Policies, Programmes and Interventions

Methodology

Data sources

The following data sources will be referred to review, organize, and compile the scoping review.

- WVL Internal Data Sources: Programme reports and evaluations; Monitoring and evaluation (M&E) databases; Internal surveys and assessments; Previous research studies conducted by WVL.
- External Data Sources: National surveys and censuses (e.g., Demographic and Health Surveys (DHS)); data from international organizations (e.g., UNICEF, WHO, FAO, World Bank); academic and research publications; government reports and statistics; non-governmental organization (NGO) reports and data repositories; open-access databases and public health platforms.



Selection criteria

- All publications related to child malnutrition, child hunger, and food insecurity in Sri Lanka were extracted based on the sources listed in the previous section (data sources).
- Publications included were any published material including journal articles, abstracts, conference proceedings, reviews, and local or global reports/statistics.
- All publications were dated no more than 2014.
- All publications were published in the English language.
- Any publication that is related to child malnutrition, child hunger, and food insecurity in Sri Lanka whether the study was a review, or an evaluation of a programme/ intervention, population-based or localized was reviewed and included in the study if it fulfils the aforementioned selection criteria.

Search and store strategy / Data collection

The data/ information will be collected using a combination of sources including Google Scholar/ PubMed and other local/ global reports/publications will be collected through respective websites and archival repositories. WVL-related documents will be extracted through them when necessary. A record of all sources reviewed will be maintained, including the database or repository searched, the search terms used, the number of results returned, and the data sources selected for review.

For each selected data source, relevant information will be extracted, including the type of data (e.g., quantitative, qualitative), the geographic and demographic coverage, the data collection methods, and the key findings related to child hunger, malnutrition, and food insecurity. The relevance of each data source to the objectives will be assessed, considering factors such as the timeliness of the data, its alignment with programme needs, and its potential to inform policy and programme decisions.

Data Display

Collected data/information will be summarized and included in the report with supporting visuals added when necessary. A gap analysis will be done for the existing data, identifying missing demographic groups, geographic areas with limited data, outdated data, or areas with inconsistent data collection methods. Based on the gaps identified, opportunities for further research, data collection, or data integration to address these gaps and improve the evidence base for child hunger, malnutrition, and food insecurity will be highlighted.

Finally, the key findings from the scoping review will be summarized, including the strengths and weaknesses of the existing data landscape, the identified gaps, and the implications for policy and programme development.



Findings

Child Food Poverty: Severity of the Situation in Sri Lanka

Figure 1.1 and Figure 1.2 present current levels of child malnutrition and growth problems among children under 5 where underweight, wasting, and stunting rank at 15, 10, and 9 percent respectively (Nutrition Month Report, 2022). According to the Nutrition Month summary report- 2024, in 2024, estate areas reported the highest rates of child malnutrition among children under five, with 27.2 percent underweight, 10.2 percent wasting, and 24.4 percent stunting.

Rural areas also faced significant challenges, with 17.1 percent underweight, 9.6 percent wasting, and 10.3 percent stunting, while urban areas had the lowest rates at 13.1 percent underweight, 7.5 percent wasting, and 7.9 percent stunting. While underweight and stunting have seen slight decreases or remained stable since 2022, wasting has fluctuated, particularly in estate areas. Overall, estate and rural areas experience significantly higher malnutrition rates than urban areas, emphasizing the need for targeted interventions (Figure 1.3).

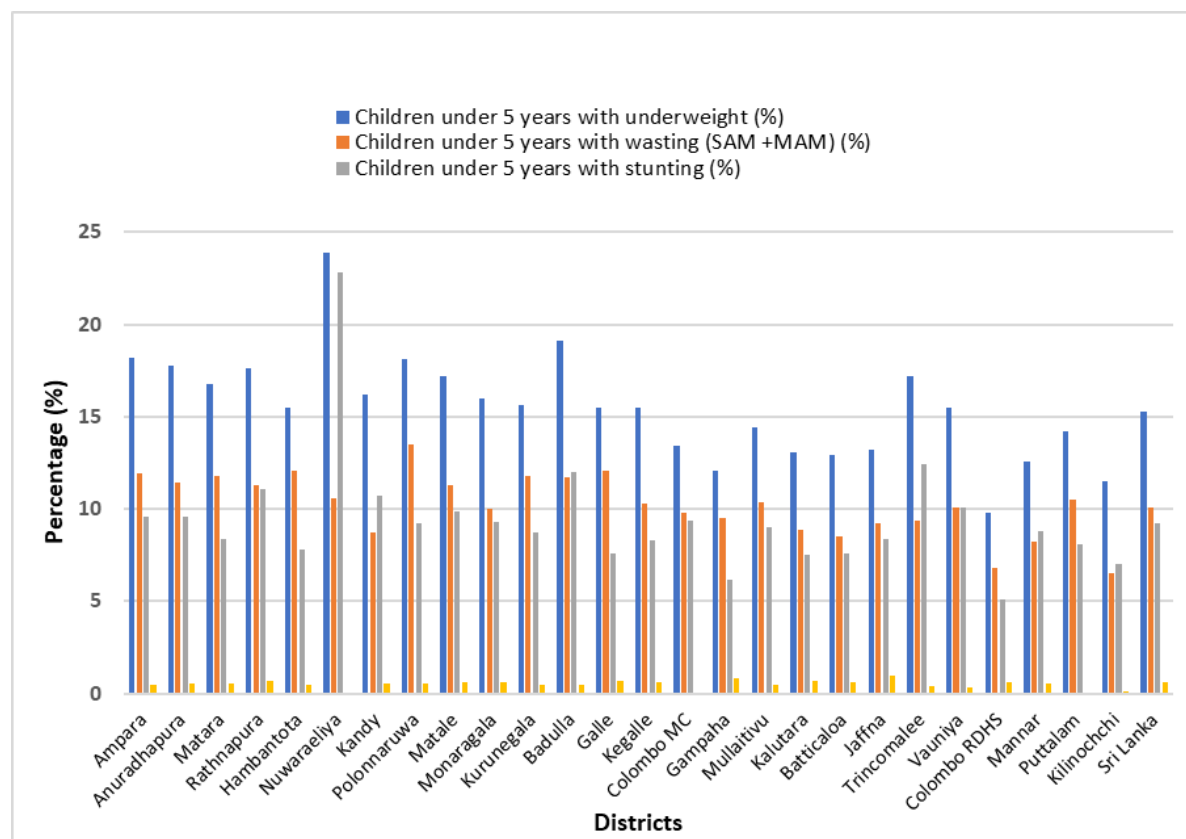


Figure 1.1: Nutritional status of children under 5 years by district

Source: Nutrition Month Report – 2022 October

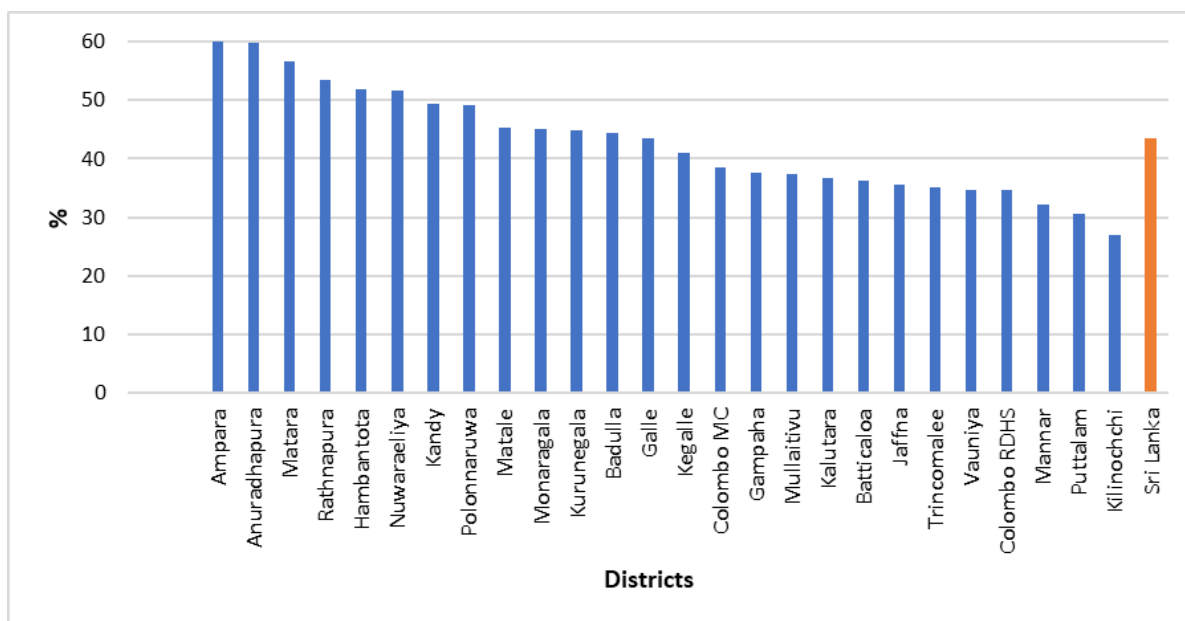


Figure 1.2: Growth indicators of children under 5 years by district

Source: Nutrition Month Report – 2022 October

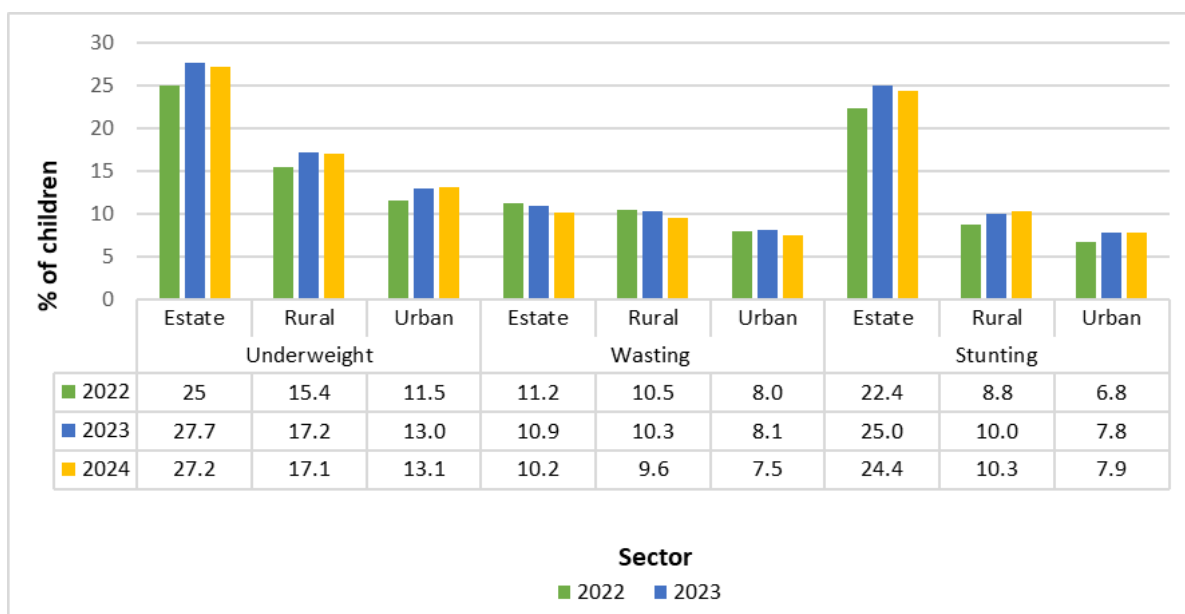


Figure 1.3: Percentage of children under 5 years with underweight, wasting, stunting (moderate+ severe) by sector for years 2022, 2023 and 2024

Source: Nutrition Month Summary Report – 2024



Table 1.1, based on the National Nutrition and Micronutrient Survey Sri Lanka conducted in 2022 (MRI, 2023), highlights critical nutrition and micronutrient deficiencies among children aged 10 - 17, with the estate sector reporting the highest rates of stunting (38.6 percent), wasting (25.2 percent), and malnutrition (47.7 percent), underscoring the need for targeted interventions for adolescents in these vulnerable areas.

The moderate to severe household food insecurity of the country remains at 39 percent based on the data collected by the National Nutrition and Micronutrient Survey in 2022 where more than half of the provinces in the country had a moderate to severe household food insecurity ranking above 30 percent (Table 1.2). Nationally, 24 percent of households were estimated to be moderately food insecure during Aug -Sep 2023 according to a WFP survey (Table 1.3; Figure 1.4).

Malnutrition status and Micro-nutrient deficiencies	Urban	Rural	Estate	Sri Lanka
Malnutrition status (n=484)				
Stunting	22.5	15.7	13.6	16.5
Wasting	21.1	24.4	38.6	25.2
Overweight	7.0	8.1	6.8	7.9
Obesity	2.8	4.9	2.3	4.3
Malnutrition	31.0	37.4	47.7	37.4
Micronutrient deficiencies				
Anaemia	20.0	18.0	18.6	18.3
Iron Deficiency	4.3	5.1	4.8	5.0
Iron Deficiency Anaemia	2.9	1.7	4.8	2.2

Table 1.1: Percentage of malnutrition and micronutrient deficiencies by sector among children aged 10-17 years

Source: National Nutrition and Micronutrient Survey Sri Lanka – 2022

Province	Food insecurity (%)	Rural	Province	Food insecurity (%)	Rural
	Moderate or severe	Severe		Moderate or severe	Severe
North Central Province	48.7	0.8	Western Province	39.0	0.5
North Western Province	46.7	0.6	Eastern Province	32.5	0.6
South Province	46	0.9	Sabaragamuwa Province	17.3	2.3
Central Province	41.7	0.8	North Province	16.0	0.4
Uva Province	39.4	0.5	Sri Lanka	39.3	0.6

Table 1.2: Prevalence of food insecurity by province

Source: National Nutrition and Micronutrient Survey Sri Lanka – 2022

Sector	May - 2022	March - 2023
Estate	57	42
Rural	28	17
Urban	23	14
Total	28	17
Central Province	41.7	0.8
Uva Province	39.4	0.5

Table 1.3: Prevalence of food insecurity by sector (percent/household)

Source: Special report - FAO/WFP Crop and food security assessment mission – 2023

Nevertheless, a study conducted in 2024 indicated that about 20 percent of households are food insecure with severe hunger while 36 percent are food insecure with moderate hunger highlighting a very serious case for food insecurity in the country and posing repercussions for food access and availability of children within these households (Table 1.4).

Status	Percentage (%)	March - 2023
Food insecure with severe hunger	20.6	42
Food insecure with moderate hunger	36.0	17
Food insecure without hunger	11.4	14
Food Secure	32.0	17

Table 1.4: Status of food insecurity (households comprising ten districts in Sri Lanka)

Source: FIAN Sri Lanka September 2024 Report

Over the past five years' time, it is evident that the percentage of the population who cannot afford a healthy diet has gone drastically up (32 percent in 2017 to 41 percent in 2022) (Table 1.5 and 1.6).

Year	Cost of a healthy diet (PPP dollars per person per day)
2017	3.58
2018	3.58
2019	3.54
2020	3.79
2021	4.13
2022	4.77

Table 1.5: The cost of a healthy diet through the years in Sri Lanka

Source: The State of Food Security and Nutrition in the World - 2024



Year	The proportion of the population unable to afford a healthy diet (%)
2017	32.2
2018	29.0
2019	28.5
2020	33.4
2021	34.0
2022	41.1

Table 1.6: The proportion of the population in Sri Lanka unable to afford a healthy diet

Source: The State of Food Security and Nutrition in the World - 2024

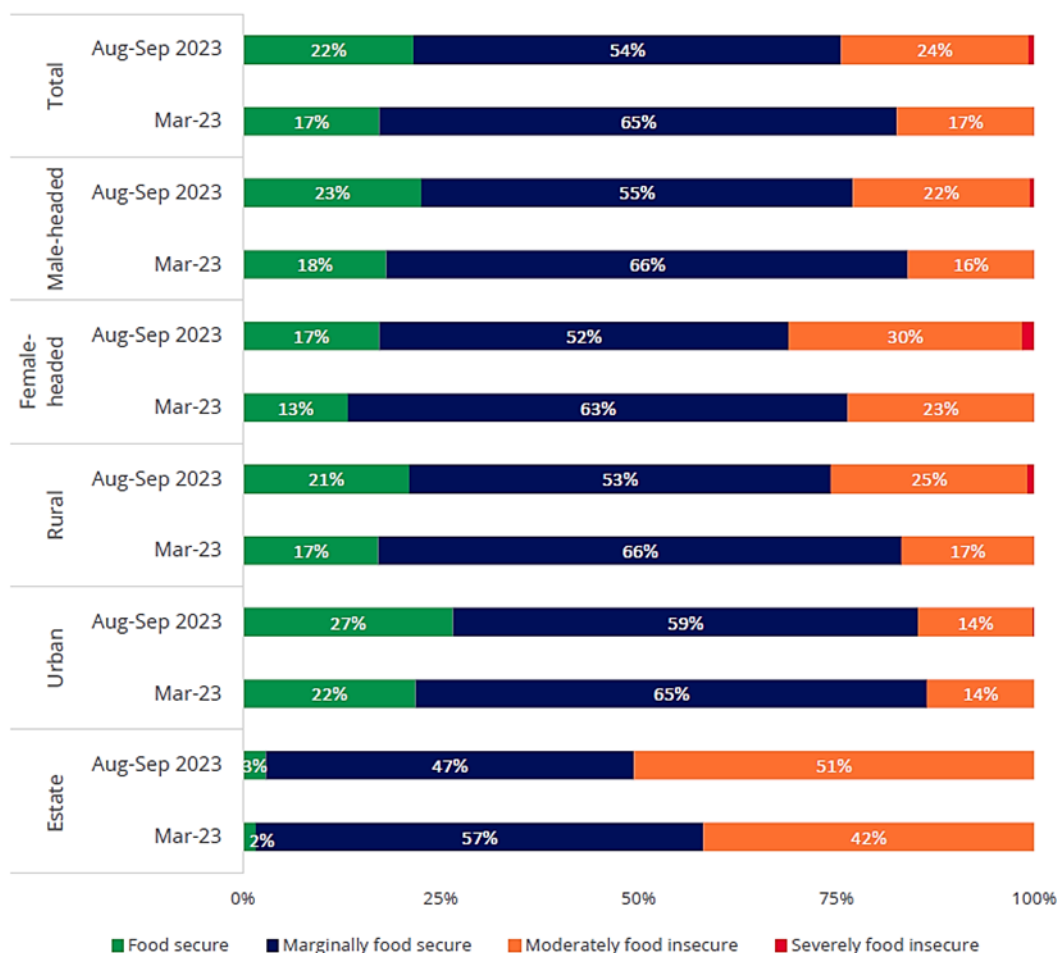
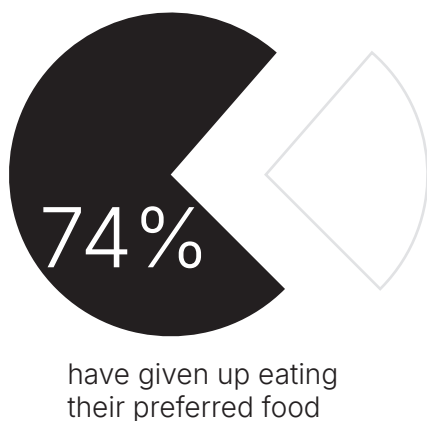
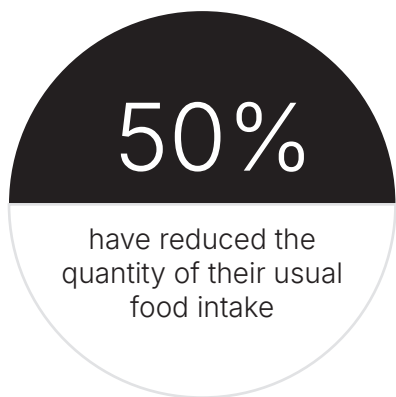


Figure 1.4: Food security rates by different population groups in 2023 as percentage of households

Source: WFP, 2023



indicating that children in the country may have undergone a phase of food insecurity during the past few years

Save the Children, 2023

The Rapid Needs assessment done by Save the Children Sri Lanka for the year 2023 has indicated that 23 percent of children have reduced the frequency of intake meals where 50 percent have reduced the quantity of their usual food intake and 74 percent have given up eating their preferred food indicating that children in the country may have undergone a phase of food insecurity during the past few years (Save the Children, 2023).

This can be bolstered by the fact that more than half of Sri Lankan households in the country have gone through some form of coping strategy during the period of 2023 related to their household food consumption behaviour. The very recent study conducted by Food-first Information and Action Network (FIAN) Sri Lanka, evaluating a six-month thorough baseline assessment to assess the household food insecurity and dietary patterns across ten selected districts in Sri Lanka in 2024, reported that 9 percent of the households have 'Poor' FCS (Food Consumption Score) while 39 percent of them are at 'Borderline'. Only 52 percent of households are in an 'Acceptable' region.

Compared to the data presented in the CEPA (2022a) assessment, it was revealed that the poor category has increased by 3 percent from 6 percent to 9 percent while the borderline category has also significantly increased from 17 percent to 39 percent. Accordingly, the percentage of acceptable categories has decreased from 77 percent to 52 percent indicating that over the years a rapid reduction in the consumption of a wide variety of food groups was noticed among Sri Lankan households (FIAN, 2024). These observations can further corroborate the statistics presented in this section with respect to the affordability and consumption of different food groups by households and children within these households.

When it comes to dietary patterns and characteristics of diet, there's a lack of recent data and representation of different age groups of children. According to the Demographic and Health Survey conducted by the Department of Census and Statistics (2016), consumption of food made from grains (88 percent) and fruit and vegetables rich in vitamin A (86 percent) is high in children aged 6-23 months. Roughly half of both breastfed and non-breastfed children received



complimentary food prepared using roots and tubers (45.2 vs 53. percent) and legumes and nuts (55.1 vs 61.1 percent) while no breastfed children received higher amounts of fish, meat, and eggs combined (70.8 percent). In urban areas of the North Western province, Sirasa et al. (2020) found that children between 2 to 5 years of age consumed rice at a minimum of 3 servings/week and a maximum of 7 servings/day. More than 80% did not reach the minimum recommendation for fruits and vegetables (2 servings/day) whereas around one-third of children consumed one or more cups at least once weekly of soft drinks. Around 25% of children sampled consumed processed meat products and high-fat potatoes (hot chips, French fries or fried potatoes) at least once per week. Over a third of participating parents/caregivers reported their child having consumed confectionery (40.0%) and snacks (mostly biscuits) (36.5%) once or more daily salty snacks were consumed daily by one in ten children (Figure 1.5).

There was no significant difference between male and female children in terms of number of servings of different food groups. Jayatissa et al., (2017), studying the nutritional status, dietary practices, and patterns of physical activity among school children aged 6-12 years, found that the most frequently consumed foods were cereals and vegetables (other than yellow vegetables such as pumpkins). Among protein-rich foods, fish was the most consumed food item, while eggs and meat were eaten more rarely. The least consumed food items were yams, yellow vegetables, yellow fruits, snacks, and soft drinks.

According to the National Nutrition and Micronutrient Study of school adolescents in Sri Lanka conducted in 2017, only half of all adolescents reported meeting a minimum dietary diversity of five or more food groups every day. While nearly all of them ate grains at least once a day, most had vegetables only 2-3 times per week or less. Fruit and meat consumption was even lower, generally reporting values less than 2-3 times per week (except for chicken, which was eaten slightly more) (Jayatissa et al., 2019). Likewise, the National Nutrition and Micronutrient Survey in Sri Lanka conducted in 2017 reported that about 20 percent of children aged 10-18 do not consume breakfast at all while about 5 percent rarely consume their breakfast indicating another alarming concern among the adolescent population in Sri Lanka (Figure 1.6) (Jayatissa et al., 2019). The dietary diversity among adolescents aged 11-13 years in the city of Colombo demonstrates significant variations in the consumption of different food groups (Figure 1.7).

Starchy staples were consumed universally by all adolescents (100 percent), reflecting their role as the primary dietary component. Meat and fish, as well as milk and milk products, were also consumed by a high percentage of adolescents, at 74.4 and 68.3 percent, respectively. Legumes, nuts, and seeds (65.5 percent) and other fruits and vegetables (64.3 percent) follow closely, showing a moderate level of dietary diversity. However, consumption of eggs (28.2 percent) and Vitamin A-rich fruits and vegetables (29.5 percent) is relatively low, indicating potential gaps in essential nutrient intake. Dark green leafy vegetables are consumed by only 17.7 percent of adolescents, and organ meat is rarely included in their diets, with just 0.4 percent reporting consumption. These patterns highlight a reliance on staple foods and protein-rich sources but reveal deficiencies in nutrient-dense foods critical for adolescent growth and development (Athauda et al, 2022). These findings underscore critical dietary gaps and the need for targeted nutritional interventions to improve fruit, vegetable, and protein-rich food consumption among the child population in Sri Lanka.

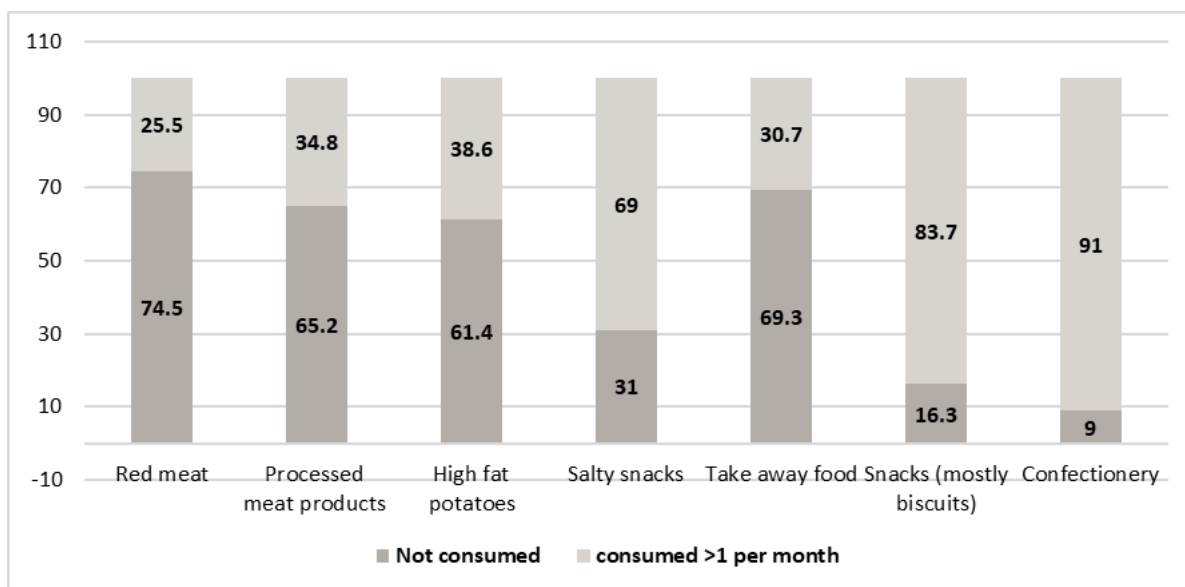


Figure 1.5: Percentage of children aged 2-6 years according to the frequency of consumption from different food groups.
Source: Sirasa et al, 2019

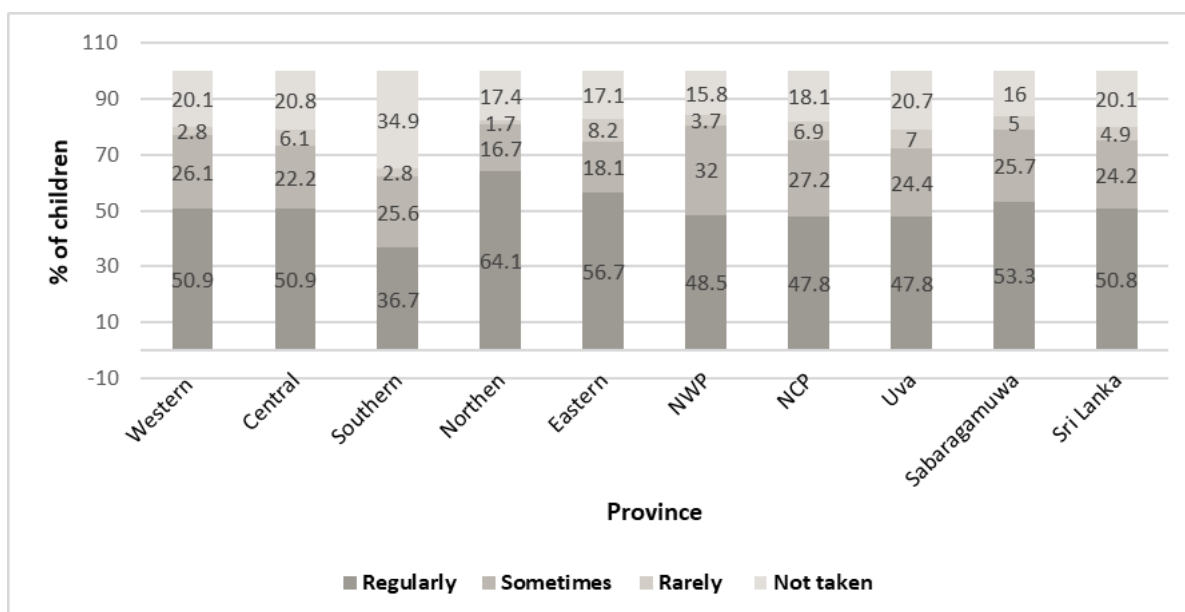


Figure 1.6: Pattern of consumption of breakfast by children aged 10-18 years
Source: National Nutrition and Micronutrient Survey in Sri Lanka - 2017

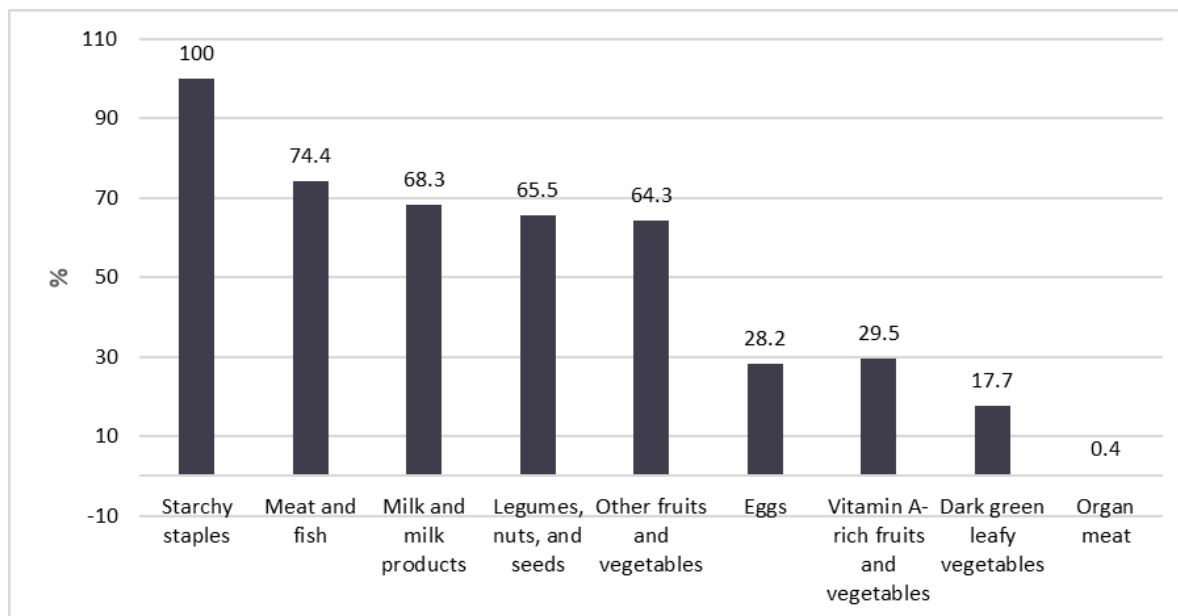


Figure 1.7: Consumption of food groups by adolescents aged 11-13 years in the city of Colombo.
Source: Athauda et al, 2022

Table 1.7 presents data from an unpublished study conducted by WVL in 2024 on food insecurity and hunger. The study focused on selected areas with a high prevalence of food insecurity. Participants were asked eight questions based on the Food Insecurity Experience Scale related to their access to food, dietary diversity, and experiences of hunger. The table displays the percentage of respondents in each area who experienced various levels of food insecurity, ranging from worrying about having enough food to going without eating for an entire day where 40 percent of the households were worried about having enough food while 8 percent of households went without eating for a day.

Area	Worried enough food %	Ate a few kinds of food %	Unable to eat healthy food %	Ate less food than should %	Skip a meal %	Ran out of food %	Hungry but did not eat %	Went without eating for a day %
Bibile	87	79	75	78	77	63	71	14
Rideemaliyadda	55	47	58	46	43	44	43	15
Kalpitiya North	51	41	46	48	46	46	35	9
Wattala	47	46	46	44	37	32	33	14
Pathana	48	63	59	54	32	42	32	24
Lindula	30	45	43	38	29	29	32	15
Karachchi	46	52	53	46	29	41	31	10
Watawala	40	49	45	32	29	37	31	17

Area	Worried enough food %	Ate a few kinds of food %	Unable to eat healthy food %	Ate less food than should %	Skip a meal %	Ran out of food %	Hungry but did not eat %	Went without eating for a day %
Devon	40	50	46	39	29	30%	31	15
Bogawanthalawa	59	67	66	55	33	39	30	6
Lunugala	35	34	47	34	31	27	26	5
Mundalama	54	48	57	47	40	40	26	3
Nawagatthegama	36	36	50	41	34	24	26	5
Muthur	31	40	40	27	22	29	24	15
Neluwa	32	27	44	32	25	18	21	9
Meegahakiula	25	29	31	27	21	26	19	5
Ganga Ihala Korale	36	37	37	36	22	20	16	3
Welikanda	38	29	58	32	19	25	16	2
Koralapattu	37	38	35	16	14	17	14	1
Kandawali	46	59	54	43	12	42	13	7
Chankanai	30	28	23	23	15	25	12	3
Chavakachcheri	39	40	15	15	11	16	11	7
Vaharai	31	45	41	25	10	20	10	3
Rideegama	24	16	32	19	13	11	9	4
Walapane	11	15	10	13	8	12	9	1
Trinco South	19	21	19	16	7	14	6	3

Table 1.7: Food insecurity and hunger levels: findings from World Vision Lanka's 2024 study
Source: World Vision Lanka Food Security Data (unpublished, 2024)

Understanding the current state of child malnutrition, food insecurity, and hunger is crucial for shaping effective policy interventions. Table 1.8 presents key statistics from various local and global sources, highlighting the prevalence of stunting, wasting, underweight, and overweight among children, along with food insecurity and hunger levels. These figures underscore the urgent need for targeted nutrition programs and policy reforms to address the challenges faced by vulnerable populations, particularly young children.



Sources	Child Malnutrition %				Household Food Insecurity %	Hunger %
	Stunting	Wasting	Under-weight	Overweight		
Local						
Family Health Bureau, 2024						
Children under 5	10.3	10.0	17.1	0.4		
National Nutrient & Micronutrient Survey, 2022						
Children under 5	13.7	19.8	22.7	1.7	39.0 (Moderate or severe)	
Children 5 - 9 age	7.8	25.8		4.1		
Children 10 - 17 age	16.5	22.5		7.9		
Demographic Health Survey, 2016						
Children under 5	17.3	15.1	20.5			
FIAN, 2024						
Household food in-security and hunger					48	20.6 (food insecure with severe hunger)
Global						
Global Nutrition Report, 2022						
Children under 5	17.3	11.0		2.0		
FAO/WFP Crop & Food Security Assessment Mission, 2023 (CFSAM)					17	
The State of Food Security & Nutrition in the World - FAO, IFAD, UNICEF, WFP, WHO, 2024						9.2 (Global)
Global Report on Food Crisis, 2024					28	

Table 1.8: Child Malnutrition, food insecurity, and hunger in Sri Lanka
extracted from local and global sources

In Sri Lanka, poverty remains a significant challenge, with 681,800 households living below the poverty line, as per the Household Income and Expenditure Survey (HIES) in 2019 (Table 1.9). The majority of these households live in rural areas (82.2 percent), followed by those in estates (10.7 percent) and urban areas (7.1 percent). Poverty contributions vary across provinces, with the highest in Central (16.6 percent), Sabaragamuwa (15.4 percent), and Uva (12.4 percent), while the North Central province has the lowest share at 4.8 percent.

Sector/ Province/ District	Number of Households in Poverty	Contribution to total poverty (%)
Sri Lanka	681,800	100
Sector/ Province/ District		
Urban	41,700	7.1
Rural	569,400	82.2
Estate	70,700	10.7
Province		
Western	68,600	11.2
Central	111,600	16.6
Southern	75,500	10.8
Northern	56,900	8.8
Eastern	69,200	10.4
North Western	68,800	9.7
North Central	34,200	4.8
Uva	90,500	12.4
Sabaragamuwa	106,500	15.4

Table 1.9: Number of households in monetary poverty and contribution to total monetary poverty by sector, province, and district (updated poverty line based on 2012/13 on NCPI)
Source: HIES 2019

Meanwhile, the country has faced severe inflation, particularly in food prices, which peaked at a rate of 94.9 percent in September 2022 (Figure 1.8) due to global factors such as the COVID-19 pandemic, the Russia-Ukraine war, and shrinking crop yields. The sharp rise in prices, especially for essential items like lentils, fruits including bananas, and papayas, has caused significant shifts in household consumption patterns, leading to reduced food access and a growing reliance on credit (Table 1.10).

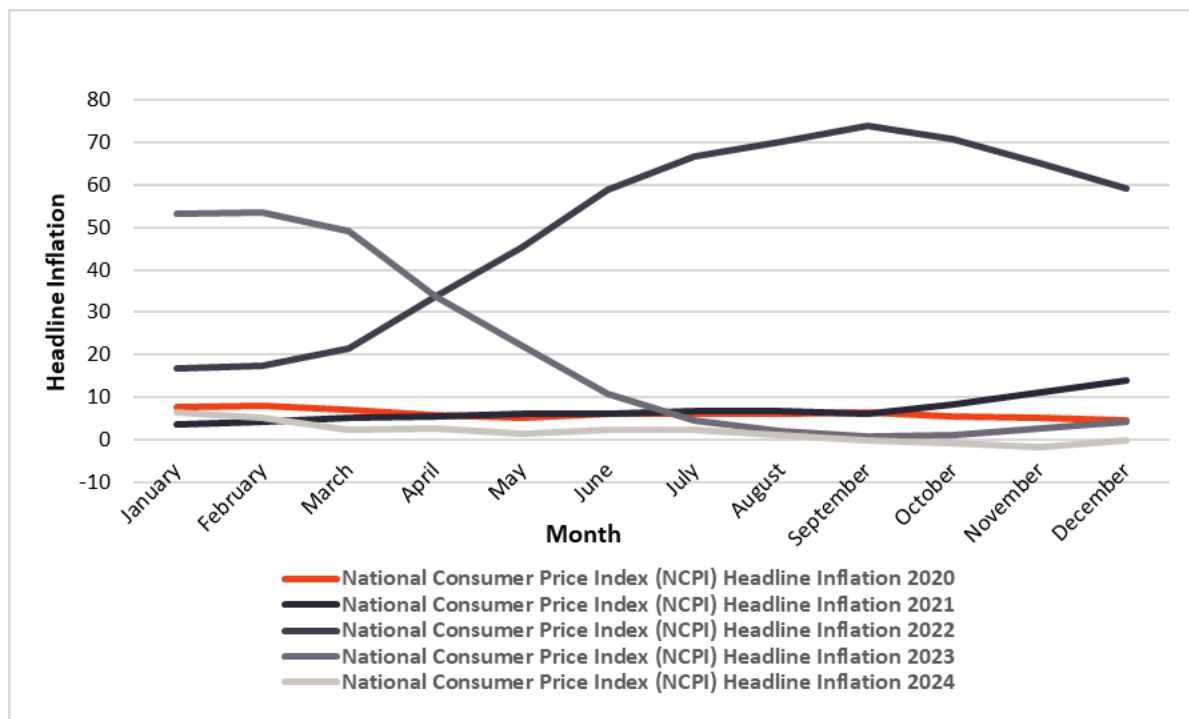


Figure 1.8: Sri Lankan Consumer price inflation rates from 2020 to 2024

Source: Central Bank of Sri Lanka

Item	Percentage Increase in Price (%)	Item	Percentage Increase in Price (%)
Rice - Kekulu Red	116	Fruit - Mango	37
Dhal	251	Fruit - Papaw	139
Chicken	110	Sugar	147
Eggs	152	Potatoes	68
Fresh Fish - Tilapia	77	Kerosene Oil	20
Dried Fish - Sprats	118	Gas - Litre	189
Vegetable - Carrot	72	Petrol	193
Vegetable - Snake Gourd	130	Diesel	276

Table 1.10: Percentage of change in prices of a few selected major food/non-food commodities

Source: World Vision and CEPA Rapid Food Security Survey Report (2022b)

In terms of employment, the unemployment rate in 2022 varied by province, with the Southern province recording the highest rate at 5.8 percent, followed closely by Central at 5.7 percent. The North Central and North Western provinces had the lowest unemployment rates at 3.7 percent (Sri Lanka Labour Force Survey Annual Report – 2023, Figure 1.9) (Department of Census & Statistics, 2023).

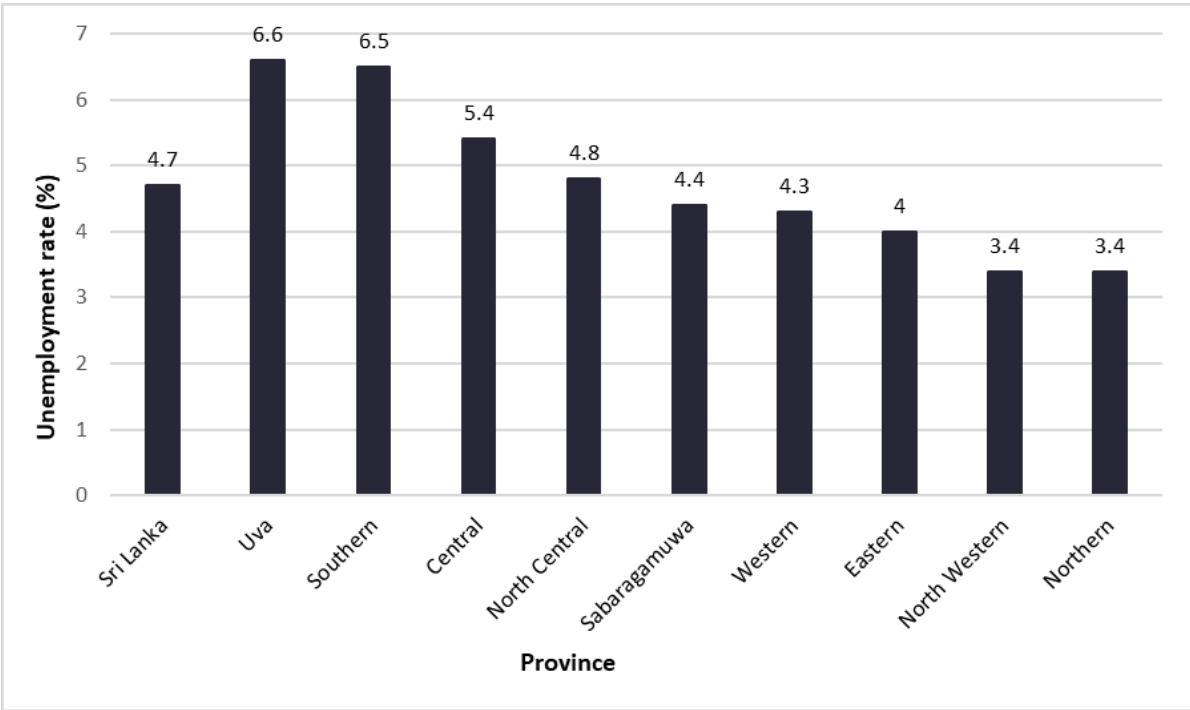


Figure 1.9: Unemployment situation in the year 2022 by provinces

Source: Sri Lanka Labour Force Survey Annual Report – 2023

Food consumption patterns also reveal that cereals, vegetables (excluding yellow vegetables), fish, and milk products are widely consumed, with fish being the primary protein source. Consumption is influenced by education levels (Table 1.11), with higher education correlating with greater consumption of healthier food items such as fruits and fish. Additionally, significant regional variations in food consumption patterns were observed, indicating the diverse dietary habits across the country. These trends highlight the economic disparities and changing consumer behaviors in response to inflation and economic stress. The data from Figure 1.7 shows that confectionery and snacks (mostly biscuits) are the most frequently consumed food items among children aged 10-17 years, with 91 percent and 83.7 percent, respectively, consuming them more than once per month. This highlights an important observation as to reliance on processed food with high sugar, salt, and saturated fat. In contrast, red meat and takeaway food are the least consumed, with only 25.5 percent and 30.7 percent, respectively, consuming them more than once per month. This trend is likely contributing to the current nutritional challenges faced by this age group, such as increased risks of obesity, micronutrient deficiencies, and poor overall dietary quality, which are critical for their growth, development, and long-term health outcomes.



	Overall	Gender		Mother's educational level					
		Female	Male	No schooling	Grade 1-5	Grade 6-11	Passed O/L	Passed A/L	Diploma/Degree/Higher
Cereals	75	75	74	78	79	86	89	90	90
Bread products	52	51	52	64	61	60	58	60	62
Pulses	60	61	59	65	60	64	71	78	84
Yellow vegetables	32	53	49	56	53	55	62	66	64
Other yams	47	33	31	34	35	33	37	42	45
Other vegetables	71	72	69	77	74	79	83	88	89
Green vegetables	51	53	49	56	53	55	62	66	64
Yellow fruits	38	39	38	50	47	46	44	42	40
Other fruits	62	63	61	67	62	68	74	78	80
Eggs	44	45	43	59	51	47	51	54	60
Meat	35	35	36	57	42	38	42	37	43
Fish products	64	65	63	70	74	73	74	76	81
Milk products	57	58	57	55	61	62	67	75	81
Oily foods	69	70	69	76	78	80	81	82	84
Sugar products	69	69	69	83	78	80	80	80	81
Snacks	28	28	28	45	36	32	32	31	30
Soft drinks	26	26	26	41	37	34	28	23	22
Biscuits/Cakes	64	65	63	80	74	73	76	76	73
Candy/Chocolate	46	47	45	58	58	55	51	51	47

Table 1.11: Percentage of children aged 6-12 years who consumed different food groups by gender and mother's educational level

Source: Jayatissa et al., 2017

Sri Lanka's achievements of Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) Framework presents a holistic development agenda promoting balanced growth in the economic, social and environmental dimensions. It contains 17 Development Goals, 169 Development Targets to be measured through 248 indicators.

According to the Sustainable Development Report - 2024, Sri Lanka has made progress toward achieving the Sustainable Development Goals (SDGs) but has not fully achieved them. Sri Lanka has been ranked 93 out of 166 countries with a score of 67.4. The extent of progress varies across the 17 goals, with notable advancements in some areas and significant challenges in others.

Figure 1.10 shows the summary of the progress of Sri Lanka compared to the countries in East and South Asia and Table 1.12 gives the specific indicators for Sri Lanka.

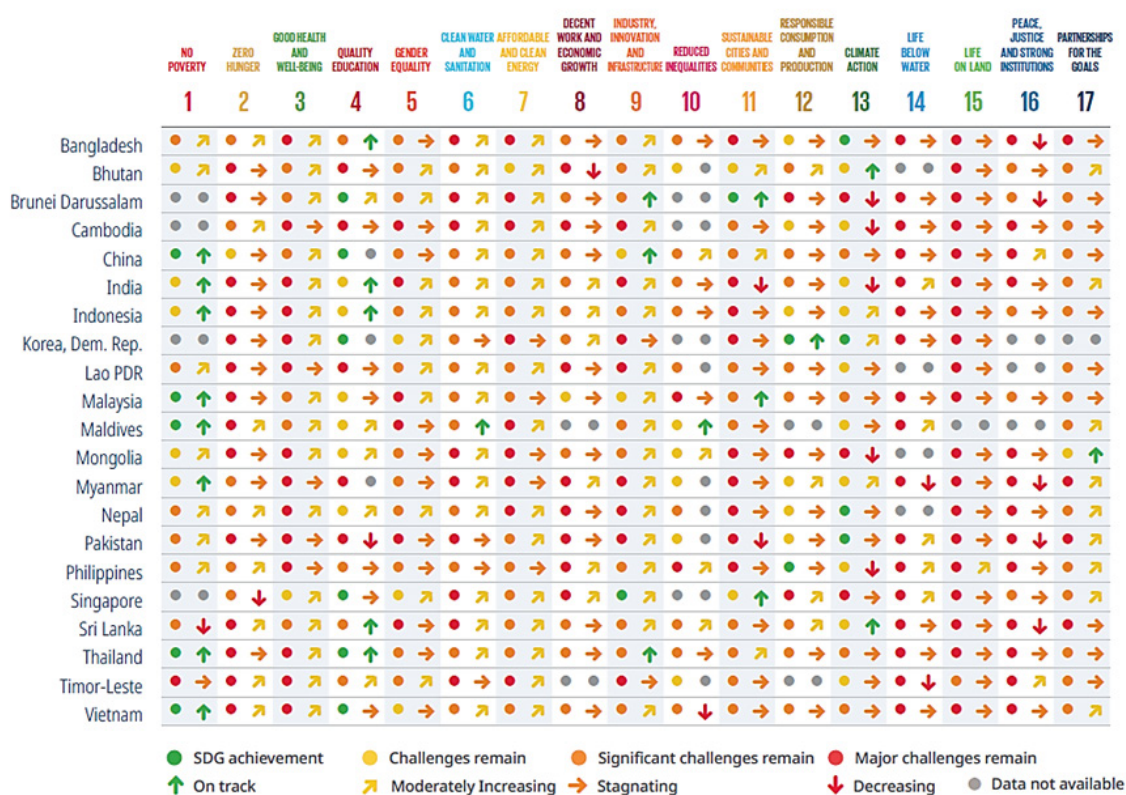


Figure 1.10: Progress of Sri Lanka in achieving SDGs compared to the countries in East and South Asia
Source: Sustainable Development Report 2024, The SDGs and the UN Summit of the Future



Sri Lanka has made strong progress on SDG 7 (Affordable and Clean Energy) and SDG 13 (Climate Action), but progress on most other SDGs is behind schedule. The country has regressed on SDG 8 (Decent Work and Economic Growth) and SDG 14 (Life Below Water) compared to its 2015 baseline. At the current trajectory, only 2 out of 17 SDGs are expected to be achieved by 2030.

Between 2023 and 2024, significant progress was made on SDG 3 (Good Health and Well-being), SDG 7, SDG 16 (Peace, Justice, and Strong Institutions), and SDG 17 (Partnerships for the Goals).

SDG1 – No Poverty				SDG9 – Industry, Innovation and Infrastructure				Value				Year				Rating				Trend																			
Poverty headcount ratio at \$2.15/day (2017 PPP, %)				3.1				2024				●				→				Rural population with access to all-season roads (%)				99.7				2024				●				→			
Poverty headcount ratio at \$3.65/day (2017 PPP, %)				13.2				2024				●				↓				Population using the internet (%)				50.1				2022				●				↑			
SDG2 – Zero Hunger																																							
Prevalence of undernourishment (%)				5.3				2021				●				↑				Mobile broadband subscriptions (per 100 population)				94.9				2022				●				↑			
Prevalence of stunting in children under 5 years of age (%)				17.3				2016				●				●				The Times Higher Education Universities Ranking: Average score of top 3 universities (worst 0–100 best)				25.7				2024				●				↑			
Prevalence of wasting in children under 5 years of age (%)				15.1				2016				●				●				Articles published in academic journals (per 1,000 population)				0.2				2022				●				→			
Prevalence of obesity, BMI ≥ 30 (% of adult population)				10.6				2022				●				↓				Expenditure on research and development (% of GDP)				0.1				2020				●				→			
Human Tropic Level (best 2–3 worst)				2.1				2021				●				↑																							
Cereal yield (tonnes per hectare of harvested land)				3.0				2022				●				→																							
Sustainable Nitrogen Management Index (best 0–1.41 worst)				0.6				2018				●				↑																							
Exports of hazardous pesticides (tonnes per million population)				0.0				2021				●				●																							
SDG3 – Good Health and Well-Being																																							
Maternal mortality ratio (per 100,000 live births)				28.8				2020				●				↑				Proportion of urban population living in slums (%)				NA				NA				●				●			
Neonatal mortality rate (per 1,000 live births)				3.7				2022				●				↑				Annual mean concentration of PM2.5 (µg/m³)				24.1				2022				●				↓			
Mortality rate, under-5 (per 1,000 live births)				6.5				2022				●				↑				Access to improved water source, piped (% of urban population)				80.7				2022				●				→			
Incidence of tuberculosis (per 100,000 population)				62.0				2022				●				→				Population with convenient access to public transport in cities (%)				61.5				2020				●				●			
New HIV infections (per 1,000 uninfected population)				0.0				2022				●				↑																							
Age-standardized death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years (%)				13.2				2019				●				↑				Municipal solid waste (kg/capita/day)				0.3				2016				●				●			
Age-standardized death rate attributable to household air pollution and ambient air pollution (per 100,000 population)				92				2019				●				●				Electronic waste (kg/capita)				6.3				2019				●				●			
Traffic deaths (per 100,000 population)				11.5				2021				●				↑				Production-based air pollution (DALYs per 1,000 population)				15.3				2024				●				↓			
Life expectancy at birth (years)				76.4				2021				●				↑				Air pollution associated with imports (DALYs per 1,000 population)				1.9				2024				●				↑			
Adolescent fertility rate (births per 1,000 females aged 15 to 19)				16.5				2015				●				●				Production-based nitrogen emissions (kg/capita)				12.1				2024				●				↑			
Births attended by skilled health personnel (%)				99.5				2016				●				●				Nitrogen emissions associated with imports (kg/capita)				3.4				2024				●				↑			
Surviving infants who received 2 WHO-recommended vaccines (%)				98				2022				●				→				Exports of plastic waste (kg/capita)				0.0				2022				●				↑			
Universal health coverage (UHC) index of service coverage (worst 0–100 best)				67				2021				●				↑																							
Subjective well-being (average ladder score, worst 0–10 best)				3.6				2023				●				↓																							
SDG4 – Quality Education																																							
Participation rate in pre-primary organized learning (% of children aged 4 to 6)				49.4				2018				●				●				Mean area that is protected in marine sites important to biodiversity (%)				50.0				2023				●				→			
Net primary enrollment rate (%)				96.8				2021				●				↑				Ocean Health Index: Clean Waters score (worst 0–100 best)				56.1				2023				●				↓			
Lower secondary completion rate (%)				96.7				2021				●				↑				Fish caught from overexploited or collapsed stocks (% of total catch)				11.7				2018				●				↑			
Literacy rate (% of population aged 15 to 24)				98.8				2022				●				↑				Fish caught by trawling or dredging (%)				11.9				2019				●				→			
																Fish caught that are then discarded (%)				4.0				2019				●				→							
																Marine biodiversity threats embodied in imports (per million population)				0.1				2018				●				●							
SDG5 – Gender Equality																																							
Demand for family planning satisfied by modern methods (% of females aged 15 to 49)				74.3				2016				●				→				Mean area that is protected in terrestrial sites important to biodiversity (%)				43.7				2023				●				→			
Ratio of female-to-male mean years of education received (%)				97.7				2022				●				↓				Mean area that is protected in freshwater sites important to biodiversity (%)				43.9				2023				●				→			
Ratio of female-to-male labor force participation rate (%)				44.6				2023				●				↓				Red List Index of species survival (worst 0–1 best)				0.56				2024				●				↓			
Seats held by women in national parliament (%)				5.3				2024				●				↓				Permanent deforestation (% of forest area, 3-year average)				0.1				2022				●				↑			
																Imported deforestation (m²/capita)				1.2				2022				●				↑							
SDG6 – Clean Water and Sanitation																																							
Population using at least basic drinking water services (%)				89.3				2022				●				→				SDG16 – Peace, Justice and Strong Institutions																			
Population using at least basic sanitation services (%)				95.1				2022				●				↑				Homicides (per 100,000 population)				3.4				2019				●				●			
Freshwater withdrawal (% of available freshwater resources)				90.8				2021				●				→				Crime is effectively controlled (worst 0–1 best)				0.80				2022				●				→			
Anthropogenic wastewater that receives treatment (%)				0.0				2020				●				●				Unserved detainees (% of prison population)				69.0				2018				●				●			
Scarce water consumption embodied in imports (m³ H2O eq/capita)				404.5				2024				●				↑				Birth registrations with civil authority (% of children under age 5)				NA				NA				●				●			
SDG7 – Affordable and Clean Energy																																							
Population with access to electricity (%)				100.0				2021				●				↑				Corruption Perceptions Index (worst 0–1 best)				34.0				2023				●				↓			
Population with access to clean fuels and technology for cooking (%)				32.6				2021				●				→				Children involved in child labor (%)				0.8				2016				●				●			
CO2 emissions from fuel combustion per total electricity output (MtCO2/TWh)				1.4				2022				●				→				Exports of major conventional weapons (TIV constant million USD per 100,000 population)				0.0				2023				●				●			
Renewable energy share in total final energy consumption (%)				28.4				2020				●				↑				Press Freedom Index (worst 0–1 best)				35.2				2024				●				↓			
SDG8 – Decent Work and Economic Growth																																							
Adjusted GDP growth (%)				-6.5				2022				●				●				Access to and affordability of justice (worst 0–1 best)				0.46				2022				●				↓			
Victims of modern slavery (per 1,000 population)				6.5				2022				●				●				Timeliness of administrative proceedings (worst 0–1 best)				0.38				2022				●				↓			
Adults with an account at a bank or other financial institution or with a mobile-money-service provider (% of population aged 15 or over)				89.3				2021				●				↑				Expropriations are lawful and adequately compensated (worst 0–1 best)				0.51				2022				●				↓			
Unemployment rate (% of total labor force, ages 15+)				6.6				2024				●				↓																							
Fundamental labor rights are effectively guaranteed (worst 0–1 best)				0.59				2022				●				↓				Government spending on health and education (% of GDP)				3.1				2022				●				↓			
Fatal work-related accidents embodied in imports (per million population)				0.3				2018				●				↑				For high-income and all OECD DAC countries: International concessional public finance, including official development assistance (% of GNI)				NA				NA				●				●			
Victims of modern slavery embodied in imports (per 100,000 population)				25.9				2018				●				●				Other countries: Government revenue excluding grants (% of GDP)				8.3				2021				●				↓			
																Corporate Tax Haven score (best 0–100 worst)				0				2021				●				●							
																Statistical Performance Index (worst 0–100 best)				79.1				2022				●				↑							
																Index of countries' support to UN-based multilateralism (worst 0–100 best)				77.0				2023				●				↑							

* Imputed data point, ** Not applicable
NA = Data not available

Table 1.12: Country profile – SDG achievement in 2024 (Sri Lanka)

However, setbacks were observed in **SDG 4 (Quality Education)**, **SDG 6 (Clean Water and Sanitation)**, and **SDG 14**. While some indicators remain stable despite economic challenges, stability alone will not suffice. Accelerated progress and innovative policies are essential to achieve the SDGs by 2030.

Progress by Goals
related to nutrition – Goal 1, 2 & 3

SDG1 - End Poverty

Sri Lanka has made modest progress on SDG 1 but remained relatively stagnant between 2023 and 2024 (Figure 1.11).

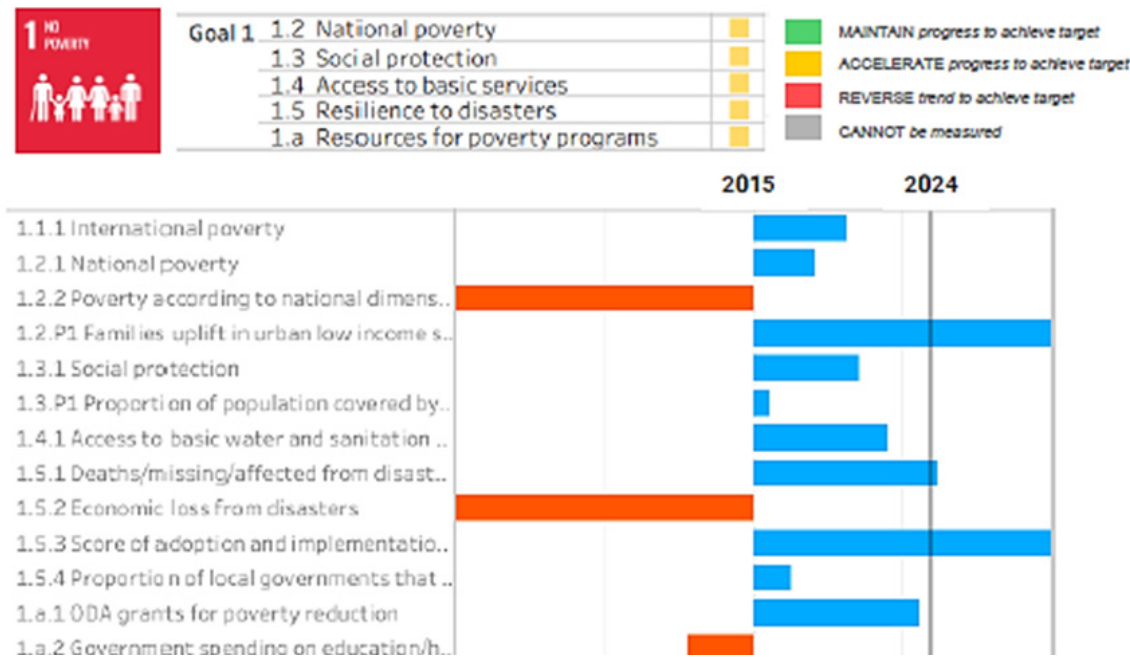


Figure 1.11: SDG 1- Targets and Indicators Progress – 2024
Source: National SDG Progress Dashboard - 2024 (<https://sdc.gov.lk/en/sdg-lka-24>)

Sri Lanka has made modest progress on SDG 1 but remained relatively stagnant between 2023 and 2024. Although there has been good progress across the majority of indicators, there are still some trends that must be reversed.

Poverty according to national definition still remains high. According to the 2019 Household Income and Expenditure Survey (HIES), 16% of men, women, and children of all ages live in poverty in all its dimensions, as defined nationally.



SDG 2 - Zero Hunger

In 2024, Sri Lanka made progress in sustainable agriculture but continues to face challenges related to food insecurity, affecting 9.1% of the population in 2019, and rising food prices, with the Consumer Food Price Index increasing from -1.14 in 2019 to 1.24 in 2022 (Figure 1.12). High inflation has raised production costs, leading to higher food prices and exacerbating food insecurity. Reversing these trends by addressing food price anomalies is crucial for improving household access to food.

Modest progress has been made in reducing malnutrition, with prevalence among children under five declining slightly from 17.5% in 2007 to 17.1% in 2016. However, more efforts are needed to meet national nutrition targets, especially addressing high anemia rates among women, which stood at 34.6% in 2019.

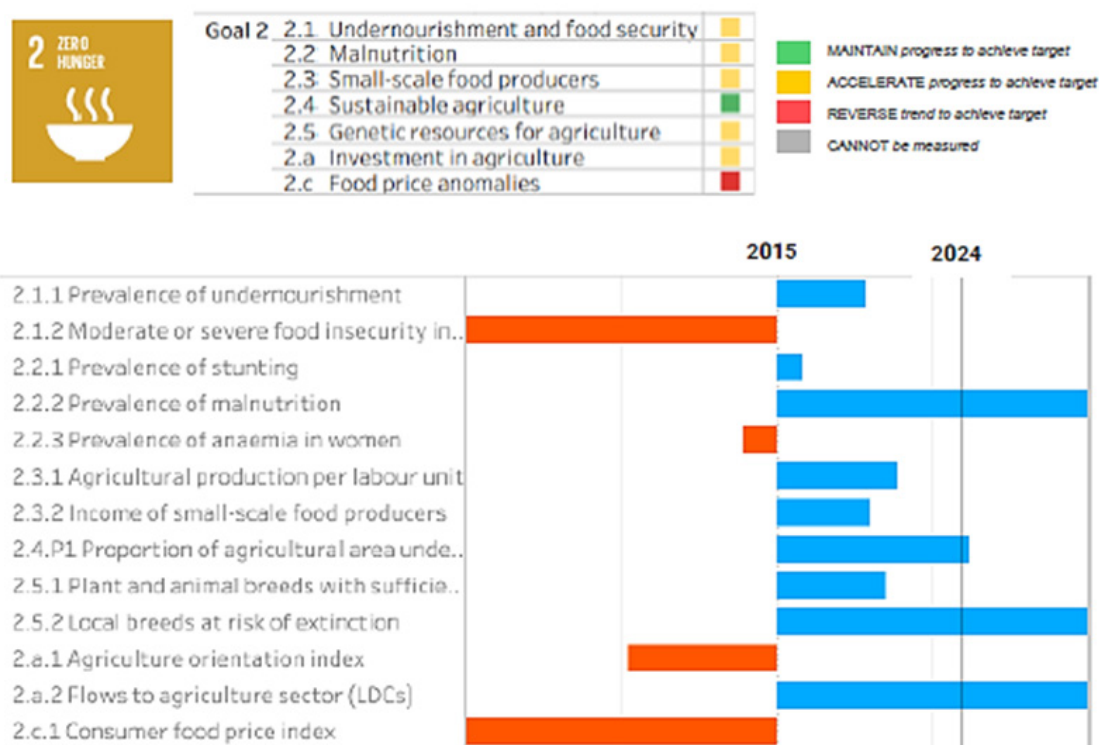


Figure 1.12: SDG 2 - Targets and Indicators Progress – 2024

Source: National SDG Progress Dashboard - 2024 (<https://sdc.gov.lk/en/sdg-lka-24>)

SDG 3 - Good Health and Well-being

Sri Lanka has made notable progress toward SDG 3 (Good Health and Well-being), with positive trends in several health indicators (Figure 1.13). The under-five mortality rate decreased from 7.2 per 1,000 live births in 2019 to 6.4 in 2022, and the neonatal mortality rate fell from 4.1 to 3.7 per 1,000 live births in the same period. Maternal mortality also declined slightly, from 30.2 per 100,000 live births in 2020 to 29.5 in 2022. Road traffic fatalities dropped from 11.38 deaths per 100,000 population in 2022 to 10.59 in 2023. Coverage of sexual and reproductive healthcare improved from 79.5% in 2020 to 80.6% in 2023, while health risk management capacity increased from 66.60% in 2022 to 70.67% in 2023.

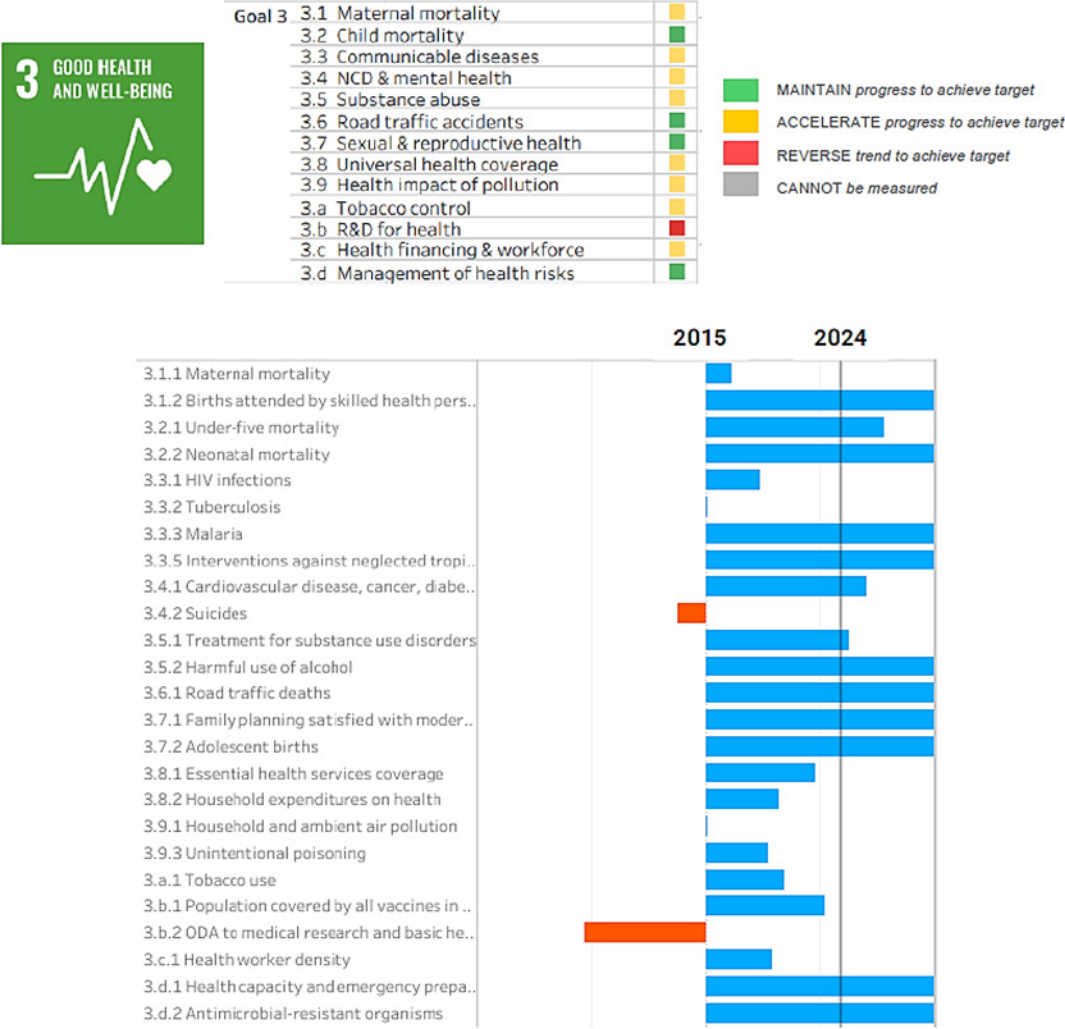


Figure 1.13: SDG 3 - Targets and Indicators Progress – 2024
Source: National SDG Progress Dashboard - 2024 (<https://sdc.gov.lk/en/sdg-lka-24>)



Additionally, per capita alcohol consumption decreased significantly from 4.63 liters in 2021 to 2.23 liters in 2022, nearly achieving the 2030 target ahead of time. These advancements reflect improvements in maternal and child health, healthcare quality, vaccination coverage, and socio-economic conditions.

However, challenges remain. The incidence of neglected tropical diseases, such as dengue, filariasis, leprosy, and leishmaniasis, has risen sharply between 2021 and 2023. Addressing these setbacks requires targeted investment, policy reform, and research, especially in the context of economic constraints, to sustain and accelerate progress on SDG 3.


What is Missing?

The Tale of Policies, Programmes and Interventions

The unprecedented levels of acute food insecurity in 2022 reflected soaring food prices, reduced income opportunities, poor harvests, and severe disruptions to the food supply chain. These issues were compounded by shortages of fuel, fertilizers, and imported foods, triggered by severe macroeconomic challenges (FIAN, 2024). The food security further deteriorated during the lean season from October 2022 to February 2023, driven by poor harvests of staple foods, particularly paddy rice, due to an acute shortage of fertilizer and agrochemicals, and the ongoing economic crisis (FAO/WFP, September 2022).

The impacts of the country's political and economic crisis likely worsened the nutrition situation. By April 2022, the monthly cost of a nutritious diet had risen by 156 percent, placing immense strain on vulnerable populations. Nutritional assistance programmes were temporarily scaled back, exacerbating the situation. For example, the delivery of Thripasha, targeting wasted children and pregnant and lactating women was significantly reduced. Similarly, school meal programmes faced interruptions, leaving many children to succumb to food insecurity, where their families mainly relied on school meals. Parents struggled to cope with food price hikes and nationwide food rationing. Even in schools that continued to serve meals, portion sizes, and protein density were significantly cut, undermining the nutritional value of these interventions. Additionally, the inability to import medicines due to depleted foreign reserves caused severe shortages in healthcare supplies, further impacting the well-being of vulnerable groups. The reduction of these critical safety net programmes highlights the fragility of existing mechanisms designed to address child hunger, malnutrition, and food insecurity in Sri Lanka (Global Report on Food Crisis, 2023).

Recent nutrition-related indicators highlight the disconcerting and worsening nutritional status of the country, particularly among children and women, amid existing socioeconomic challenges and particularly among those belonging to vulnerable groups. In this context, authorities continued to provide child nutrition services during the year with the collaboration of development partners in an attempt to curb the long-lasting impact of such issues. However, a more comprehensive and better-targeted strategy is essential in this regard as the effects of malnutrition are long-term and can trap individuals across



generations in the vicious circle of poor productivity and thereby, poverty. Lapses in the health sector are becoming increasingly disconcerting, raising serious concerns about the efficacy of the sector (Annual Economic Review, 2023).

The highest level of acute food insecurity was in the Estate sector (tea production) and among households deriving their main incomes from social protection schemes and disability benefits, linked to the unaffordability of food and healthy diets. Households relying on unskilled wage labor (agriculture and non-agriculture) and fishing communities also have high levels of food insecurity. In addition, female-headed households and households with low education attainment exhibit higher food insecurity rates compared to the rest of the population. The reduction in food insecurity reflects some improvement in food consumption and the relative decrease in the share of expenditures on food in total expenditures, likely caused by a seasonal effect related to the harvest period and its impact on market prices and farmers' incomes. Households engaged in agricultural activities reported the largest income losses compared to the same period last year, likely due to higher expenses for land rent, workforce, fuel, agricultural inputs, and debt repayment. Households relying on social protection, pensions, or humanitarian assistance reported income stability or increases, highlighting the positive impact of government and NGO efforts to support the most vulnerable populations (FAO/WFP, 2023).

Overall, malnutrition is multifaceted with many direct and indirect underlying causes. Improper dietary habits, such as inadequate consumption of protein sources, fruits, and vegetables, coupled with the consumption of high-carbohydrate and high-fat diets and sedentary lifestyles, are direct contributory factors to this situation in the country. Approximately one-tenth of the population is food insecure. Therefore, enhancing affordability, availability, and access to safe and healthy food is critical to reducing malnutrition among vulnerable populations.

The availability of safe and healthy food throughout the year is adversely affected by several systemic challenges:

- Poor agricultural practices and a lack of climate resilience in food production.
- Absence of organized local food exchange mechanisms and reliance on unhealthy food imports.

Inadequate accessibility and utilization of nutritious food are further exacerbated by:

- Food loss and wastage throughout the supply chain.
- Scarcity of healthy food outlets and unethical marketing practices promoting unhealthy food.



Addressing these challenges requires the active involvement of all partners responsible for nutrition-related issues. This includes the government, non-governmental organizations, private sector stakeholders, and local communities. A comprehensive review and strengthening of policies, programmes, and interventions are necessary to effectively tackle malnutrition and its underlying causes while ensuring sustainable food systems for all (National Nutrition Policy of Sri Lanka 2021-2030).

Over the years, various policies have been implemented to improve nutrition and well-being, such as the National Nutrition Policy (2010) and the School Health Policy (2019). These policies focus on ensuring optimal nutrition across all age groups and promoting the physical, mental, and social well-being of students. However, challenges in implementation, particularly in rural areas, have hindered their effectiveness.

Interventions such as the School Meal Programme (1931) and Morning Meal Programme for Preschool Children (2022) are vital in providing nutrition to vulnerable populations, especially in underserved areas. Despite their success, issues such as variability in food quality, logistical challenges, and insufficient budget allocations persist. Other interventions, such as the Aswesuma Programme (2023), aim to alleviate poverty and improve nutrition, though targeting beneficiaries effectively remains a challenge.

Although 90 percent of pregnant and lactating mothers reportedly received Thriposha, only 57.5 percent consumed it daily, according to a study conducted in 13 districts across the country (Weerahewa, 2018). The primary reasons for non-compliance with the daily recommended intake were inadequate supply of Thriposha and sharing with other family members. However, the programme's outcomes reveal a lack of significant improvement in nutritional behaviors or results, particularly among the poorest populations in rural and estate sectors. This suggests that the programme has failed to adequately target the most vulnerable groups, highlighting a gap in its design and implementation (Weerahewa, 2018). In addition, food security initiatives such as the Home Gardening and Nutrition Promotion (2020) and Food Bank Initiatives (2018) have contributed to combating food insecurity. However, these programmes face challenges in adoption rates and resource limitations, particularly in low-income communities.

Though Sri Lanka has taken many initiatives to combat child malnutrition and exalt child health and well-being over the last few decades the implementation, targeting, monitoring, evaluation, and adoption has remained weak. This was mainly fuelled by scarce funding and a constant lack of coordination among different government and non-government sectors (Table 1.12). The gaps and challenges identified in this scoping review accentuate the need for improved coordination, adequate funding, apt targeting, and better monitoring mechanisms to enhance the effectiveness of these policies and interventions in addressing child hunger, malnutrition, and household food insecurity in Sri Lanka where pockets of poverty and resource ridden communities must be included.

It is also important to note the lack of diet and nutrition-related surveillance data for the child population. Child malnutrition data are routinely collected for preschool children, though dietary, nutrition, and anthropometric data pertaining to older children especially focusing on preteen and adolescent years are lacking in the country. Whatever the data that

is available evidence-based research/ data analysis either comes from narrow sample sizes and very localized studies which cannot be generalized to the older child population in Sri Lanka. No data are available on child food security nor children's adherence to food-based dietary guidelines in the country, and no surveillance data on food group consumption including fruit and vegetables, protein-rich food, etc. making it rather cumbersome to comprehend the nutritional status of primary school age children and adolescent population in Sri Lanka. This issue of lack of dietary, anthropometry, and biochemical data pertaining to the country's child population is an unfortunate situation where the real context of their diets, nutrition, and health remains a mystery, making specific policies, interventions, and programmes development and implementation less fruitful.

Category	Name	Year Established	Current Status
Policies	School Health Policy	2019	Active; focuses on promoting the physical, mental, and social well-being of students. However, implementation is inconsistent, particularly in rural areas, due to a lack of resources and trained personnel.
	National Nutrition Policy	2010	Active; aims for optimal nutrition across all age groups. Gaps include limited intersectoral coordination and insufficient funding to effectively address chronic malnutrition and undernutrition.
	School Canteen Guidelines	2015	Active; regulates canteen food options to promote healthy eating. Compliance is limited, particularly in urban schools where unhealthy food options are still prevalent. Monitoring mechanisms need
	Maternal and Child Health (MCH) Programme	1940	Active; provides essential health services to mothers and children. Coverage is good, but remote areas face staff shortages and logistical issues.
Programmes/ Interventions	School Meal Programme	1931	Active; provides free nutritious meals in schools, especially in underserved areas. Challenges include variability in food quality, supply chain issues, and insufficient budget allocations.
	Morning Meal Programme for Preschool Children	2022	Active; addresses malnutrition among preschool children. Coverage is limited, and the program faces logistical challenges in rural and estate sectors, leading to unequal benefits.
	Aswesuma Programme	2023	Active; poverty alleviation program replacing Samurdhi. Some gaps in targeting beneficiaries effectively have been reported, along with delays in fund disbursement.
	Poshana Malla	2015	Active; provides food baskets to pregnant and lactating mothers. Issues include delays in distribution, inadequate monitoring of nutritional outcomes, and inconsistent coverage.



Category	Name	Year Established	Current Status
Programmes/ Interventions	Thripasha Programme	1973	Active; supplementary food item for undernourished populations. Gaps include production shortages, stigma associated with receiving Thripasha, and occasional delays in distribution.
	Multiple Micronutrient Supplementation	2017	Active; combats anaemia among children, adolescents, and women. Challenges include low compliance rates, lack of awareness, and inconsistent availability in some regions.
	Integrated Child Development Program (ICDP)	2016	Active; focuses on child development and nutrition through day-care centres. Challenges include inadequate funding and low community participation.
	WFP School Feeding Initiative	1960	Active; supported by the World Food Program, it provides nutritional meals in collaboration with the School Meal Program. Coverage issues remain in marginalized areas.
	Home Gardening and Nutrition Promotion	2020	Active; introduced to combat food insecurity through self-sustained food production. Adoption rates vary, and low-resource households struggle to participate.
	Nutrition Rehabilitation Program	2010	Active; targets severely malnourished children with specialized care in health facilities. Gaps include inadequate community-level outreach and post-rehabilitation follow-up.
	Livelihood Development Programs	Various	Active; aims to reduce poverty and food insecurity through income generation. Limited by low access to resources, skills training, and market linkages.
	Food Bank Initiatives	2018	Active; supported by NGOs and private sector organizations to redistribute surplus food to vulnerable communities. Expansion is limited by coordination and storage issues.

Table 1.13: A Summary of policies, programmes, and interventions pertaining to child health and nutrition in Sri Lanka

Recommendations and Way Forward

Addressing child malnutrition, hunger, and food insecurity requires a comprehensive and multi-sectoral approach. Table 1.13 below outlines the major nutrition challenges, their root causes, and evidence-based recommendations to mitigate their impacts. By integrating strategies such as nutrition-sensitive agriculture, social protection systems, improved school feeding programmes, enhanced community engagement, and political and policy commitment, a sustainable path toward food security and better health and nutrition outcomes can be established. Furthermore, leveraging and adapting digital-based technology for real-time nutrition monitoring and policy adjustments can ensure continued progress in combating malnutrition.

Major Nutrition Problems Identified	Causative Factors	Recommendations
Child Malnutrition and Hunger	Limited access to diverse and nutritious foods (poor dietary diversity, household food insecurity)	Scale up nutrition-sensitive agriculture, promote climate-resilient farming, and improve market access for smallholder farmers. Also, social safety networks can be strengthened and universal food fortification programmes can be undertaken to ensure problem nutrients are delivered on a mass scale. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Food Insecurity	Economic shocks, unstable food prices, climate-related disasters, supply disruptions and other emergencies	Improve agricultural productivity & food supply chains, enhance food affordability & access, emergency response & crisis preparedness, develop contingency plans, establish strategic food reserves, and provide increased livelihood support for food-insecure households. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Inadequate School / Pre School Nutrition	Limited reach and quality of school feeding programmes, improper monitoring, and evaluation for real impacts	Expand and enhance school feeding programmes, including locally available, fresh, and seasonal foods to reduce costs. Ensuring the inclusion of marginalized groups and planning for nutrient-dense meals/menus. Community & household engagement with nutrition education & awareness. Policy & government support. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Poor Access to Nutritious Foods	High cost and limited availability of fresh, locally grown produce and fortified food	Establish subsidized food distribution channels and improve supply chains targeting vulnerable households. Minimize food loss and wastage through the supply chain and safe food processing to ensure the retention of nutrients. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Maternal and Infant Malnutrition	Lack of targeted nutrition interventions for pregnant and lactating mothers	Strengthen breastfeeding support programmes, micronutrient supplementation, and maternal nutrition education. Finding innovative digital and technology-based nutrition education and awareness. Promotion of food-based dietary guidelines in practical and easily adaptable ways.



Major Nutrition Problems Identified	Causative Factors	Recommendations
Poor Dietary Practices	Lack of awareness and education on healthy eating	Implement nationwide behavioural change communication campaigns on dietary diversity and nutrition-sensitive education, while ensuring the presence of community-level nutrition promotion officers to support and sustain these efforts at the grassroots level. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Weak Nutrition Monitoring Systems	Inadequate data collection on food security and malnutrition trends	Improve capacity and training, and build the capacity of frontline health workers in data collection and interpretation. Align nutrition monitoring with the health, agriculture, and education sectors. Develop digital platforms for real-time nutrition monitoring.
Limited Community Engagement	Weak participation of grassroots organizations in nutrition initiatives	Understand barriers to engagement, strengthen the role of local leaders, religious institutions, and community networks, and collaborate with local leaders, influencers, and organizations in nutrition promotion efforts.
Private Sector Under-Involvement	Limited investment in nutrition-sensitive solutions	Encourage private sector partnerships for food fortification, supply chain management, and improved food distribution.
Urban Food Insecurity	Poor access to fresh food markets and urban agriculture	Implement urban agriculture initiatives and establish affordable fresh food markets in urban areas. Promotion of food-based dietary guidelines in practical and easily adaptable ways.
Lack of Multi-Sectoral Coordination	Fragmented policies and interventions	Establish cross-ministerial and multi-stakeholder platforms to integrate nutrition, health, and social protection policies. Fortify monitoring, evaluation, and pass down lessons learned.
Weak Political and Policy Commitment	Short-term and inconsistent policy implementation	Secure long-term policy and financial commitment from political leaders to address malnutrition and food insecurity.

Table 1.14: Comprehensive strategies for addressing child malnutrition, hunger, and food insecurity

Apart from the above strategic plans to combat child malnutrition, food insecurity, and hunger, the following actions should be considered prudently.

Coordinated Efforts to Address Data Gaps through Well-Established Surveillance Networks

Develop and maintain comprehensive surveillance networks to collect real-time data on nutrition and food insecurity, informing evidence-based policies and interventions.

Committed and Continued Political and Policy Maker Commitment

Ensure strong political will to address malnutrition and food insecurity, securing long-term policy and financial commitment from political leaders.



Consolidated Action Plans from Government Institutions to Public and Private Partnerships

Create cohesive action plans with clear roles for both public and private sectors to bridge nutrition gaps, focusing on coordination across all sectors involved in food systems.

Food System Reconfiguration with Embedded Nutrition Promotion

Reconfigure food systems to prioritize nutrition, ensuring that food production, distribution, and consumption are optimized for both quantity and nutritional value.

Stimulating Commitment, Accountability, and Action

Implement mechanisms for monitoring, accountability, and transparency in all nutrition interventions to ensure sustained commitment and progress toward nutrition and food security goals.

By adopting these actions, it is possible to address immediate needs while laying the groundwork for long-term food security and agricultural sustainability. These efforts require coordinated implementation involving government bodies, humanitarian agencies, and local stakeholders to maximize impact and ensure the well-being of affected communities. With such holistic and consolidated plans, a hopeful and brighter future where nutrition, health, and well-being are secured can be envisioned for children in Sri Lanka.



Study II:

Review and Analysis of National Policies and National and WVL Intervention Programs in Child Hunger, Malnutrition, and Food Insecurity

Introduction

The objectives of the study are to;

- Collect all relevant policy documents, and intervention programs related to child hunger, malnutrition, and food insecurity. These will be government policies, NGOs, and WVL.
- Review of literature of all policy analyses conducted both quantitative and qualitative pertaining to child hunger, malnutrition & food security in Sri Lanka.
- Perform KIIIs among relevant government agencies, NGOs, and WVL.
- Identify gaps, and effectiveness of policies in terms of targeting, achieving objectives, etc.
- Identify the data requirement and major data sources available for policy analysis.
- Provide recommendations and a way forward.

As such there are three parts to this study, i.e. (i) review of policy documents related to child hunger, malnutrition, and food insecurity, (ii) review of literature of policy analyses conducted related to child hunger, malnutrition, and food insecurity, and (iii) perform KIIIs among key stakeholders.

Methodology

All relevant policy documents in relation to child hunger, malnutrition, and food insecurity were collected and digitally repositied. Cross tabulations were conducted to identify the commonalities and to identify patterns and phenomena.

A review of the literature was conducted to gather all documents related to policy analysis conducted on various policies in Sri Lanka pertaining to child hunger, malnutrition, and food insecurity. These were digitally repositied and the findings were summarized in cross-tabulated tables to identify patterns and phenomena.

In addition, the KIIIs were conducted among key stakeholders. All interviews were recorded, and transcripts were produced to be analysed using a qualitative analytical tool. The following KIIIs have been completed up to date along with the KIIIs to be completed as shown in Table 2.1.

Institution
Department of Animal Production and Health
Nutrition Division, Ministry of Health
World Vision Lanka
Ministry of Agriculture
Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI)
Ministry of Education
World Food Program
Sri Lanka Red Cross Society
Welfare benefits board
Institute of Policy Studies
Red Cross

Table 2.1: List of Institutions Affiliated with Key Informant Interviews (KIs) in the Study

Findings - Policy Documents

Table 2.2 shows the policy documents that have been collected, and their content is tabulated accordingly (refer to the columns of Table 2.2). These policies have been tabulated accordingly with the objectives, target population, implementation strategies, link to SDGs, key performance indicators, and identified gaps.

As for key findings, most of these policies have targeted students, mothers, pregnant women, and infants. In addition, limited documentation was found concerning their implementation strategies and monitoring and evaluation. Most of the policies lacked specific measurable indicators to track success. In addition, the linkage to SDGs was missing or not addressed in many cases.

Name of the policy	Objectives of the policy/ programs	Target population	Implementation strategies	Link to SDGs	Key Performance Indicators	Gaps
School Health Policy (SHP)	To make schools hubs of health promotion through community engagement, supportive environments, and effective health services.	All students	Promote a safe, inclusive, and supportive school environment by ensuring cleanliness, access to basic facilities, health and nutrition assessments, equitable opportunities, and child-friendly practices.	SDGs 3, 4, 6, 10, 16	Evaluate each school's HPP annually and certify schools meeting expected standards through zonal education directors.	Limited by funding gaps, weak monitoring systems, and inadequate WASH facilities, particularly in remote areas.
National Maternal and Child Health Policy	Educating maternal and child mortality, promoting safe pregnancy and delivery, improving nutrition, and ensuring access to quality health services, reproductive health education, child protection, strengthening the health system, and enhancing community awareness and participation to improve maternal and child health outcomes.	Women during pregnancy, delivery, and postpartum period, and at the newborns, infants, and children including school children.	Strengthening Health Services, Community Engagement, Data Collection & Monitoring, Intersectoral Collaboration, Policy Integration Capacity Building Advocacy & Resource, Mobilization, Emergency Preparedness	SDGs 1, 2, 3, 5, 6	Reducing maternal and child mortality, improving healthcare coverage, enhancing service quality, and increasing the training of healthcare providers.	Limited access to quality healthcare in rural and remote areas, inadequate data collection and monitoring mechanisms,

Table 2.2: Key policies collected and their tabulation (Contd.)

Name of the policy	Objectives of the policy/ programs	Target population	Implementation strategies	Link to SDGs	Key Performance Indicators	Gaps
National Nutrition Policy of Sri Lanka 2021-2030	To ensure the accomplishment of the nutrition needs of all Sri Lankans during the life cycle through evidence-based direct and indirect nutrition actions in view of ending all forms of malnutrition by 2030	All Sri Lankans	Enhancing nutrition and food security requires improving access to healthy food, empowering communities to adopt better dietary practices, and strengthening government systems for coordinated multi-sector nutrition interventions. Emphasis is placed on maternal, child, and adolescent nutrition, along with school-based programs, food safety, and disaster preparedness for vulnerable populations. Robust monitoring, research, and evidence-based policymaking are essential for sustainable progress and accountability.	SDGs 2, 3, 4, 6, 12	<p>Stunting: Reduced to 10% by 2030 (from 17.3% in 2016).</p> <p>Wasting: Below 5% by 2030 (from 15.1% in 2016).</p> <p>Low Birth Weight: Reduced to 10% by 2030 (from 15.7% in 2016).</p> <p>Food Insecurity: Halved to 5% by 2030 (from 10.3% in 2014).</p> <p>Food Safety: All food in the country is safe for consumption by 2030.</p> <p>Micronutrient Deficiencies: Below 10% across all groups by 2030.</p>	<p>Unequal access to nutritious foods, Lack of infrastructure for nutrition programs, Inadequate monitoring and evaluation, Limited public-private partnerships</p>
School Nutrition Programme	Provide healthy and active children to the nation, minimize nutritional problems, inculcate good dietary habits, promote healthy habits, and improve school attendance.	Primary school children	The government's program to provide meals for schoolchildren	SDG 2, 3, 4, 12, 17	<p>the evaluation and monitoring of the school meal program are vested to the "School Food Committee", a sub-committee under the School Development Committee. This committee should be empowered also to evaluate and monitor the school nutrition programs.</p>	<p>Out of the mentioned three programs, only one program is conducted at a given time in a particular school.</p>

Name of the policy	Objectives of the policy/ programs	Target population	Implementation strategies	Link to SDGs	Key Performance Indicators	Gaps
School Canteen Policy 2015 (IPS, 2015)	to optimize educational performance among school children by improving their nutritional status.	All school children	Ensure school children have access to nutritious, affordable, and hygienic food through health-promoting canteens with child-friendly services. Allocate funds, enhance staff training, and establish regular monitoring across all levels to maintain quality. Promote healthy dietary habits through education and national evaluations.	SDGs 2, 3, 4, 6, 12, 17	The principal has to ensure the canteen will; 1. Have healthy foods (rice & vegetables, fruits, milk, tea, fruit drinks, porridge) 2. Not to have food with high sugar, high salt, high-fat food 3. Limit deep-fried food 4. Not having junk food; PHI and the officers of the Ministry of Education do the supervision and monitoring	Sri Lanka lacks a legal framework for healthy food. Children prefer unhealthy, tastier foods, often avoiding healthy canteen options.
Multi-Sector Action Plan for Nutrition (MSAPN) 2023 – 2030	Achieving and maintaining the nutrition well-being of all Sri Lankans, enabling them to contribute effectively towards sustainable development	All citizens	Enhance access to nutritious food and promote healthy behaviours through community empowerment and multi-sector partnerships. Strengthen food legislation, food safety, and water quality regulations. Improve nutrition across the lifecycle, from pre-pregnancy care to elderly nutrition, and promote healthy lifestyles for all ages. Strengthen resilience for nutrition in emergencies and support evidence-based decision-making through improved information systems and research.	SDGs 2, 3, 5, 6, 8, 12, 17	The progress will be reviewed regularly, based on the proposed output and outcome indicators in the Action Plan at all levels, and will be reported through the existing coordination platforms to the National Nutrition Secretariat and the progress review meetings will be conducted every three months regularly. In addition, national progress review meetings will be undertaken by the National Nutrition Secretariat of Sri Lanka once in three months to ensure the sustainability and efficiency of the implementation of the MSAPN.	Gaps in coordination, funding, monitoring, and data, along with limited public awareness, local capacity, and political commitment hinder its full implementation and impact.

Name of the policy	Objectives of the policy/ programs	Target population	Implementation strategies	Link to SDGs	Key Performance Indicators	Gaps
Morning meal program for preschool children	Assure all children in early childhood, including the most vulnerable and disadvantaged, equitable access to quality health and nutritional services.	Nutritionally at-risk Preschool children	Strengthen relevant national and provincial authorities to ensure all children in early childhood have equitable access to all health and nutrition services in both field and institutional contexts.	SDGs 2, 3, 4, 10	Progress report	The program's coverage is limited, missing preschools in remote rural areas and urban slums.
National Agriculture Policy	Enhance food and nutrition security, promote sustainable agricultural practices, increase productivity and profitability, Support farmer livelihoods, Encourage climate-resilient agriculture, and Boost export earnings.	Smallholder farmers, Vulnerable communities, Youth and women in agriculture, Agri-businesses and cooperatives	Promotion of modern agriculture, Research and development, Efficient water use, Soil fertility management, Climate-smart agriculture Early warning systems, Market and Value Chain Development, Agro-industrialization, Market access, Certification and branding, Training programs, Empowering women and youth	SDGs 2, 3, 5, 6, 8, 12, 13, 15	Crop yield per hectare, Percentage of population undernourished, Share of GDP from agriculture, Employment in agriculture, Soil fertility indicators, Agri-tech adoption rates, Export volumes and earnings, Access to irrigation and water resources	Policies often face delays or lack of proper implementation mechanisms, Absence of a robust framework to measure policy outcomes, Inadequate financial support, Limited focus on climate change adaptation, Lack of access to markets, and Weak export promotion.
Aswesuma Programme	Eradicating poverty, promoting social equity, ensuring food and nutrition security, and supporting households in overcoming economic shocks and natural disasters.	Households below the poverty line	Socioeconomic database, Transparent criteria for eligibility based on income, assets, and living conditions, Direct cash transfers, public awareness campaigns, Use of digital systems to disburse funds directly to beneficiaries' accounts, reducing leakages and inefficiencies.	SDGs 1, 2, 3, 5, 10	Poverty headcount ratio, Number of beneficiaries, Reduction in food insecurity	Targeting and Inclusion, Limited access to digital platforms, Dependency culture, Weak M&E frameworks

Name of the policy	Objectives of the policy/ programs	Target population	Implementation strategies	Link to SDGs	Key Performance Indicators	Gaps
National Food Supplementation Program (Poshana malla and Thripasha)	Reduction of Malnutrition in children and pregnant/lactating mothers, enhance maternal nutrition and ensure healthy foetal development, Support breastfeeding practices and supplement complementary feeding in infants, Reduce Low Birth Weight, and Provide nutrition support to marginalized and underserved populations.	Pregnant and lactating mothers, Children under five years of age	Distributed through local public health midwives, clinics, and MOH offices, Regular weight and nutritional status monitoring of beneficiaries, and Nutrition education to improve household dietary practices and enhance the program's effectiveness.	SDGs 2, 3, 5, 10	Reduction in Malnutrition Rates, Percentage of eligible beneficiaries receiving supplements.	Timeliness and consistency in food distribution, Interruptions in raw material availability and funding constraints, and insufficient data collection mechanisms to evaluate the long-term impact.
Multiple micronutrient (MMN) supplementation	Address Micronutrient Deficiencies, Improve Maternal and Child Health, and Promote proper growth and brain development in children through adequate micronutrient intake, with national and global targets to combat malnutrition and micronutrient deficiencies.	Pregnant and Lactating Women, Children	Micronutrient supplements are provided free at maternal and child health clinics and are integrated with regular health check-ups.	SDGs 2, 3, 4, 5	Prevalence of Micronutrient Deficiencies, Adherence rates to supplementation programs among beneficiaries, Improvements in weight, height, and cognitive development, The number of healthcare centres offering MMN supplements.	Challenges in side effects, or lack of awareness, Insufficient mechanisms to assess the impact of the program at a community level.

Table 2.2: Key policies collected and their tabulation

Recommendation: Policy Documents

Several gaps were identified in reviewing the policy documents related to child hunger, malnutrition and food insecurity. It was observed that in most policies poor targeting and administrative hurdles are prevalent, highlighting the importance of framing policies with detailed operational guidelines. Another key gap that was observed was all objectives should be coupled with actions that translate to key performance indicators. This can be achieved by stronger alignment between policy objectives and implementation strategies. Several policies were deficient in terms of clear guidelines for implementation and monitoring and evaluation and There is a dire need to bridge the gap between policy formulation and research where most of the shortcomings can be mitigated.

Findings - Policy Analysis

First and foremost, it was found that there is a dearth of studies conducted on policy analysis. We could only find very few policy analyses conducted in the area of child hunger, malnutrition, and food insecurity. This highlights the importance of bridging the gap between research and policy.

While 90% of the target population received Thriposha, only 57.5% consumed it daily, primarily due to inadequate supply and the sharing of supplements within households.

Sri Lanka has implemented various food and nutritional policies to address malnutrition and improve health outcomes, but challenges in implementation and adherence have limited their effectiveness. The Thriposha Program, a national food supplementation initiative, aimed to improve the nutritional status of pregnant and lactating mothers. While 90% of the target population received Thriposha, only 57.5% consumed it daily, primarily due to inadequate supply and the sharing of supplements within households. These issues undermined the program's impact on nutritional outcomes, particularly among rural and estate communities (Weerahewa et al., 2017). Similarly, Jayatissa et al. (2009) found that while 98.1% of pregnant women received iron tablets as part of healthcare interventions, only 82.1% adhered to daily intake, leaving 18.4% undernourished and 16.2% anaemic.


Poor targeting and insufficient awareness about the importance of dietary diversity were identified as significant barriers to improving maternal health. Recent studies have found that low birth weight also increases the risk for noncommunicable diseases such as diabetes and cardiovascular disease later in life. Therefore, actions in terms of achieving the required level of BMI, prior to pregnancy are vital to breaking the vicious cycle of malnutrition (Multisector Action Plan for Nutrition).



Efforts to promote healthy eating habits in schools through canteen guidelines also faced notable challenges. Weerasinghe et al. (2018) reported that only two out of ten recommended food items were available in 50% of school canteens, whereas 25% of canteens sold prohibited carbonated drinks. This non-compliance was attributed to economic constraints, misinterpretation of guidelines, and resistance from students and parents accustomed to unhealthy eating habits. Transforming school canteens from profit-oriented ventures into platforms for fostering healthy living was recommended as a long-term solution (Weerasinghe et al., 2018). In recent years, health authorities in Sri Lanka have increasingly focused on food-serving outlets, such as hotels, restaurants, and canteens, particularly those frequented by urban workers and large groups, such as students. One notable initiative is the implementation of a school canteen policy aimed at enhancing the nutritional status of schoolchildren to improve their educational performance. The government has identified key areas that require special attention, including the management of canteens in large schools. This involves ensuring the active involvement of the school community in the operation of canteens, guaranteeing the availability of nutritious food, maintaining proper hygiene, preventing food-related disorders, and promoting healthy dietary habits among students. However, despite the availability of guidelines, simple yet effective measures, such as grading food-serving outlets, remain underutilized due to inconsistent application across the country by authorities (Weerahewa et al., 2018). A study exploring perceptions regarding the implementation of nutrition policies for adolescents in Sri Lanka revealed that adolescents' awareness of relevant policy statements is notably low. Furthermore, the implementation of these nutrition policies, both in school settings and at the community level, remains insufficient, highlighting a critical gap in addressing adolescent nutrition effectively (Pallewaththa et al., 2024).

In the case of anaemia prevention, Mettananda & De Silva (2017) highlighted that the prevalence of iron deficiency anaemia (IDA) among children in Sri Lanka was only 7.3%, indicating that universal iron supplementation might lead to unnecessary iron accumulation and associated health risks. Furthermore, routine anti-helminthic treatments were deemed unnecessary due to the low prevalence of geo-helminths, and inappropriate treatment of other worm infestations could lead to resource wastage. Targeted interventions such as multiple micronutrient supplementation and intermittent iron/folate supplementation for children with proven deficiencies were proposed as more effective strategies (Mettananda & De Silva 2017). Recent nutrition-related indicators highlight the disconcerting and worsening nutritional status of the country, particularly among children and women, amid existing socioeconomic challenges and particularly among those belonging to vulnerable groups. In this context, authorities continued to provide child nutrition services during the year with the collaboration of development partners in an attempt to curb the long-lasting impact of such issues. However, a more comprehensive and better-targeted strategy is essential in this regard as the effects of malnutrition are long-term and can trap individuals across generations into the vicious circle of poor productivity and thereby poverty. Lapses in the health sector are becoming increasingly disconcerting, raising serious concerns about the efficacy of the sector (2023 annual economic review).

Countries have implemented various multi-sectoral approaches to address food production, raise awareness, and improve food preparation practices. One such initiative is the Scaling



up Nutrition (SUN) through a Multi-Sector Approach project, which is jointly executed by the FAO and the World Food Programme in collaboration with the Sri Lankan government. A key component of this project is the establishment of school gardens, aimed at improving nutrition and food security. Additionally, enhancing the quality of commonly consumed food items through food fortification is another effective strategy. The success of the salt iodination program demonstrates the potential of food fortification to address critical nutritional concerns, such as deficiencies in folate, other micronutrients, and essential vitamins (Weerahewa et al., 2018).

The impacts of the country's political and economic crisis have likely driven a deterioration in the nutrition situation. As of April 2022, the monthly cost of a nutritious diet increased by 156 percent. Nutritional assistance was temporarily reduced, including the delivery of Thripasha, a nutrition supplement targeting wasted children and pregnant and lactating women (PLW), and the provision of school meals. This left many children untreated and acutely food insecure, with parents struggling in the context of food price hikes and nationwide food rationing. Schools still serving meals significantly cut portion sizes and protein density. The inability to import medicines due to depleted foreign reserves caused shortages that severely impacted healthcare supplies (2023 global report on food crisis). According to Wickramasinghe et al. (2019), Sri Lanka's School Health Programme (SHP) is one of the oldest and most respected in the region, catering to 70% of adolescents and achieving over 90% coverage of school medical inspections. The program benefits from a comprehensive national health information system that supports decision-making and a strong policy framework. However, it faces several challenges that need to be addressed to enhance its impact. Strategic information systems suffer from issues related to the timeliness, completeness, and accuracy of health data, as well as a lack of evidence on schoolchildren's perceived health needs. The unfinished School Health Policy highlights the need for a cohesive framework to address contemporary health and education challenges. Furthermore, the current focus on physical health overlooks the importance of mental health promotion, and gaps in referral and follow-up mechanisms persist. Collaboration challenges, such as the prioritization of academic outcomes over health-related activities by school staff and the influence of media and industry hindering healthy behaviour promotion, further complicate the program's implementation. These findings underscore the need for targeted interventions to strengthen the SHP and ensure its sustainability (Wickramasinghe et al., 2019).

A study revealed that the majority of Aswesuma recipients (91%) primarily used cash for consumption rather than investing in livelihood activities, leading to poor financial security and little improvement in housing conditions. There was minimal change observed in education and health expenditures. Over half of the Samurdhi beneficiaries received the Aswesuma cash transfer. According to the Likert scale of arithmetic means, more than 50% of recipients expressed disagreement with the effectiveness of livelihood activities, rural infrastructure development, and community development. Additionally, they felt the cash transfer amount was insufficient to support household investments in livelihood activities and the operations of Samurdhi saving groups (Hajara, & Santhirakumar, 2024). Senanayake, & Premaratne (2014) highlight that while Sri Lanka has made progress in providing universal access to basic social services like health and education, the reduction of income poverty and malnutrition has been slow, with growing inequality between regions



and urban-rural areas. The agriculture sector, crucial for ensuring food and nutrition security (FNS), faces challenges due to its lack of modernization, making it vulnerable to natural disasters and climate change. Additionally, increasing agricultural productivity and efficiency remains a significant challenge in improving FNS. These issues underscore the need for policy actions and modernization in agriculture to enhance food and nutrition security for all.

Food waste and nutrition loss, particularly during the postharvest phase, are most apparent at the consumer end of the supply chain. However, postharvest loss begins at the producer end, starting at harvest and continuing through packaging and transportation. To address this issue, collaboration among all stakeholders in the food system across the entire supply chain is essential. In Sri Lanka, there is a significant lack of awareness among producers and traders regarding the importance of proper storage infrastructure and practices to preserve the nutritional value of food. Despite the existence of numerous regulations concerning food processing, packaging, and storage, these are not effectively enforced, leading to the reduction of food quality, nutritional loss, and the prevalence of food adulteration and unsafe handling practices (Weerahewa et al., 2018).


In 2022, Sri Lanka faced an unprecedented economic crisis, coupled with high inflation, soaring prices, unfavourable harvests and depleted foreign reserves leading to a substantial impact on food security. As a result, 28 percent of the population were estimated to be food insecure according to the FAO-WFP Crop and Food Security Assessment mission report 2022. The increased frequency of disasters related to natural phenomena such as drought and flash floods further exacerbate food and nutrition insecurity. Sri Lanka ranked 4th out of 181 countries in the Global Climate Risk Index in

28 percent of the population in Sri Lanka were estimated to be food insecure

FAO-WFP Crop and Food Security Assessment mission report 2022

2018: a dramatic drop from 41st place in 2016. This underlines the extent to which Sri Lanka is highly prone to climate shocks, including reoccurring drought plus frequent, intermittent floods and landslides.

The unprecedented levels of acute food insecurity in 2022 reflected soaring food prices, reduced income opportunities, poor harvests, and severe disruptions to the food supply chain, including shortages of fuel, fertilizers, and imported foods, triggered by severe macroeconomic challenges. The food security situation was expected to deteriorate during the lean season from October 2022 to February 2023, driven by poor harvests of staple foods, in particular paddy rice following an acute shortage of fertilizer and agrochemicals, and the ongoing economic crisis (2023 global report on food crisis). Several studies have explored how agriculture can be leveraged



to improve nutritional outcomes. The strong link between agricultural interventions and nutritional status is evident through the production of nutrition-rich crops, the establishment of homestead gardens, and the diversification of agricultural systems to include fruits, vegetables, and aquaculture. These initiatives contribute significantly to improving nutrient intake and overall nutritional outcomes. Additionally, the empowerment of women and the dissemination of nutrition knowledge are critical factors in establishing a direct connection between agriculture and improved nutritional outcomes (Pandey et al., 2016).

It is evident that while knowledge generation in Sri Lanka is at a satisfactory level, the application of this knowledge in policymaking remains inadequate. A significant challenge has been the political interference in targeted food and nutrition intervention programs. To address this, it is crucial to identify the most vulnerable groups, consider political economic concerns, build coalitions to maintain objectivity and establish clearly defined food safety nets to counter such influence and ensure effective policy implementation (Weerahewa et al., 2018).

Given the national priority placed on nutrition, the mandate for nutrition actions has been assigned to several ministries and institutions, including the National Nutrition Council (NNC); National Nutrition Secretariat of Sri Lanka (NNSSL); Ministry of Health (MoH); Ministry of Agriculture (MoA); Ministry of Education (MoE), Ministry of Women and Child Affairs (MWCA), Ministry of Finance (MoF) etc. In addition, significant efforts have been made by various stakeholders including United Nations (UN) agencies and development partners, non-governmental organizations (NGOs), and civil society organizations (CSOs) to promote food security and reduce malnutrition. This fragmentation of the policy environment necessitates efficient coordination, monitoring, and evaluation of the implementation. The Ministry of Health holds the mandate for nutrition-specific interventions. In addition, the ministry is primarily responsible for implementing the National Nutrition Policy (NNP).


Recommendations: Policy Analysis

Summary of recommendations based on the literature review are given below

- Improve the effectiveness of the Thripasha Program to ensure regular consumption among pregnant and lactating mothers, especially in rural and estate sectors.
- Strengthen the coverage and implementation of supplementary food programs (e.g., Thripasha and Poshana Malla) to address anaemia and undernutrition among pregnant women.
- Ensure healthier food options are consistently available in school canteens and carbonated drinks are prohibited while improving understanding of healthy food choices.
- Focus on intermittent iron/folate supplementation and routine anti-helminthic treatment for children to prevent anaemia, avoiding unnecessary universal iron supplementation.
- Broaden the service package to include mental health promotion and psychosocial support alongside physical health services.



- Develop and implement mechanisms to enhance the timeliness, completeness, and accuracy of health data in the national health information system.
- Ensure a balanced approach that promotes both educational outcomes and student well-being.
- Increase the cash transfer amount for Aswesuma recipients to encourage investment in income-generating activities.
- Including infrastructure development in the Aswesuma program to support long-term sustainability.
- Transition to a conditional cash transfer system to improve human development outcomes, such as education and health.
- Implement regular monitoring and evaluation to assess the effectiveness of the poverty alleviation program.
- Work towards the reduction of trade barriers in agricultural trade to facilitate the free flow of food and improve FNS.
- Strengthen the linkage between regional (South Asian Association for Regional Cooperation - SAARC) and national programs to align efforts and improve FNS outcomes.
- Consider providing an essential food basket to all citizens free of charge, funded by revenues generated from taxing luxury items.
- Future research should focus on evaluating the overall implementation of nutrition policies aimed at adolescents, assessing their effectiveness, and identifying areas for improvement in both policy execution and awareness among target populations.
- Strengthen the stability of the country's food systems and improve utilization, focusing on increasing domestic production, expanding trade, and growing household incomes to enhance food availability and access.
- Implement cost-effective, targeted nutrition programs and nutrition-sensitive interventions aimed at safeguarding vulnerable populations, as many low-income consumers still struggle to meet minimum food and nutritional requirements.
- Expand the crop research agenda to include micronutrient-rich fruits, legumes, and vegetables, in addition to staples, and focus on improving postharvest processing, distribution, and market development.
- Establish a regulatory framework for food businesses that includes certification, standardization, and labeling to ensure the availability of safe and nutritious food.
- Attract private investments into the food processing industry and link small firms to nationwide distribution networks to enhance food accessibility and sustainability.
- Introducing zoning incentives to encourage the operation of retailers selling nutritious foods in low-income areas, improving access to and utilization of nutrient-rich foods for marginalized communities.



Several interesting dimensions come to light after reviewing policy analysis conducted on policies in child hunger, malnutrition, and food insecurity. First, it highlights the dearth of research conducted related to policy analysis necessitating the need to bridge the gap between research (academia and research institutes) and policy.

Second, these studies collectively underscore the need for targeted, evidence-based approaches to improve nutritional outcomes in Sri Lanka. Enhancing supply chains, increasing public awareness, engaging key stakeholders, and tailoring interventions to local needs are critical to overcoming the challenges and achieving sustainable health and nutritional improvements.

Third, it highlights the importance of good data available for policy analysis. Availability of data was found to be lacking and even the data that was present was not available in the public domain. Easy access to data pertaining to child hunger, malnutrition, and food insecurity is pivotal for evidence-based policy analysis that will help better target and mitigate issues of inefficiencies and ineffectiveness. Even for the available data, there are issues of quality, reliability, and consistency of data collection. For example, the Household Income and Expenditure Survey (HEIS) is collected every 4 years, but its release is often delayed due to various reasons (the latest release is in 2019, and the 2023 version is yet to be released).

This Frequent collection of data and its timely availability is important in quantitative policy analysis. In addition, collection and maintaining panel data would greatly enhance empirically robust analysis that can clearly discern the policy impacts. The fourth is the need to conduct ex-ante policy analysis. Most of the studies reviewed under this were found to be conducted ex-post i.e., after the implementation of the policy. While ex-post analysis provides useful information about the effectiveness of a said policy and provides useful information about any future implications, it should be noted that the policy is already implemented.

If there is room for conducting ex-ante analysis of policies i.e., to analyse a policy prior to information, it would be useful in terms of efficient use of limited resources. This kind of ex-ante analysis of policies require simulations and in certain instances, mathematical modelling to mimic a situation where a policy is in place. This kind of analysis can be carried out using a variety of quantitative methods like linear and non-linear programming, general equilibrium modelling and simulation models.



Findings - Key Informant Interviews

Key Informant Interviews (KIIs) have been conducted with a range of institutions and agencies involved in policy analysis related to child hunger, malnutrition, and household food insecurity in Sri Lanka. These include government bodies such as the Department of Animal Production and Health, the Nutrition Division of the Ministry of Health, the Ministry of Agriculture, and the Ministry of Education, as well as research and policy institutions like the Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI) and the Institute of Policy Studies (IPS). Contributions from international and humanitarian organizations, including the World Food Programme (WFP), the Sri Lanka Red Cross Society, and the Welfare Benefits Board, further enriched the insights.

Additionally, experts from World Vision Lanka, such as the Development Facilitator and the Monitoring, Evaluation, Accountability, and Learning Coordinator provided valuable perspectives. These interviews highlight a multifaceted understanding of the policy landscape and implementation challenges in addressing child hunger, household food insecurity, and malnutrition. In each organization, an interview was conducted with a pre-selected official to understand several underlying issues related to policies.

The interviews were recorded and qualitatively analysed using NVIVO software. Several themes were explored which are presented below.

THEME 1: Policy Environment


Institutional Setup and Support to

Foster Policy Formulation

Multiple organizations participate in technical committees within various ministries. IPS and HARTI for example, actively contribute as technical experts in policy formulation processes, providing critical input for capacity building and identifying gaps in existing policies. These contributions are often indirect, and organizations like IPS may engage in advocacy and research to push for policy change when shortcomings are identified.

We participate in policy formulation. Although sometimes we train certain individuals for capacity building. Other than that, we don't directly engage in policy implementation.

– IPS.



HARTI plays a direct role in collecting primary data from the field to be used by policy formulators and has collaborated with several international organizations (e.g., FAO, WFP, IFPRI) to bridge research gaps and provide evidence-based recommendations for policy improvement.

Our direct mandate is to provide the information needed for policy making.

– HARTI

The bureaucratic structure within government ministries can create significant delays in policy formulation and implementation. For example, the Ministry of Agriculture experiences issues with hierarchical decision-making processes, where decisions must pass through multiple levels before reaching the relevant implementation levels. This delays the effectiveness and timely execution of policies.

We have a big hierarchy. We send things from the Ministry to the Director General (DG), and then it gets sent to the Director, and then to inter-provincial levels. By the time it gets to where it needs to go, a lot of time has passed

– Ministry of Agriculture

Another notable finding is the coordination gap between national-level institutions and provincial councils. This is particularly evident in the agricultural sector, where decisions about what crops to grow or what areas to prioritize are often made at the provincial level, but are not always aligned with the directives from the national government. This lack of alignment can lead to inefficiencies in the implementation of policies and development programs.


We need to decide what to grow in this area and what to grow in another area. But the Provincial Council is a different authority, and they're not making decisions the same way.

– Ministry of Agriculture

Many interviewees highlighted the importance of involving multiple parties in the policy formulation process. They emphasized that collaboration between various stakeholders, including government ministries, NGOs, private sector representatives, and international organizations, is crucial for creating effective and comprehensive policies.

Save the Children and the World Food Program often stay engaged with us for longer periods, particularly in advocacy efforts and as input suppliers.

– Education Ministry



We mainly collaborate with ministries such as the Ministry of Health, Ministry of Education, and Ministry of Agriculture.

– WFP

This cross-sectoral approach ensures that policy goals are aligned with global priorities while also addressing local challenges.

Policy formulation involves different institutions related to both health and non-health sectors. Also, if it's regarding supplementary nutrition like Thriposha, we involve the relevant private company as well. Next, we always collaborate with other non-governmental stakeholders like Save the Children, the World Food Programme, UNICEF, WHO, etc. We work with all partners to get their expert opinions because they have experts in their institutions."- Nutrition Division, Ministry of Health.

– Nutrition Division, Ministry of Health.

On the other hand, the Ministry of Agriculture noted that the involvement of NGOs in the policy formulation process is relatively limited. As one respondent from the ministry pointed out,

"I don't think that is the case in this ministry. NGOs are less involved".

This suggests that, while NGOs play a significant role in many policy areas, their engagement with the Ministry of Agriculture may be more restricted, potentially limiting the diversity of perspectives in the agricultural policy development process. This perspective was further verified by insights from the Red Cross representative, who indicated that their organization was not directly involved in the formulation of the national nutrition policy. When asked about their role in the process, the interviewee stated,

"We were not directly involved. However, the Red Cross is represented in the nutrition cluster meetings. These meetings are part of the development sector, and we are part of that cluster. I am not sure which ministries are aware of our cluster".

This response suggests that while the Red Cross contributes to discussions on nutrition, its role remains more indirect and limited to advisory participation, rather than active engagement in the core policy formulation process.

Several organizations, including the Red Cross and WFP, follow international guidelines (such as IFRC guidelines on nutrition and food security) to shape their policy and programming activities.



If we consider nutrition, what we have is not exactly a policy but rather a strategy. The strategy is developed by considering global partnership priorities and local country policies and priorities"- WFP and "We have IFRC guidelines on nutrition and food security. We follow these guidelines. Similarly, we have strategies from 2024 to 2030, under which we have identified malnutrition as a key priority area.

– SLRCS

The national agriculture policy is currently in the draft stage, and efforts are being made to amend and update it. However, there are concerns about the limited involvement of Members of the Parliament in reviewing the policy draft, as only a few Members of Parliament have actively participated in the feedback process. This has raised questions about the level of political engagement in the policy formulation process and the importance of securing broader political buy-ins.

In addition, we sent it to all members of parliament, but not all of them looked at it, only two of them looked at it. Their comments were sent.

– Ministry of Agriculture

Is Policy Formulation Evidence-Based?

Evidence-based policymaking is essential for developing effective and sustainable policies. Findings from key informant interviews indicate that while some sectors actively use data and research, others rely on political or administrative considerations. Institutions such as the Nutrition Division and the Ministry of Education integrate national and international guidelines, as well as research findings, into their policy processes. However, inconsistencies exist across sectors, with some policies being influenced by political priorities rather than scientific research.

The majority of key informants emphasized that policy decisions are primarily based on data and research rather than personal opinions. They highlighted the use of health data, such as malnutrition indicators, research conducted by universities, and reports from international organizations and NGOs to guide decision-making processes. Several key informants noted that policy formulation often aligns with global standards and international regulations, ensuring that the most up-to-date evidence is incorporated. They also mentioned that continuous monitoring of market data, including price fluctuations and economic conditions, plays a significant role in policy adjustments.



Some key informants pointed out that research findings are directly applied in experimental settings, such as pilot projects, to test the practicality of certain policies before full implementation. Others stressed that stakeholder engagement is an essential part of the research process, as gathering concerns from relevant organizations helps shape evidence-based recommendations.

A few key informants, however, expressed concerns that certain policies may not always be entirely evidence-based, suggesting that political influences sometimes play a role in decision-making. The table 2.3 summarizes key insights from different institutions regarding their approach to evidence-based policymaking:

Institution	Evidence-Based Approach
Ministry of Education	"If we take a specific year for the school meal program, it cannot be based on personal opinions. What we always do is obtain data from the Ministry of Health, such as from the Medical Officer of Health (MOH). In addition, there are research studies conducted by non-governmental organizations (NGOs) and government organizations, such as UNICEF, the World Food Program, and Save the Children. These organizations publish reports and evidence. Moreover, there is research conducted by universities, including studies by students for their master's or PhD programs. We use all this evidence to select schools"
Nutrition Division, Ministry of Health	"For example, if we need to formulate a policy based on international health regulations, we do so. We always stay updated with global developments. At the same time, we utilize the available data. For instance, when malnutrition indicators like SAM and MAM show a decline, we make relevant decisions and incorporate available data and information into policy formulation"
Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI)	"We do research, and our main objective is to give evidence-based recommendations based on those research findings"
	"We collect, process, and designate price data for markets on a daily, weekly, and monthly basis. Primarily, we collect farm gate, wholesale, and retail prices of agrarian commodities across major economic centres in Sri Lanka. The objective is to enhance decision-making capabilities, monitor markets effectively, and make necessary corrections"
	"At times, we also communicate with stakeholder organizations to gather their issues and concerns. These are carefully considered during the research process"
World Vision Lanka (WVL)	"Sometimes we need to test them to see if they are practical or not. Then, we select certain locations for some programs and conduct a pilot project to see how they work"
Ministry of Agriculture	"The agro-economic climate conditions in Sri Lanka have shifted. Actually, they are based on research findings"
	"Smart agriculture practices are completely based on experimental evidence from the field"

Institution	Evidence-Based Approach
Welfare Benefit Board (WBB)	"No, I don't think so, honestly. I don't have a comprehensive idea about it, but as far as we see, this doesn't seem to be evidence-based. It appears to have been influenced by certain political decisions"
Institute of Policy Studies (IPS)	"Based on the research and literature, we have conducted our analysis. The government sometimes includes us in certain committees"

Table 2.3: Evidence-Based Approaches in Policy Formulation and Decision-Making

Linking Policies to Broader Goals

The alignment of policies with broader global goals, particularly the Sustainable Development Goals (SDGs), has been a key priority for various organizations and institutions involved in development and humanitarian work. Many of these entities ensure that their strategies, programs, and research initiatives contribute to both national development objectives and international frameworks such as the SDGs. This alignment helps address critical issues like malnutrition, rural development, and economic performance, while also supporting broader goals such as climate resilience, food security, and poverty reduction.

The table 2.4 summarizes the alignment of several key institutions with the SDGs, highlighting their focus areas and examples of how they contribute to both global and national development objectives. These efforts demonstrate the increasing integration of the SDGs into policy frameworks, ensuring that development initiatives are holistic, sustainable, and impactful.

Organization/ Institution	Alignment with SDGs	Focus Areas/Examples
Department of Animal Production and Health	Aligns with SDGs such as climate resilience and antimicrobial resistance.	Integrates SDGs into program planning, ensuring that national development goals are met alongside sector-specific objectives.
World Vision Lanka (WVL)	Projects are aligned with SDGs.	Focus on SDGs related to malnutrition, poverty alleviation, and disaster resilience.
Red Cross	Strategy formulated in alignment with national policies, IFRC guidelines, and SDGs.	Ensures that emergency response and resilience programs are aligned with both national development and global SDG targets.
Nutrition Division	Considers SDGs such as nutrition, political support, and economic performance.	Highlights the multifactorial nature of nutrition, involving factors like political support for food advertising regulations and economic performance.



Organization/ Institution	Alignment with SDGs	Focus Areas/Examples
Ministry of Agriculture	Aligns with SDGs related to rural development, income generation, and export markets.	Focus on policies that enhance rural income, support tourism, and promote export markets, contributing to broader SDG goals.
HARTI	Research plans are always aligned with SDGs.	Conducts research to support government policymaking, particularly in food security and rural development, contributing to SDG targets.
Ministry of Education	Aligns with SDGs, especially Zero Hunger, and creates a safe environment for children.	Policies focus on ensuring children's nutrition and safety, addressing multiple SDG goals such as Zero Hunger and quality education.
WBB	Policies are increasingly aligned with SDGs and national social protection policies.	Acknowledge past policies were not fully aligned with SDGs but has shifted focus to align with current government policies for broader integration.
WFP	Considers SDGs in nutrition and growth standards.	Ensures that nutrition growth standards are aligned with global frameworks such as the UN framework, with a focus on malnutrition and food security goals.

Table 2.4: Integration SDGs in Institutional Policies and Programs


Major Deficiencies in Policy Formulation

The findings from the KIIs suggest several major deficiencies in the formulation and implementation of policies addressing child hunger, malnutrition, and household food insecurity in Sri Lanka. These deficiencies often manifest in areas such as coordination, data gaps, inadequate consultation, and the lack of long-term evaluation

In addition, we sent it to all members of parliament, but not all of them looked at it, only two of them looked at it. Their comments were sent.

– DAPH

Many policies are formulated without proper consultation with all relevant stakeholders. For instance, the Department of Animal Production and Health highlighted that their department is often excluded from policy discussions, leading to decisions that may not reflect the needs of farmers or the livestock sector.



Mainly, policy formulation lacks a strong database. But especially with regard to nutrition, we do not have a good database. However, we do not have that surveillance system right now.

– *Nutrition Division.*

Without proper nutrition data and monitoring systems, policies such as nutrition policies and school meal programs are less likely to address the root causes of malnutrition effectively. For example, the lack of nutrition data hampers the ability to design targeted interventions that meet the specific nutritional needs of children in different regions, particularly in rural areas or urban slums where food insecurity is more prevalent.

When formulating programs, some aspects may not be relevant to certain local contexts. This misalignment often occurs because policies are developed within a standardized national framework. While this approach ensures consistency, it does not always account for regional differences and specific local needs

When formulating the program, there are also some that are not relevant to certain contexts. Sometimes they don't align. That's because they formulate it within a common framework when they operate nationally. However, in some places, these need to be changed a little when they come to the field.

– *World Vision Lanka*

H ARTI and WBB indicated that policies often fail to address the needs of vulnerable groups, especially during times of economic crisis. For example, policies that target only the poorest segments (such as those involved in food assistance programs like Aswesuma) may not be effective when larger segments of the population, including low-income families with stable incomes, are also affected by food insecurity.

Sometimes we target the poor groups, but during the economic crisis, even those with stable incomes, such as those receiving monthly salaries, were significantly affected. They also became insecure. However, this aspect isn't addressed in policies.

– *HARTI*



During the formulation of programs such as Aswesuma and school meal initiatives, academic involvement should be strengthened. Experts from relevant fields, such as nutrition, sociology, and social policy, can provide evidence-based insights to enhance program effectiveness. Their contributions can help ensure that these initiatives are designed based on research, data analysis, and best practices, ultimately leading to more impactful and sustainable outcomes.

Rather than calling it a shortcoming in policy formulation, I think it would be better if more people were involved in the process, especially academics like you all"- Ministry of Education and "Certainly, if the criteria change, I think the subject of social protection will be directly linked, so we need academic knowledge from departments like sociology and social statistics.

– WBB

Political factors often influence policy formulation and implementation. Red Cross and IPS highlighted that political priorities sometimes delay decisions, leading to inefficiencies in policy execution. The lack of a clear, long-term vision in policies like the school meal program or canteen policies can result in inconsistent implementation and insufficient support for children in need. Additionally, WBB noted the lack of proper communication and transparency regarding policy changes, which can lead to public scepticism and resistance to interventions.

People didn't have a clear understanding of what this is about. They didn't fully grasp what this policy is, what the long-term and short-term goals are, and what benefits it would bring to our society. This is true not only for the general public but also for senior government officials.

– WBB

The majority of interviewees noted that there is insufficient focus on evaluating the impact of policies once they are implemented. For example, school meal programs and other food assistance policies often lack robust systems for assessing how well they achieve their goals, such as improving child nutrition or reducing food insecurity. Without regular monitoring and impact assessments, it is difficult to determine whether the interventions are truly effective or need adjustments.

THEME 2: Policy Objectives, Effectiveness, Targeting, and Implementation

Targeting of the Policy

A critical aspect of policy implementation in addressing child hunger, malnutrition, and household food insecurity is the effective targeting of beneficiaries. Based on the KIs conducted with various institutions, it is evident that while efforts are made to reach the most vulnerable populations, several challenges persist in the targeting mechanisms. Institutions such as the Department of Animal Production and Health, World Vision Lanka, the Red Cross, the Nutrition Division of the Ministry of Health, and the Ministry of Education focus on identifying malnourished children, pregnant mothers, and underprivileged groups. As stated by the Red Cross, "We target malnourished children, right? SAM children and MAM children". Similarly, World Vision Lanka emphasized that "Our main focus is the child," ensuring that assessments are conducted before selecting beneficiaries. The Nutrition Division also specified that their programs target children, adolescents, and pregnant mothers. However, gaps in the social registry system, administrative influences, and exclusion errors often hinder the accuracy of beneficiary selection.

That is because when it comes to nutrition-related policies, it's very difficult to assess whether targeting is effective or not because it is multi-factorial. So, it is the main problem in nutrition intervention

– Nutrition Division.

Several agencies, including IPS and HARTI, highlighted concerns over improper implementation of social safety nets. Many vulnerable individuals, such as migrants and those in temporary housing, remain excluded due to registration barriers, while some non-eligible individuals benefit unfairly. As noted by an IPS representative,

"Certain people are not included in this registry according to the current method and most of them are migrants from rural areas. They don't live in their own houses. So, they are not eligible for Aswesuma".

Additionally, HARTI pointed out that

"Social safety nets are mainly targeting the poorest, but during a crisis, affected groups can emerge across different income levels".

WBB explained that programs such as Aswesuma target low-income beneficiaries. Moreover, sector-specific variability means that target groups shift depending on program objectives. For instance, a Red Cross official explained that



"If we select school children, we select children with the lowest nutrition levels in that area for the school meal program"

while the WVL noted that

"When we go to another program, underweight children are not the vulnerable group. It changes from program to program."

Additionally, the Ministry of Agriculture noted that targeting mechanisms within programs are often influenced by political and administrative factors, leading to discrepancies in beneficiary selection

Sometimes, the targeting is not done properly. This is because beneficiary selection is often influenced. Beneficiary selection is really influential in our country. As a result, sometimes the right person does not get targeted

– A Ministry of Agriculture representative

Similarly, HARTI pointed out that this results in unnecessary individuals benefiting from the program. The WFP emphasized the need for rigorous follow-up and monitoring to ensure that targeted groups are continuously assessed and meet the necessary criteria. A WFP representative expressed concerns about whether

"The set targets are being properly monitored and whether they are being effectively targeted".

Furthermore, WFP highlighted the importance of ensuring that

"The government's targeted groups are matched with our criteria".

The Education Ministry added that their school nutrition program is

"Clearly aimed at the category of children or areas where there is a nutritional need."

Current Status of Policy Implementation, and General Effectiveness

The current status of policy implementation across various sectors in Sri Lanka reflects both progress and challenges. The agriculture and animal production sector has been proactive in educating farmers and officers through various initiatives such as training programs, media outreach, and educational publications. They have established training centres and utilized platforms like Facebook, YouTube, and radio to extend their reach. Despite these efforts, the Department of Animal Production & Health (DAPH) faces difficulties in ensuring that all stakeholders, especially those in rural areas, benefit equally from these programs. As one official mentioned,

“We provide knowledge through extension. We have many groups to whom we need to provide knowledge”.

Yet, there remains a gap between the availability of resources and their effective utilization in more remote regions, where knowledge about modern agricultural practices is still limited.

In terms of nutrition and food security, multiple organizations, including government bodies and NGOs have been focusing on improving the nutritional status of vulnerable populations. The implementation of school meal programs and pre-school nutrition initiatives, for example, has shown positive results in some areas. One coordinator noted,

“We have seen instances where children with SAM have progressed to MAM” – SLRCS.

These programs emphasize the importance of consistent monitoring and community involvement to ensure their success. However, challenges persist in scaling up these initiatives and addressing the root causes of malnutrition, which are often deeply embedded in socio-economic conditions. A key informant from WVL pointed out,

“In some areas, the incidence of malnutrition was very high,”
which underscores the need for more targeted interventions.

The Ministry of Health (MOH) has been implementing various nutrition-related policies, such as the distribution of Thripasha to malnourished children and the school meal program targeting vulnerable populations. A representative from the Ministry of Health highlighted,

“We have a system at the MOH level to identify children with SAM and MAM and refer them for treatment”.

However, these efforts are not without their challenges. There is a lack of comprehensive tracking and assessment mechanisms to gauge the true effectiveness of these programs. As one official remarked,



"Sometimes we have to refrain from doing many important things because we don't have the necessary funds"

which indicates financial constraints hindering the broader implementation of vital nutrition programs. Additionally, a pilot project distributing iron-fortified rice in two districts has not yet been fully assessed for its long-term effects.

The effectiveness of policy implementation also depends heavily on the collaboration between different government departments and external stakeholders. For example, the Department of Fisheries and the Department of Small Industries have been engaged in improving food security, with a focus on providing farmers with the necessary resources to increase productivity.

We work with universities and NGOs. They can take our resources at any time.

– DAPH

Despite these efforts, issues like poor coordination between provincial councils and national authorities often result in the uneven application of policies. A representative from the Ministry of Agriculture noted,

"When it comes to implementation, the Provincial Council doesn't listen to what we say"

which highlights the challenges in aligning national strategies with local efforts. This lack of alignment between national strategies and local implementation efforts has led to inefficiencies and delayed progress in some regions.


Furthermore, the focus on short-term, emergency responses, such as during the economic crisis of 2021 and 2022, has often overshadowed long-term, sustainable solutions. A representative from the Red Cross remarked,

"During that period, we implemented a school meals program in 13 districts,"

which was an emergency measure. However, the absence of comprehensive assessments and evaluations of ongoing programs makes it difficult to determine their overall effectiveness and identify areas for improvement, hindering the development of a more robust and effective policy framework for tackling food security and malnutrition in Sri Lanka.

The national nutrition policy is a large sector, and although we developed a multi-sector action plan aligned with the policy, it's not yet functioning as expected. Therefore, it's difficult to say if the implementation is going as planned. We can't definitively say whether it's being implemented properly, as no assessment has been conducted yet

– WFP



The interview reveals critical insights into the challenges surrounding nutrition, food security, and the effectiveness of programs like Aswesuma. One key issue highlighted is the low awareness of health labels, particularly the Traffic Light label, which indicates the levels of sugar and salt in products. The lack of awareness is particularly prevalent among rural populations with lower educational levels. As one informant pointed out, people in rural areas, even when they are aware of the health implications of certain products, often prioritize cost over health benefits. For instance, when comparing a soda like Coke to a fruit drink, the main consideration for many is price, not nutritional value. An informant explained,

“They mainly think about the price. So they usually go for the cheaper one”- IPS.


This highlights a fundamental issue of affordability, where the economic constraints of individuals in rural areas limit their ability to make healthier choices, despite being aware of the risks. Furthermore, the conversation emphasized the challenge of ensuring the effectiveness of nutritional programs in the face of poverty. A key point raised was that even though programs like Aswesuma offer financial support, their effectiveness in improving long-term nutrition and food security is compromised by affordability issues. As one interviewee noted, “it is not affordable” particularly for poorer communities, where the priority is to “fill their stomachs” rather than focus on healthy eating. This struggle is compounded by the fact that, even when people are aware of the health risks associated with certain foods, their primary goal is survival, and they are often forced to opt for cheaper, less nutritious options.

In addition to these challenges, the conversation touched upon the dependency that people have on social welfare programs like Aswesuma and Samurdhi. While these programs provide temporary relief, they have also led to a sense of reliance. As some informants mentioned,

“People seem to want to receive benefits forever - HARTI”

reflecting a fear of losing access to support, especially when their circumstances improve. The new system under Aswesuma, which aims to phase out beneficiaries as their economic situation improves, has created anxiety among the recipients, as they worry about losing their LKR 15,000 allowance and whether they can find alternative sources of income. This dynamic reveals the complex relationship between short-term relief and long-term sustainability, where people often remain dependent on state support rather than being able to break free from poverty.

The interview with the representative from HARTI highlighted some key challenges with existing nutrition and food security programs in Sri Lanka. One significant issue is the imbalance between operational costs and the portion directed to the beneficiaries. The interviewee noted that in many projects, a larger share of funds goes toward operational expenses, while the intended beneficiaries receive only a small portion. This misallocation of resources has been a persistent issue over the years. For example, despite the implementation of numerous projects in areas like Monaragala, which is still regarded as one of the poorest districts, the distribution of funds remains skewed.



Many projects have been carried out in areas like the Monaragala District. Despite that, Monaragala is still considered a poor district. Even though many projects are being carried out there, a large bulk of the funds are going to the higher levels

– HARTI

According to the interviewee, much of the funding is absorbed at higher levels, with little impact reaching the grassroots. This has led to limited tangible improvements in the living conditions of the people in these areas, despite the ongoing initiatives.

Major Deficiencies in Policy Implementation and its Overall Effectiveness

A major challenge in implementing policies related to food security, nutrition, and agriculture is the severe shortage of government staff. The hiring freeze in recent years has led to a lack of veterinary officers and other key personnel, making it difficult to deliver essential services effectively. A key informant from the DAPH stated,

“There is a severe shortage of veterinary officers. We need at least 300 more officers to function properly, but recruitment has been frozen for years.”

Public Health Midwives (PHMs), who play a crucial role in maternal and child health, are burdened with excessive workloads, sometimes having to serve up to 10,000 people per public health midwife (PHM). A representative from the Ministry of Health noted, “One PHM has to cover several divisions, and it is impossible to provide quality service under such conditions.” Furthermore, capacity limitations within government institutions hinder the proper execution of policies, as staff members often lack the necessary training and support. Institutional barriers also exist, such as reluctance among midwives to engage in programs due to workload pressures, further limiting the effectiveness of service delivery.

According to the majority of interviewees, limited financial resources pose a significant obstacle to policy implementation. Budgetary constraints affect the number of training programs that can be conducted annually, restricting capacity-building efforts. A key informant from the Ministry of Agriculture explained,

“Even though training programs are planned, only a few get implemented due to financial limitations”.

Similarly, financial constraints have led to a reduction in allowances for field visits, discouraging government officers from engaging in grassroots-level interventions. The unstable economic environment has further exacerbated funding issues, particularly for key nutrition programs like Thripasha distribution, which has suffered from inconsistencies



due to financial shortfalls. As noted by a representative from the Nutrition Division, Ministry of Health,

“We struggle to continue the Thriplosa program regularly because of fluctuating financial support”.

The overall economic crisis has made it increasingly difficult for the government to maintain support for nutrition and food security programs, leading to disruptions and inefficiencies in service delivery.

Several structural and logistical barriers impede the efficient delivery of services. The inadequate distribution of government services results in inequitable access, particularly in rural and marginalized communities. Government officers face difficulties in conducting field visits due to outdated vehicles, limited fuel allocations, and high transportation costs. One key informant from HARTI mentioned,

“We are expected to do field visits, but the lack of vehicles and fuel limits our ability to monitor programs effectively”.

Additionally, poor infrastructure, such as the lack of cold storage facilities for agricultural produce, leads to significant post-harvest losses and inefficiencies in food supply chains. These challenges collectively weaken the impact of food security and nutrition interventions, making it difficult for policies to achieve their intended objectives. The absence of a centralized database for tracking program beneficiaries and service delivery has created inefficiencies in policy implementation. Weak monitoring mechanisms allow gaps in food safety regulations, particularly in informal markets such as roadside meat shops, which remain largely unregulated. A key informant from World Vision Lanka emphasized,

“Food safety standards are poorly enforced in informal markets, and there is no proper monitoring system in place”.

Similarly, ineffective targeting mechanisms in social assistance programs, such as school meal programs, mean that some of the most vulnerable groups do not receive the benefits they are entitled to. One informant from the Ministry of Education stated,

“There are children who should be benefiting from the school meal program, but due to administrative inefficiencies, they are left out”.

Without a strong monitoring and evaluation framework, it is difficult to assess the effectiveness of policies and make necessary adjustments to improve outcomes.

Beyond institutional challenges, several socioeconomic and cultural factors hinder the success of policy interventions. Low awareness and widespread misconceptions about nutrition impact food choices and dietary habits, limiting the effectiveness of nutrition education programs. A representative from the Nutrition Division explained,



“Even when we promote healthy eating, people’s food choices are driven by affordability rather than nutrition”.

Additionally, a dependency mindset among beneficiaries has been observed, where communities become reliant on assistance rather than adopting sustainable practices. One informant from World Vision Lanka remarked,

“People expect continuous support instead of using the resources available to improve their situation”.

Resistance to behaviour changes further complicates health and nutrition interventions, making it challenging to achieve long-term improvements in dietary habits and overall well-being.

Political influences and institutional fragmentation present additional barriers to policy implementation. Frequent policy deviations due to political interests disrupt the continuity of long-term programs, undermining their effectiveness. A key informant from HARTI noted, “Policies change with political agendas, making it hard to implement long-term solutions”. The lack of coordination among government agencies leads to overlapping responsibilities and inefficiencies, making it difficult to implement policies in a streamlined manner. Furthermore, private sector pressures influence regulatory enforcement, particularly in areas such as food safety and agricultural standards, where commercial interests sometimes take precedence over public health considerations.

Policy-related inconsistencies, particularly in trade and import regulations, have negatively impacted agricultural productivity and market stability. A key informant from IPS highlighted,


“Sudden changes in import policies disrupt local agriculture and create uncertainty among farmers”.

The lack of a clear long-term agricultural policy has led to fluctuating import tariffs, which affect both producers and consumers. Additionally, government interventions in price controls have had unintended consequences, sometimes discouraging local production. As the IPS informant further noted,

“Price controls may aim to protect consumers, but they often end up discouraging farmers from producing key crops”.

These policy inconsistencies highlight the need for a stable, well-planned approach to agricultural and food security policies.

When implementing policies, especially in distribution programs, the community tends to engage more actively as they receive something tangible, whereas participation in educational sessions may be lower. A key challenge in school meal programs is selecting local suppliers who may lack access to the necessary materials, and issues like limited space and resources often arise. In urban areas, some children may not value these meals, and the program is not universally available across schools. Furthermore, there is a



general lack of awareness about balanced diets, food composition, and the importance of consistent program implementation, which can lead to dependency rather than long-term benefits. Interestingly, many malnourished children come from financially secure families, and both children and mothers often lack awareness about nutrition. Additionally, media promotions often encourage the consumption of junk food, exacerbating the problem.

Malnourished children, most of them come from financially secure families. Not just the children, but the mothers also lack awareness.

– SLRCS

Similarly, several interviewees pointed out that programs targeting malnutrition are often implemented by different sectors (government, private, and NGOs) without adequate coordination, leading to duplication of efforts or gaps in coverage. This is particularly evident in programs like school meal programs or canteen policies, where coordination between schools, local government, and health authorities is crucial for successful implementation.

The effective implementation of food security, nutrition, and agricultural policies in Sri Lanka is hindered by a combination of human resource shortages, financial constraints, service delivery gaps, weak monitoring systems, socioeconomic barriers, and political influences. Addressing these challenges requires a multi-faceted approach, including increased investment in human resources, improved financial planning, enhanced monitoring mechanisms, and stronger inter-agency coordination. Without these reforms, policy interventions will continue to face significant limitations in achieving their intended impact.

THEME 3: Policy Analysis

Does Policy Analysis Take Place Within the Institution?

Different institutions conduct policy analysis and monitoring through various methods to ensure effectiveness and accountability. Government ministries, such as Agriculture, Education, Health, and the Department of Animal Production & Health, focus on progress reviews, internal audits, and independent evaluations, often relying on technical committees and expert teams. International and development organizations, including WFP, WBB, WVL, and the Red Cross, adopt evidence-based approaches, using national-level specialists, external evaluators, and key informant interviews to track progress and improve programs. Research institutions like HARTI and IPS engage in periodic policy analysis based on research objectives to provide data-driven recommendations. Field-level monitoring and evaluation, particularly by WVL and the Ministry of Education, involve unannounced visits, quality assessments, and beneficiary feedback mechanisms. Evaluation methods vary, including semi-annual and annual reports, stakeholder engagement, and technical advisory committees, ensuring that policy decisions are informed by data and practical insights. The majority of key informants highlighted that policy analysis and monitoring activities



are conducted through training programs, progress monitoring, officer evaluations, and periodic review meetings. Regular assessments, both internal and external, are common, with some institutions relying on independent audits.

Several key informants emphasized the use of semi-annual and annual targets to measure progress, alongside unannounced visits and random monitoring to ensure compliance. Evaluations often incorporate technical assessments, particularly in nutrition-related projects, and rely on output and outcome indicators. Some key informants noted that policy analysis is primarily evidence-based, with research objectives guiding periodic assessments. Others mentioned the role of advisory committees and expert recommendations in decision-making processes, particularly in food fortification initiatives. A few key informants indicated that donor involvement in evaluations is sometimes observed, while others highlighted the significance of beneficiary feedback and academic contributions in shaping evaluation frameworks. Collaboration between different institutions, including health and education sectors, was also mentioned as a critical factor in effective policy monitoring.

The Role of Policy Analysis Should Be?

Policy analysis in addressing child hunger, malnutrition, and household food insecurity should be evidence-based and adaptable to real-world conditions. Several institutions emphasized the importance of using available data and assessing prevailing community situations to ensure policy effectiveness. The Nutrition Division stated that policy analysis

"Should always concentrate on the available data and also the prevailing situation" and that it "Should be done considering the prevailing situations and problems in the community".

Additionally, they noted that

"For every target group, the same policy may not be suitable. So we have to analyse them in multiple ways".

Similarly, the interviewee questioned,


"Policies are formulated at the national level, but how applicable are they at the field level?".

The importance of structured evaluation was highlighted by the Department of Animal Production and Health, which explained,

"We will continue to monitor their progress and categorize them based on their milk production. We will then provide targeted training based on their progress".

However, as the Ministry of Agriculture pointed out,

"We don't check if that resulted in the farmers becoming successful entrepreneurs. We never examine the impact of the spent money".



These statements underscore the necessity of systematic monitoring, evaluation, and impact assessment to track the success of implemented policies.

To improve policy effectiveness, institutions stressed the need for updating policies based on research findings and evolving realities. The HARTI representative stated,

“Policy cannot remain static. It should be updated from time to time, based on the findings from research, and align with current realities”.

The WFP representative emphasized,

“There needs to be an assessment or an ongoing monitoring process. The issue is whether such a process is in place. Essentially, it requires periodic reviews” and further noted the importance of aligning with global standards: **“The WHO standards are implemented, and how they can be incorporated into the national context is important. These standards should align with SDGs and nutrition growth standards”.**

The Ministry of Education also highlighted the need for accurate data, stating, **“To improve monitoring and evaluation further, we need reliable data”.**

Additionally, the WBB representative stressed, **“I think we definitely need more academic support”.**

Another critical aspect was media influence, as the Red Cross pointed out, “Policies related to media promotions should be further developed”. Overall, the insights from these key informants highlight the necessity for data-driven, regularly updated, and globally aligned policies that can effectively address child hunger and household food insecurity.

Challenges and Solutions in Advancing Nutrition Policy

Agendas: Global and Country-Level Perspectives

Sri Lanka’s efforts to address child hunger, malnutrition, and food insecurity through policy interventions have faced significant challenges at both the global and country levels. One major obstacle has been the lack of comprehensive studies on policy analysis in these areas, which has hindered the effective design and evaluation of policies. Although various nutritional programs, such as the Thripasha Program and iron supplementation for pregnant women, have been introduced, poor targeting, inadequate supply, and low adherence rates have limited their impact. Additionally, economic constraints, misinterpretation of guidelines, and resistance from communities accustomed to unhealthy eating habits have impeded the success of initiatives, particularly in school canteens.

Political interference in food and nutrition programs has further complicated the implementation of policies. The fragmented policy environment, with multiple ministries and institutions involved, has resulted in inefficient coordination and weak enforcement of



nutrition-specific interventions. Despite the Ministry of Health's mandate for these actions, the involvement of various other stakeholders, including UN agencies and NGOs, has created a complex system that lacks cohesion. This fragmentation has led to inconsistent application of policies and difficulty in achieving their intended outcomes. Moreover, Sri Lanka's ongoing political and economic crises have exacerbated food insecurity and malnutrition, making it even harder to address these issues effectively.

Despite these challenges, some initiatives, such as the Scaling up Nutrition (SUN) project and multi-sectoral approaches, offer potential solutions. However, overcoming resistance to policy change, ensuring better coordination across sectors, and enhancing the targeted implementation of interventions remain key obstacles. To move forward, addressing these barriers will require greater focus on bridging the gap between research and policy, improving adherence to existing programs, and strengthening the governance and coordination of nutrition efforts across the country.

THEME 3: Recommendations for Future Policy Formulation

- Increase training programs to enhance production efficiency, focusing on maximizing output from limited space at a lower cost.
- Promote a shift in attitudes and behaviours within communities before policy implementation, emphasizing soft skill development to address food insecurity, hunger, and malnutrition.
- Develop a multi-sectoral strategy with collaboration between the Ministry of Health, Ministry of Education, and local authorities to address child malnutrition and food insecurity.
- Implement policies that regulate food availability and quality, ensuring balanced meals with essential vegetables, fruits, and proteins.
- Foster collaboration across health, education, agriculture, and local authorities to address malnutrition and food insecurity effectively.
- Adopt a life cycle approach to nutrition, focusing not only on children but also on the household level to improve community nutrition.
- Develop nutrition programs based on solid research and data, using evidence-based findings to guide design and implementation.
- Integrate early childhood development activities into nutrition programs for children under five to improve long-term nutritional outcomes.
- Focus on policies that target underprivileged and vulnerable groups, ensuring equitable access to nutritious food.
- Promote the production and consumption of affordable, locally available nutritious foods, especially among rural mothers.
- Set up a centralized distribution system for school meals to ensure all children have access to nutritious meals.
- Create inclusive policies to address the needs of marginalized groups and ensure



equitable access to nutrition programs.

- Implement continuous monitoring and periodic evaluations of nutrition programs to ensure their effectiveness and alignment with local realities.
- Ensure sustainable financial management for nutrition and social programs, including providing allowances for vulnerable populations.
- Improve communication and transparency regarding policy changes, including public awareness campaigns and clear explanations of policies.
- Strengthen the involvement of academic experts in policy and program design for evidence-based interventions.
- Target policies that not only address the poorest groups but also low-income families affected by food insecurity.
- Emphasize the nutritional value of meals, ensuring they align with global child nutrition recommendations
- Adapt national policies to local/regional contexts, considering regional differences and specific needs.
- Establish strong databases and monitoring systems for nutrition and food security to inform targeted interventions.
- Ensure active involvement of relevant stakeholders in policy discussions.
- Strengthen the social registry system to ensure accurate registration of vulnerable populations, including marginalized groups.
- Regularly update and audit the social registry to reflect the changing status of beneficiaries, especially during crises.
- Focus on reducing exclusion and inclusion errors through accurate data collection and targeted outreach efforts.
- Ensure better coordination between programs targeting different groups to create a more holistic approach to beneficiary selection.
- Address political influence in beneficiary selection through transparent guidelines and independent oversight mechanisms.
- Develop robust monitoring systems to continuously review beneficiary selection criteria and ensure support reaches the intended groups.
- Acknowledge the variability in target groups and tailor targeting criteria to the specific needs of different vulnerable populations.
- Engage local communities in beneficiary identification, using community-based organizations to ensure accurate targeting.
- Provide ongoing training for field staff to ensure consistent application of selection criteria and reduce errors in beneficiary identification.
- Increase the availability of resources and training programs in rural areas to bridge knowledge gaps, using digital platforms where necessary.
- Implement robust tracking and assessment systems for nutrition programs to measure



long-term impacts on malnutrition and food insecurity.

- Design targeted interventions addressing the root causes of malnutrition, focusing on improving economic conditions for vulnerable populations.
- Allocate sufficient funding for the consistent delivery of nutrition programs, seeking alternative funding sources if necessary.
- Shift focus from short-term emergency measures to long-term solutions addressing systemic issues like income inequality and access to education.
- Raise awareness of health labels and promote affordable, nutritious food options through community outreach programs.
- Focus on creating pathways for recipients of welfare programs to transition to self-sufficiency through financial literacy programs and vocational training.
- Ensure equitable distribution of resources, with audits to ensure funds reach the intended beneficiaries at the grassroots level.
- Increase academic involvement in policy development to ensure evidence-based interventions.
- Increase financial resources for key programs, focusing on nutrition, agriculture, and public health, and support field officers.
- Invest in transportation and cold storage infrastructure to reduce inefficiencies and improve logistics in food supply chains.
- Create a centralized database to track beneficiaries and monitor program delivery, ensuring resources reach the most vulnerable.
- Facilitate better coordination between government departments, NGOs, and local communities to streamline service delivery.
- Launch nutritional education campaigns to promote balanced diets and healthy eating, especially in rural populations.
- Work on reducing the cost barrier to nutritious foods and encourage self-sufficiency through sustainable food production programs.
- Advocate for long-term policy planning to ensure stability in food security, nutrition, and agriculture policies.
- Expand school meal programs to ensure universal access and effective targeting of vulnerable groups.
- Develop stable, long-term agricultural policies that support local farmers while protecting consumer interests.

Conclusion

Sri Lanka faces significant challenges in addressing child hunger and malnutrition. Limited inclusiveness in policy formulation, ineffective program implementation marred with institutional bureaucracies, insufficient monitoring system to keep track of key performance indicators, lack or limited coordination among stakeholder institutions, and lack of quality data and dearth of ex-ante policy analysis are prominent issues.

Addressing these requires improved policy inclusivity, strengthened inter-ministerial coordination, and enhanced collaboration with stakeholders. Public awareness campaigns, integrating nutrition education into school curricula, and improving food access and affordability are essential steps. Strengthening data collection systems, inter-sectoral collaboration, and resource allocation will ensure that interventions remain relevant and effective. A multifaceted approach is crucial to ensure a healthier and food-secure future for all Sri Lankans.

Study III:

Stakeholders' Opinion on Malnutrition, Healthy Diet and Implementation of Intervention Programmes Related to Nutrition: Qualitative Study

Introduction

World Vision Lanka (WVL)'s ENOUGH campaign is dedicated to combat child hunger and malnutrition by engaging in targeted advocacy, implementing programmes. For this purpose, WVL requires the current situation of child malnutrition, child hunger, food insecurity and the determinants of child malnutrition, child hunger, food insecurity in their AP areas. Such information is important to plan future interventions and thereby support the Policy Development in Sri Lanka in health and nutrition. Therefore, this qualitative study was designed to information on child hunger, malnutrition and food insecurity and associated factors through Focus Group Discussion (FGDs) and Key Informants Interviews (KII) in selected AP areas.

Methods

Eighteen FGDs and 12 KIIs were conducted in 8 AP areas (Figure 2.1). For FGDs both adults aged 30 – 50 and adolescents aged 15 – 16 years were recruited. FGD guide and KII guide were prepared and pre-tested to gather the information from the participants (Annexures). Public health midwives, social welfare officials, teachers, school administrators, and representatives from NGOs and non-profit organizations were participated as Key Informants (KIs) (Table 3.1).

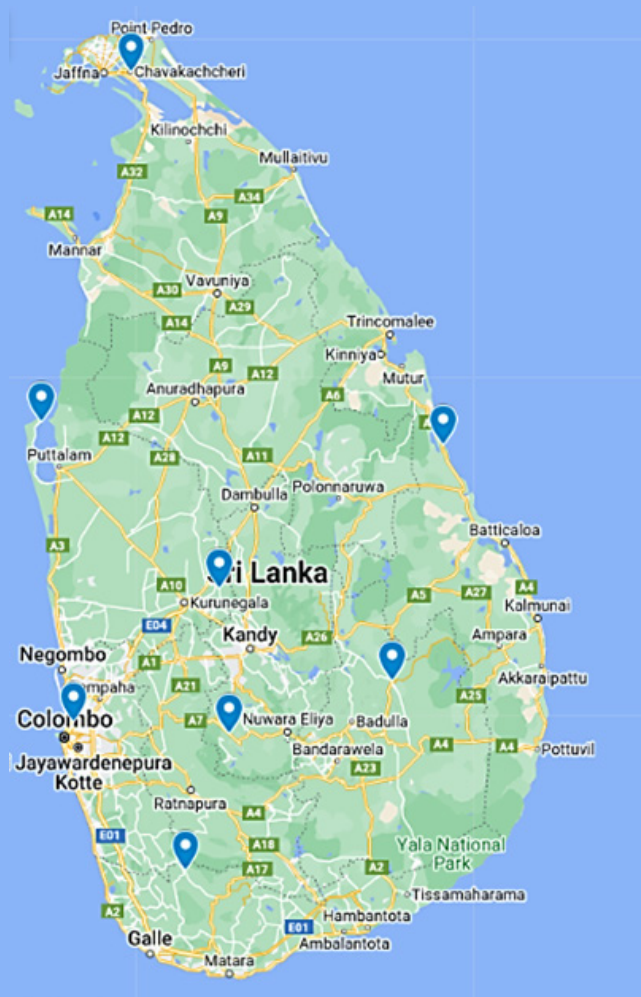


Figure 3.1: Locations where FGDs and KIIs were conducted

Area programs	Focus Group Discussion (FGD)		Key Informative Interview (KII)	
	Number of FGDs	Target group	Number of KII	Interviewee
Rideegama	2	Adolescents (female)	1	Religious leader (Buddhist)
		Adult (male)		
Bibile	2	Adolescents (male)	2	Public Health Mid-wife (PHM)
		Adult (female)		School principal
Neluwa	2	Adolescents (male)	1	Women society leader
		Adult (female)		

Area programs	Focus Group Discussion (FGD)		Key Informative Interview (KII)	
	Number of FGDs	Target group	Number of KII	Interviewee
Wattala	2	Adolescents (female)	2	Youth Society Leader
		Adult (female)		PHM
Chavakachcheri	3	Adolescents (female)	1	Community Leader
		Adolescents (male)		
		Adult (female)		
Watawala	3	Adolescents (female)	2	PHM
		Adult (female)		Community Leader
		Adult (male)		
Vaharai	2	Adolescents (female)	2	PHM
		Adult (female)		Community Leader
Kalpitiya	2	Adult (female)	1	Community Leader
		Adolescents (female)		

Table 3.1 : Participants and their AP areas of baseline qualitative study

All FGDs and KII were conducted using the native language of the participants. The English translated information was analysed using NVivo software by deductive content thematic analysis under main 6 themes and the subthemes as illustrated in table 3.2.

No	Main theme	Sub themes
1	Contextual & Environmental Factors	School Environment & Access to Healthy Foods Availability of Local Food Resources Exposure to Media & Marketing
2	Household Food Security	Food Accessibility & Affordability Family Coping Mechanisms (e.g., meal adjustments) Allocation of Food Resources within the Household
3	Adolescents' Individual Knowledge, Attitudes, and Practices (KAP)	Awareness of Nutrition & Healthy Eating Dietary Preferences & Food Choices Sources of Nutrition Information (school, social media)
4	Social & Peer Influences	Peer Pressure & Social Norms Influence of Social Media Trends Role of Schools & Community Programs
5	Nutritional & Health Outcomes	Risk of Malnutrition (undernutrition, obesity) Impact on Growth & Development Long-term Health Implications
6	Socio-economic & Cultural Context	Economic Challenges & Food Prices Cultural Beliefs & Family Dynamics Access to Education & Health Services

Table 3.2 : Themes and subthemes used in data analysis



Results

Findings of adults' FGDs

THEME 1: Individual knowledge, attitudes, & practices

Malnutrition was widely recognized as a significant concern by almost all participants across different areas in both Sinhala and Tamil speaking communities. They identified the most vulnerable groups as children under five years old, pregnant mothers, and the elderly while school going children and lactating mothers are less affected.

Some participants from both Tamil and Sinhala communities demonstrated a clear understanding of the long-term consequences of malnutrition, such as decreased productivity, delayed achievement of personal and professional goals, increased risk of NCDs. They knew the adverse effect of poor nutrition such as physical and cognitive impairments, such as poor brain development, low energy levels, lack of fitness, reduced eyesight, and increased immunity. They emphasized the importance of maternal nutrition during pregnancy, highlighting its direct impact on child development. Some participants directly linked malnutrition to dietary deficiencies, emphasizing that avoiding nutrient-rich foods, such as green leafy vegetables.

If mothers do not consume nutritious foods during pregnancy, it negatively affects their children. This can result in delayed brain development. After birth, children may experience these challenges due to poor nutrition

– Woman, Wattala

Malnutrition in adults often starts with poor nutrition in childhood. It leads to long-term issues like diabetes, high blood pressure, or even cancer... These problems come from both overeating and not eating enough

– Man, Rideegama

Almost all participants showed awareness of the basic food groups and nutritious foods. Commonly grains, vegetables, fruits, and protein sources such as fish, meat, eggs, and pulses were identified as healthy. However, most of them did not mention milk and dairy products, nuts and seeds, or healthy oils. The few participants were mentioned dairy-based products like cheese and butter were also considered healthy. Similar findings were there in the Tamil communities.

Breastfeeding practices were also highlighted by some of the adults in Tamil communities with concerns that improper weaning could contribute to malnutrition. Some participants believed that while breastfeeding protects children from illness, prolonged breastfeeding beyond two years might discourage them from consuming other essential foods.



Healthy foods are those prepared with care and attention in our homes, using fresh and wholesome ingredients.

– Woman, Kalpitiya

Foods like chickpeas, lentils, groundnuts, and grains are highly nutritious. Including these in our children’s diet can help improve their nutritional status and even contribute to healthy weight gain.

– Man, Watawala

Wheat-based dishes like parata and Kottu are often considered unhealthy.

– Man, Watawala

We provide nutritious food to the children. But children are not eating properly. Children do not like nutritious foods.

– Woman, Chavakachcheri

Shop-bought food, tipi-tipi are unhealthy. Sweets, ice cream, soft drinks are unhealthy.

– Women, Vaharai

Table 3.3 shows the attitudes and practices related to food and nutrition among adults.

No	Practices
1	Consume home cooked foods rather than eat at out.
2	Select foods with low food chemicals, agrochemicals and fresh varieties.
3	Select convenience foods thinking of the time limitation
4	Reduction in fast food and processed food consumption following their exposure to nutrition education programs.
5	Some parents avoided feeding their children certain foods, such as tomatoes, brinjals, and anchovies, due to concerns about allergies.
6	Children's preferences are addressed when preparing meals.
	Attitudes
1	Convenience foods are not healthy, but have to select them due to busy life.
2	Broiler chicken, processed meats, instant noodles, and wheat-based dishes, were identified as unhealthy.
3	MSG (monosodium glutamate) could negatively impact health, particularly fetal development.



4	Nutritious foods should be included in the diet for better overall health, but not practiced in usual day to day life.
5	Parents should give what children ask, although these foods are not healthy, if not they will have lots of nutritional problems, as they are not eating anything.

Table 3.3: Practices and attitudes related to food and nutrition among adults

Sinhala speaking adults expressed negative opinions about the role of mass media in health. They believed that media promotes unhealthy foods and significantly influencing children's health.

Awareness about the benefits of healthy food and the risks of unhealthy food comes from training sessions provided by World Vision Lanka, as well as guidance from elder family members and information from social media platforms

– Woman, Rideegama

Conversation with others about food often provides new insights and knowledge about healthy eating practices.

– Woman, Rideegama

Most TV advertisements, about 80%—promote unhealthy habits and fast foods, which have a negative impact on people's choices. This has caused children and adults alike to become addicted to unhealthy foods

– Man, Rideegama


THEME 2: Household food security

Participants had varying and often limited understandings of the concept of food security. Many participants realized that food security refers to the foods with no preservation, chemical substances, cleanliness, and properly stored foods.

Food security includes preserving foods that are abundant during certain seasons.

– Woman, Neluwa

Participants identified several factors influencing their access to food, including economic stability, food availability, and market accessibility. A major issue in the area was the lack of milk distribution, making it difficult for parents to provide milk for their children and low availability of fresh fruits and vegetables. Low availability of storage facilities (refrigerators),



low number of shops in the area further increase the food insecurity in the Households (HHs).

Physical accessibility was a significant factor influencing food access, as respondents highlighted challenges related to geographic location and economic stability. They also pointed out difficulties in obtaining food when men are away at work, stating that it affects the physical accessibility of foods. They mention that perishable food items can be bought in bulk, but daily purchases are not feasible due to lack of transportation facilities and inconsistent income.

"We are always worried about whether food supplies will run out quickly."

"Households with monthly incomes have some stability, but others face severe challenges."

No market facilities. Availability is low."

"Geographic location further impacts access, explaining that "while some households are located near urban centers with better facilities, many others are situated far from the city, limiting their ability to purchase goods conveniently."

"Perishable food items can be bought in bulk, but daily purchases are not feasible due to lack of transportation facilities and inconsistent income."

Many households face a persistent lack of money, making it difficult to meet even the basic nutritional needs of the family." (Woman, Kalpitiya).

"Even though food items are available in the market, their prices are very high. For example, if we want to include eggs in our meals for five consecutive days, we cannot afford to do so due to our family's financial situation." (Man, Watawala).

Furthermore, economic accessibility was a major concern highlighted across all focus group discussions, with participants consistently expressing difficulties in affording nutritious food due to financial constraints. Rising food prices, fluctuation in daily income even for basic items like vegetables, were a significant burden, making it challenging for families to meet their nutritional needs.

Some Tamil participants highlighted a significant disparity in intra-household food distribution, particularly affecting mothers and children. Many mothers reported sacrificing their own nutrition to prioritize their children and husbands. Such difference in house hold food distribution among Sinhala communities was not reported.

"I often skip meals after feeding my husband and children because their needs come first." (Woman, Kalpitiya)

"To meet my child's nutritional requirements, I give them protein-rich foods while avoiding them myself." (Woman, Kalpitiya)



"In some families, fathers demand larger portions of food for themselves because they work hard, leaving children with insufficient food." (Woman, Vaharai).

With the household food insecurity people adapt some coping strategies. Following were the coping strategies mentioned by both Tamil and Sinhala participants when they face food insecurity in their home.

- Reduce variety of the diet, in copulating rice-based meals with curries (dhal and coconut sambol).
- Reduce the size of the main meals.
- Reduce buying food items such as meat, fish, eggs, dairy products.
- Skipping meals.
- Involve in home garden and animal husbandry for HH income

"To secure a basic food supply, families often prioritize buying rice, as it can be paired with sambol to create a simple meal."(Woman, Wattala)

"A family with five children previously cooked with one kilogram of rice, but now they must manage with only half a kilogram (Woman, Vaharai)

In households with seven members, they cannot afford to buy rice due to its high cost. As a result, some families eat just boiled fish with salt."(Woman, Kalpitita)

"Purchasing products in smaller quantities, mainly considering the price of the product". (Woman, Kalpitita)

THEME 3: Nutritional & health outcomes

The focus group discussions revealed that malnutrition is a significant concern among children, particularly those under five years of age. Participants commonly associated malnutrition with vitamin deficiencies, stunted growth, and unintended weight loss. Additionally, some participants highlighted the long-term consequences of malnutrition, including complications during pregnancy and childbirth, increase risk of diseases in later life. The discussions also pointed to the prevalence of low birth weight. However, this condition is not because the child was not fed at home but due to inadequate nutrition and medical care facilities during pregnancy. Many participants identified that children under five years of age and pregnant women are the most vulnerable groups affected by malnutrition.

THEME 4: Contextual & environmental factors

Socio economic conditions

Financial instability, unemployment, and seasonal variations in income were commonly reported. In coastal areas, such as Kalpitiya, irregular employment in the marine industry exacerbates financial uncertainty, with seasonal weather disruptions further reducing income and food availability. Similarly, in Vaharai, food shortages occur during off-seasons when fishing and cultivation become unfeasible, forcing some families to limit their meals to one or two per day. Large household size with many family members was an additional factor influencing food HH insecurity.

Food prices and market access

"Seasonal changes, such as adverse weather conditions, often disrupt work schedules, further reducing income and food security." (Woman, Kalpitiya).

"Last month, I felt anxious because food supplies in my home ran out completely." (Woman, Vaharai).

"In families with fewer children, food tends to last longer, but in larger families, supplies run out much faster." (Woman, Kalpitiya).

"A significant portion of household income is spent on electricity bills and school fees, leaving insufficient funds for food." (Woman, Watawala).

"We eat cassava boiled in the morning and cook and eat dinner only after receiving money in the evening." (Woman, Vaharai).

Rising food prices and limited market access are significant barriers to food security in many communities. Participants frequently mentioned that food costs have increased dramatically since the COVID-19 pandemic, making affordability a major concern. The impact of price fluctuations is particularly influence in staple food purchases, where rice remains the top priority, followed by other items like fish or meat, depending on affordability. Additionally, food prices tend to be higher in rural areas compared to urban centres with the limiting access to essential goods. Market access issues were particularly pronounced in remote areas such as Vaharai and Chavakachcheri, where food availability is irregular.

"Before COVID-19, the prices of goods were lower, but they have increased significantly after the pandemic. Now, purchasing decisions are primarily based on the price of goods." (Man, Watawala).

"Food prices tend to be cheaper in urban areas, whereas in rural areas, they are often more expensive". (Man, Watawala).



“Even if the products are available at our place, they are available at a price which is two times more than the normal price. The price of fruits like apples and oranges is very high.” (Woman, Chavakachcheri).

“We produce all types of vegetables locally, but most of these are sent to the central station in Dambulla for distribution. When the vegetables are brought back to our local market, the prices are three times higher than what they were originally sold for, making them less affordable to us.” (Man, Watawala).

Community support mechanisms

The focus group discussions highlighted the crucial role of community support mechanisms in mitigating food insecurity. Participants highlighted the significant role of World Vision Lanka (WVL) in providing nutrition and social support within their communities. In Watawala, WVL organized initiatives to combat child malnutrition by identifying underweight children and providing them with nutritious meals for 12 consecutive days while monitoring their progress. Additionally, they launched a preschool nutrition program where children received daily servings of nutrient-rich foods such as chickpeas, lentils, and anchovies. In Kalpitiya, WVL provided food subsidies and occasional assistance, easing household burdens. Community members also emphasized the importance of expanding such programs to ensure maternal and child health, particularly through food subsidies for pregnant women.

Apart from World Vision Lanka, other NGOs and governmental organizations also played crucial roles in supporting nutrition and food security in these communities. Sri Lanka National Youth Services Co-operative Society (NESCO) and National Apprentice and Industrial Training Authority (NAITA) were such institutes mentioned by the participants which helped then in nutrition education, home gardening training. These findings were common for both Tamil and Sinhala speaking communities.

Cultural Beliefs and Practices

Cultural and religious beliefs are significantly influence dietary habits within the communities specially in Tamil community. Followings are some of the cultural believes that the adults mentioned, which creates adverse effect on health and nutrition of the community.

- Consuming pork is prohibited in by Muslims due to religious concerns and its association with various diseases.
- Avoiding fish on fasting days and avoid eating meat on Fridays.
- Consuming meat inside homes is restricted in certain areas due to long-standing cultural norms.
- Eating butter fruit (avocado) can cause cold.
- Consuming guava might lead to illnesses.
- Yellow-coloured foods should not be given to children during illness.

“There are certain misconceptions about food in our community. For example, it is believed that eating butter fruit (avocado) can cause colds, and consuming guava might lead to illnesses.” (Woman, Watawala).

“There is a belief here that eating greens causes colds in elderly people and sneezing in general. Such ideas are based on personal beliefs, and we cannot directly contradict them.” (Woman, Vaharai).

“During fasting days, we do not eat fish, and on Fridays, we avoid meat. This is based on our community’s religious beliefs.” (Woman, Vaharai).

“There is a belief here that eating greens causes colds in elderly people and sneezing in general. Such ideas are based on personal beliefs, and we cannot directly contradict them.” (Woman, Vaharai).

THEME 5: Community based solutions & recommendation

Table 3.4 explains the suggested programs and policies by the adults to improve the food security, health and nutrition.

No	Programmes
1	Educational programs to improve nutrition awareness, especially for young mothers.
2	Assign community leaders in identifying malnourished children and ensuring timely assistance for such families
3	Assist in home gardening programmes
4	Training sessions on preparing nutritious meals with locally available ingredients
5	Introduce proper management of agricultural and livestock resources was emphasized
6	Obtaining permits and ensuring waste disposal through public health authorities.
7	Conducting door-to-door inquiries to identify those in need, rather than relying on third parties.
8	Select target population by having proper system rather than depend on government data sources.
	Policy suggestions
1	Monthly rations specifically for malnourished children to ensure consistent access to essential nutrients.
2	Increase the coverage of “Aswesuma” programme
3	Control prices of the food commodities
4	Agriculture policy for support farmers with the provision of water, agrochemicals and other support services.

Table 3.4 : Solutions & recommendation suggested by the adults



Adults suggested that regular monitoring and evaluation should be done for all programmes and policies to gain the expected outcome. Also, they mentioned that proper community participation for all programmes to obtain the real impact of these programmes. In almost all FGDs, participants highlighted that they do not seek continuous aid from government or any other organization but rather support in generating income through self-employment and skill development. Additionally, participants suggested involving the younger generation in agriculture by introducing new technologies.

"I have a reasonable understanding of nutrition, but the younger generation, especially young mothers, lacks sufficient knowledge about nutrition. They need to be educated and provided with guidance." (Woman, Vaharai).

"Community leaders must actively participate in identifying malnourished children and meeting their nutritional needs to ensure timely assistance for those most in need." (Woman, Kalpitiya).

"Economics greatly affects access to nutritious food, so improving the economy can ensure all children have access to nutritious food." (Woman, Chavakachcheri).

"A proper survey of village families is needed to identify and select suitable beneficiaries before distributing aid."

"In our village, low-income families receive all the aid. However, some rely on these aids without trying to improve their economic situation because they fear losing assistance." (Woman, Bibila).


"It would be fantastic if there were self-employment programs available. Many people are capable of working but don't know where to start... There's a lot of untapped potential for people to become self-sufficient if they just have the right guidance..." (Woman, Neluwa).

Findings of adolescents' FGDs

THEME 1: Knowledge attitudes and practices

There were common perceptions of healthy foods, with few regional differences. Specially, adolescents from certain areas placed more emphasis on homemade, low food chemicals and traditional foods, and others focused on the importance of nutrient density and energy provision.

Adolescents from both Tamil and Sinhala communities identified the association of healthy foods with their nutrient content and health benefits. Fruits and vegetables are identified as the healthiest food choice in-addition to leafy greens, eggs, fish, and grains as healthy dietary choices. Traditional and locally consumed foods are identified as the healthiest food choice by Tamil adolescents. Adolescent boys specifically mentioned that they identified that kurakkan pittu, rice, chickpeas, green gram, cowpea, and palmyra tuber flour as



nutritious options. Food hygiene was an important factor influencing their perception. They further highlighted that diet free from chemical substances and artificial preservatives were healthy. Although they know about the healthy foods and impact of healthy foods for the health, they have lack of understanding about balanced diet.

Participants mentioned that while they were aware of the health implications of their food choices, taste preferences often influenced their decisions. Adolescents mentioned that although they knew some foods were unhealthy, such as, sweets, cakes and fast food, due to their appealing taste and high availability of such foods, they willing to consume those. Some participants reported avoiding certain healthy foods, such as leafy greens, vegetables, pulses, and fish because they did not like their taste. In contrast, some foods that were considered tasty or familiar, such as rice, idli, pittu, dosa, roti and homemade dishes, were preferred and consumed more frequently.

Participants highlighted that the repetitive taste and monotonous preparation methods of healthy foods discourage them from consuming such meals regularly. They expressed that when nutritious foods are consistently prepared in the same way, it reduces their appeal, leading individuals to seek more flavourful or convenient alternatives, often less healthy. Time constraints were identified as a barrier to healthy eating. Participants mentioned that their busy schedules, particularly school hours, often lead to skipping meals.

"Foods that give energy to the body can be called healthy." (Adolescent Girl, Watawala)

**"Foods that contain all nutrients are healthy foods". Homemade meals are healthy",
"Traditional foods are both healthy and nutritious". (Adolescent Girl, Chavakachcheri).**

"Properly cooked foods are healthy".

Foods prepared excessively by hand are not healthy because hands may not be washed properly, making them unhygienic". (Adolescent Girl, Chavakachcheri)

"The plate we eat from should include rice, leafy greens, grains, and protein-rich foods". (Adolescent Girl, Chavakachcheri)

A balanced diet is called a mixed diet. A mixed diet means a meal that includes all nutrients. It consists of rice, meat, fish, eggs, vegetables, and green leaves". (Adolescent Girl, Chavakachcheri).



THEME 2: Nutritional & health outcomes

Adolescents emphasized the role of a healthy diet in supporting physical and mental health. Many participants mentioned that consuming nutritious food is essential for physical growth and maintaining. Eating healthy foods was reported to provide necessary energy, nutrients, maintain mental health boost immunity. Additionally, adolescents stated that nutritional deficiencies could lead to serious health issues such as poor vision, low birth weight babies, infertility. Many adolescents reported experiencing lethargy, fatigue, dizziness, and fainting, which are associated with difficulty in studying and playing. Most of them mentioned the association of poor diet with vitamin A deficiency and iron deficiency.

"Eating healthy is essential for physical growth" (Adolescent Girl, Chavakachcheri).

"Eating healthy food helps prevent malnutrition," (Adolescent Girl, Chavakachcheri)

"Poor eyesight, infertility, and the birth of impaired children can be prevented through proper nutrition" (Adolescent Girl, Chavakachcheri).

"Healthy eating helps boost immunity" (Adolescent Girl, Chavakachcheri).

THEME 3: Household food insecurity

Adolescents highlighted several factors that influence household food security. Poor physical accessibility, low availability and economic accessibility were the main barriers of healthy eating. Adolescents pointed out that the absence of nearby shops made it challenging to purchase healthy foods. The inconvenience of traveling long distances to access fruits, in particular, was highlighted. Economic constraints are often mentioned as a common reason for limited access to healthy foods. Lack of money at home restrict their ability to purchase healthy foods, with the high prices of food items making worse the problem. The participants emphasized that their ability to make healthier food choices is often compromised due to the unavailability of essential nutritious foods within their community.

"To buy fruits, we have to travel a long distance, which makes it inconvenient". (Adolescent Girl, Kalpitiya).

"There are economic problems at home, so it will be difficult to get healthy foods, due to having many family members at home, it will be difficult to get enough food". (Adolescent Girl, Chavakachcheri)

There's simply no money to buy them... The cost of fruits and vegetables is too high... Meat and fish are expensive..."

The availability of food items is limited in our area, making it a challenge to eat healthily" (Adolescent Girl, Kalpitiya).

Foods like Kurakkan pittu are nutritious, but since our parents did not make us accustomed to them from a young age, we cannot eat them now, and we also do not like their taste". (Adolescent Boy, Chavakachcheri).

THEME 4: Social, media, peer influence

Family Influence

Family members, particularly parents and grandparents, played a significant role in guiding adolescents toward healthy eating. Many participants stated that their mothers not only prepared nutritious meals at home but also provided knowledge about which foods were beneficial and which should be avoided. Grandparents and other elders within the household further highlighted healthy

eating practices by encouraging adolescents to make nutritious choices. Additionally, older siblings and relatives were also mentioned as sources of nutritional advice.

Mom often tells us which foods are good for our health and which ones we should avoid" (Adolescent Girl, Kalpitiya).

Peer Influence

Many participants mentioned that there is a peer influence in their food choice. Restaurant dishes, fast foods, cola drinks, sweet food items and savoury snacks were the common foods that selected due to peer influence. In addition, eat at out is the common behaviour that adopt from the peers. In contrast, peer influence also encouraged positive dietary behaviours such as selecting vegetables and fruits, omitting instant noodles, and incorporate green gram, cowpeas, and peanuts instead.

"When talking about food with friends, if there is something new like a restaurant or a dish, we will talk about it. For example, if pizza is available at domino's, we will talk about it, we will also talk about having ice cream together" (Adolescent Girl, Chavakachcheri)

"I don't eat properly when having food alone at home, but I eat well when eating with friends", "Eating with friends makes me happy" (Adolescent Girls, Vaharai).

"There's often a desire to drink fruit juice, but when friends order soda, they insist that we drink it, even knowing it's unhealthy" (Adolescent Boy, Chavakachcheri).

"Even though I dislike noodles, green gram, cowpeas, and peanuts, I eat them because our friends suggest it" (Adolescence Girl, Kalpitiya).

Media Influence

Television and social media, play a significant role in changing the dietary choices and behaviours of adolescents. Participants reported that they are influenced by advertisements on television, which often promote food products are not nutritious, such as cola drinks, instant noodles and sweets. Some adolescents mentioned that they are exposed to information about good and bad foods through television programs, which provide knowledge.



"We learn about good and bad foods from advertisements, but most people tend to prefer unhealthy foods over nutritious ones, which negatively impacts health (Adolescence Boy, Chavakachcheri).

"We watch on TV about healthy foods" (Adolescent Girl, Vaharai).

"We also learn more about foods by watching TV programs (Adolescent Boy, Chavakachcheri).

Social and cultural influences also played a role in shaping food security within households. Adolescents noted that food preferences and habits formed during childhood impacted their current dietary choices. Adolescents from Chavakachcheri indicated that they do not consume traditional nutritious foods like Kurakkan Pittu and Palmyra tuber flour because they were not introduced to them at a young age.

Other support systems

It is found that adolescents receive information and support regarding healthy eating habits from various sources within their communities. Healthcare professionals, such as doctors and midwives, play a significant role in promoting healthy diets by providing advice during hospital visits and community meetings. Social support systems, including public health midwives (PHMs), public health inspectors (PHIs), and government officers (GNs), frequently discuss nutrition-related topics during village meetings and awareness programs. Additionally, community-based organizations such as children's clubs, the Impact Club, and the CIC Centre contribute to raising awareness by conducting educational sessions on food selection, nutrients, and healthy eating habits.

Religious institutions, such as temples, further support healthy eating by occasionally providing nutritious meals. Non-governmental organizations like World Vision Lanka are organizing programs to educate adolescents on proper nutrition.

"Social members will tell us; for example, in GN office meetings, they will talk about nutritious foods, and PHM talks during the meeting" (Adolescent Girls, Chavakachcheri).

"In the Impact class, there is an Impact club in our area where they will teach us nutrition related topics, such as harmful and healthy foods, and the vitamins they contain, at the CIC Centre, they teach us about healthy food selection and nutrients" (Adolescent Girl, Watawala).

"I receive healthy food both from home and occasionally from the temple, where meals are provided" (Adolescent Girl, Kalpitiya).

"World Vision Lanka has conducted programs to teach us about nutritious foods" (Adolescent Boy, Chavakachcheri)



THEME 5: Food environment

The availability of healthy food options significantly influences adolescents' ability to maintain a nutritious diet. Some participants reported that access to ready-to-eat unhealthy foods is limited in their areas, which help them to not to consume such foods that are not nutritious. Additionally, having access to home gardens at school was highlighted as a key factor in consuming healthy foods, as it allows families to produce fresh vegetables and fruits locally.

Food safety emerged as an important concern among adolescents. Participants emphasized the significance of hygiene and proper food preservation techniques to ensure safe consumption. Adolescents expressed concerns about the chemical treatments used to preserve fruits and vegetables, leading them to avoid purchasing such produce. Some adolescents expressing worries about unhygienic food preparation practices observed in local restaurants and street vendors. Specific concerns included improper handling of ingredients, poor sanitation in cooking areas, and the potential mixing of unsafe ingredients, which can cause health risks.

Adolescent highlighted the significant influence of schools and the educational environment on their understanding of healthy eating. Teachers play a crucial role in educating them about healthy foods, with subjects such as Health Science, Home Science, and Agriculture. Many adolescents reported that they learned about healthy eating through their health science textbooks.

Most participants stated that mothers are the primary decision-makers regarding food practices within the household. They are responsible for meal planning, grocery shopping, and food preparation, making them the key influencers of dietary habits. Adolescents, while not the main decision-makers, play a moderate role in influencing food choices, often through their preferences and requests, which can impact what is prepared and consumed at home.

"In our area, ready to eat foods are limited" (Adolescent Girl, Chavakachcheri).

"Since mother cooks and provides us with food, eating from the shop is limited". Since it is available in the home garden, eating healthily is possible" (Adolescent Girl, Vaharai).

"If we ask mom for something we like and if she has time, she makes it. Otherwise, she prepares it later" (Adolescent Girl, Vaharai).

"Most of the time, if the requested food is healthy, she prepares it. Otherwise, occasionally, even if it is not healthy, she makes it because we like those foods" (Adolescent Girl, Vaharai).

"Food safety and hygiene are important, and we should know how to preserve food" (Adolescent Girl, Vaharai).



Findings of KIs

THEME 1: Nutritional status

The prevalence of malnutrition was identified as a significant concern within the community, with both mostly undernutrition and overnutrition being prevalent. Participants were concerned about stunting, wasting, underweight, and obesity. Several participants mentioned the rise in childhood malnutrition, particularly in the context of insufficient access to nutritious food and healthcare services. Few mentioned that overweight is not a significant prevalence in Tamil communities. While it was mentioned by Sinhala communities.

A PHM mentioned that 5% of overweight among children can be seen in Rideegama area which was resulted on better financial situation. In contrast 20% of school aged children nutritional deficiencies, which heightened the co-existence of both over and under nutrition the same community. Most vulnerable groups identified by KI are children under the age of five, pregnant mothers, children under 15 and older adults. Most participants of KI identified the long and short term consequences of malnutrition in children such as poor immunity, poor growth and development and increased risk of future NCDs.

“There are children with severe deficiencies. Some babies are born with abnormalities, and developmental problems are more common in children”. (PHM, Vaharai).

“There are no overweight children, but there are underweight children. Some children do not have an appropriate weight for their age, and some have stunted growth, as they do not have a height appropriate for their age.” (Community leader, Chavakachcheri).
“There are some children who are overweight because they consume too much non-nutritious food instead of nutritious food, which is a significant problem”. (Community leader, Kalpitiya).


“Mostly, children under the age of five and pregnant mothers are most affected by nutritional deficiencies”. (Community leader, Vaharai)

“Children aged 1 to 2 years often struggle to reach a healthy weight”. (PHM, Watawala)

“Due to nutritional deficiencies, some children often experience illnesses, with some falling sick twice a month. Additionally, children with nutritional deficiencies tend to have reduced immunity.” (Community leader, Chavakachcheri)

THEME 2: Household Food Security

The KIs revealed that household food security during the economic crisis was significantly influenced by two main factors: food accessibility and food availability. Participants highlighted the challenges in securing adequate, nutritious, and safe food, particularly due to economic constraints and fluctuating market availability. The economic crisis had a significant impact on food accessibility in both Tamil and Sinhala communities. As a result of losing income, many families were unable to afford food. The high number of children



also was identified by key informants as a barrier to the accessibility of food. They further mentioned the cost of milk and milk products and meat products are too high and cannot afford by many people. Consequently, many families rely on cheaper, less nutritious alternatives, reinforcing economic barriers that prevent them from maintaining a well-balanced diet despite their awareness of healthy eating practices.

Physical accessibility is also another challenge, which has adversely impacted food security in mentioned communities. Transportation challenges are mentioned as a critical issue, particularly during fuel shortages. High fuel prices and transportation disruptions further increased the issue, impacting both consumers and suppliers. Access to fresh and perishable foods was particularly challenging in some areas due to transportation issues and a lack of refrigeration. For instance, many people have to rely on local markets (Pola) to purchase food; however, the prices in village shops are often higher than those in the city, making it more difficult for some families to access affordable, nutritious food. In the Sinhala-speaking communities, food availability is generally not a concern, as the region is capable of producing a variety of crops, and food items with all necessary nutritional components are available at the local markets (Pola).

"Since work was not possible during that time, people had no income for the day, which meant they could not afford to buy food." (Community Leader, Chavakachcheri).

"Good were available in the market, and farmers brought vegetables to the Chavakachcheri market. However, we had to travel to Chavakachcheri to purchase them" (Community leader, Chavakachcheri).

"The high price of diesel added to the difficulty of buying vegetables or other groceries, as transportation was disrupted both for customers travelling to markets and suppliers bringing goods to stores." (Community leader, Vaharai).

Due to the economic crisis, rising prices, and reduced availability of goods, it was difficult to afford nutritious foods." (Community leader, Vaharai).

"During that period, fish was available because the area is close to the sea. Eggs were harder to get, and meat was mostly bought from locals who raised chickens." (Community leader, Chavakachcheri).

Following are the coping strategies of the people in the community members mentioned by KIs during HH food insecurity.

- Reduce the number of meals
- Reduce the amount of meals
- Depend on low-cost fast foods
- Involve in home gardening and sell the harvest
- Food exchange with neighbours
- Stop schooling by the children after O/L



"Some families could only afford one meal a day...some might have lunch and dinner but skip breakfast." (Community leader, Vaharai).

"Some raise chickens. For items they lack, they engage in exchange; for example, if I have eggs, I exchange the eggs with someone who has items I need." (Community leader, Vaharai).

"Many parents have reduced meals to just lunch or two meals a day, skipping both breakfast and dinner." (Community leader, Wattala)

"I don't see a solution most of the time. Their only solution is not to send the child who is doing O/L to school but to send them to work. If there is a sudden economic downturn, many children end up doing this." (Community leader, Wattala)

THEME 3: Nutritional knowledge and awareness

Community leaders and public health midwives highlight varying levels of awareness regarding the importance of a nutritious diet across different communities. While there is a basic understanding of the significance of healthy eating, this knowledge is not always effectively practiced by people. KI mentioned that the lack of education, particularly among mothers, contributed the poor dietary practices. Meanwhile, a religious leader from Rideegama estimated that around 60-70% of people in the community are aware of the importance of a healthy diet.

Participants highlighted Child Development Society, Health organizations like the Ministry of Health (MOH), NGO like World Vision Lanka were the active contributors to raising awareness about nutrition. Additionally, schools played a significant role, with school nutrition programs involving parents and teachers in discussions about children's nutrition. Monthly pregnant clinics at MOH, PHM, PHI, social media played a role in educating people on nutrition. Men were having less interest to obtain health and nutrition information.

"When attempting to create such dishes, it is essential to have knowledge about the nutritional content of food. This requires understanding the nutrients present in food, their quantities, and the associated benefits." (Community leader, Chavakachcheri).

"Most of our people have enough nutrition knowledge". (Community leader, Watawala).

"Social media platforms and mobile devices were also noted as accessible tools for obtaining nutrition information, extending the reach of educational efforts (Community leader, Kalpitiya).

THEME 4: Contextual and Environmental factors

Socio-economic conditions

Economic instability, unemployment, and low wages were consistently mentioned as primary causes of financial strain, leading to inadequate food access and nutritional deficiencies. Additionally, alcoholism was identified as a major social issue, with household income frequently being diverted to alcohol consumption.

Women, particularly mothers, play a crucial role in household food management, yet many migrate abroad for employment, leaving children in the care of fathers or grandparents. This has contributed to issues such as neglect, teenage pregnancies, and early school dropouts, further reinforcing socio-economic challenges.

“Preparing meals for school-going children poses another challenge, as time constraints and limited access to fresh vegetables often lead to quick and simple meal choices”. (Community leader, Vaharai).

Social cultural context

- Following were the cultural beliefs that the KIs mention about their areas. In some areas, traditional beliefs have led to dietary restrictions that impact nutrition security specially in Tamil areas. However, many KIs mentioned that such beliefs are now less prominent in many areas due to extensive education programs conducted by government and NGOs.
- Eating bananas could cause colds
- Green leafy vegetables at night could lead to poisoning and indigestion.
- Half-boiled eggs are toxic.
- Small fish bones were harmful.
- Illnesses such as fever and vomiting in children are linked to divine influences, which leads to the avoidance of yellow-coloured foods like dhal, potatoes, pumpkin, bananas, and mangoes
- Children who are ill are commonly provided with boiled drumstick leaves until they recover.
- Guava may cause stomach worms.
- Pregnant women should avoid papaya and pineapple due to perceived risks to pregnancy.
- Excessive water intake during pregnancy causes the belly to appear prominently after childbirth
- Pregnant mothers should not consume sweets, cold foods like yoghurt, and, post-delivery, foods like tomatoes and fish.
- Young children should not be given rice at night due to digestion issues and lack of sleep.



- Pregnant mother should not register under MOH clinics before eighth weeks of pregnancy as, pregnancy should be kept secret at initial stage of the pregnancy.

"They keep their pregnancies secret due to myths like, 'You shouldn't say anything before three months, otherwise the baby will be lost,' or fears of someone performing a Huniyam (a local belief)."

"Pregnant mothers are discouraged from consuming sweets, cold foods like yoghurt, and, post-delivery, foods like tomatoes and fish, based on traditional health concerns. (PHM, Watawala)".

"Unlike some other areas where certain foods are avoided due to beliefs, here people eat whatever is available. They don't have the luxury of being selective and consume whatever they can access or afford." (PHM, Vaharai)

"Cultural beliefs related to nutrition have much less impact now as there is greater awareness about the importance of a balanced diet, though economic problems still have a major effect on people's food choices." (Community leader, Wattala)"

Food prices and market access

The findings from the KIIs reveal significant challenges related to food prices and market access in various regions. In Vaharai, community leaders highlighted the lack of local marketing facilities, forcing farmers to sell their products at lower prices to outside buyers.

Rising food prices have significantly impacted food security across all selected areas, making it difficult for families to maintain a nutritious diet. In Bibile and Neluwa, while farming provides some stability, financial struggles force families to compromise on quality and quantity, often making nutritious foods like eggs, meat, and fish unaffordable.


"If there is malnutrition, about twenty-five per cent of the population is affected due to economic difficulties, parents' unemployment, and the current economic situation."

"Sudden price increases in essential goods leave people feeling helpless, making it nearly impossible to maintain a balanced diet."

"The issue in this area is not about access to shops, as there are many nearby. However, there is a lack of fixed pricing." (Community leaders, Watawala).

Food prices and market access

The key informant interviews revealed diverse dietary preferences and consumption patterns across the communities. Eating out is rare in these areas, with families generally relying on home-cooked meals. This was prominent in Tamil communities. Fast food consumption varies across regions. In Watawala, while fast food is not a significant concern, instant noodles are commonly consumed. In estate communities, many



mothers, despite having time to cook, prepare simple meals like roti for convenience. In Tamil communities the home gardening was practiced than in Sinhala communities. In some areas the fishing was the primary occupation and most of them use fish for HH consumption as well, resulting in low variety in the diet.

Rice remains the central part of many meals, often accompanied by simple side dishes like coconut sambal or dal. However, the variety of food has significantly reduced, with children's lunch boxes typically containing rice, sambol, and lentils, and very few other nutritious items such as meat, fish, or vegetables. Additionally, many families rely on fast food or ready-made meals from shops, often due to the convenience.

Government policies and aid programmes

The key informant interviews revealed that various government initiatives have been implemented to support food security and community well-being, though their reach and effectiveness varied across regions.

- Samurdhi program provided financial assistance to some families, while additional cash transfers were available to a limited number of registered beneficiaries. In Kalpitiya, the agriculture department assistance given for select individuals received financial support to purchase agricultural machinery at a subsidized rate.
- Government and some NGO support home gardening by distributing water pumps, pipelines, and seeds and also through mother sport groups.
- Food assistance programs, such as the provision of school meals
- Nutritional support programmes for pregnant women through the distribution of red rice, dhal, and eggs.
- Organizations like World Vision contribute by providing seeds, plants, and nutritional bags for underweight children.
- Government supports some income-generating activities, such as poultry farming and bakery production.
- World Vision Lanka organized nutrition education programs for pregnant mothers and children, raising awareness about the importance of healthy eating habits.
- Targeted nutrition interventions were implemented to address child malnutrition. Programs like "PD-hearth," launched by World Vision Lanka, provided continuous meals for 12 days to underweight children.
- Campaigns to reduce food waste have been launched in some areas, with community engagement and NGO support.

Despite these efforts, gaps remain, particularly in areas where there is no structured system for food assistance, less targeted for really vulnerable families. Some participants expressed concerns that government assistance was not available to everyone, with beneficiaries often selected through local administrative officers. Some mentioned that government supports are only for large scale farming only, not for HH level programmes.



“PD-hearth, launched by World Vision Lanka, provided continuous meals for 12 days to underweight children to monitor their weight gain”. (PHM, Vaharai)

“World Vision Lanka organized nutrition education programs for pregnant mothers and children, raising awareness about the importance of healthy eating habits (Community leader, Vaharai; PHM, Watawala)”.


“Farming faced challenges as there were no fertilizers or pesticides available. Later, subsidies were provided, but before that, it was very difficult. Farmers struggled without diesel for tractors. Eventually, diesel was given under a subsidy program. During that time, crop yields were genuinely low. Later, during the harvest season, the prices of goods increased. While this provided some benefits to those who worked in agriculture, it caused serious difficulties for consumers.” (Community leader, Chavakachcheri)”.

THEME 5: Community-based solutions and recommendations

Table 3.5 shows some suggested programs and policies mentioned by the KIs.

No	Suggested programs
1	Effectiveness of nutrition education programs for both mothers and fathers These programs should be sustainable and targeted for practical methods that influence behaviors change of the community.
2	Education programme on family planning
3	Support programs for community-driven agricultural initiatives including home gardening (provision of water, seeds and agrochemicals) including the awareness programme with space management.
4	Enhancing the local food supply chain
5	Support handicrafts and animal husbandry as income generating activities
6	Reduce food wastes
7	direct cash assistance programs for disabled and extremely poor families
8	Continue and strengthen the school meal programme
	Policy suggestions
1	Introduce policies for sustainable livelihood programs, local food production, targeted government assistance, and enhanced nutrition education and monitoring systems.
2	Reducing harmful environmental and health-related practices was another concern
3	Policies for access to clean drinking water
4	Policies to ensure pregnant mother's nutritional status
5	Introduce policies for price and quality control of food commodities
6	Market facilities to sell the products
7	Formulate policies for media to reduce processed food advertisements and increase nutrition awareness programmes.

Table 3.5 : Suggested programmes and policies by KIs



"There is only brackish water available here, and people rely on public places like temples or fields for drinking water, which is collected within a 100-200-meter radius." (Community leader, Chavakachcheri)

"Products purchased with cash should be of good quality, and the government should ensure product quality through regular checks."

"There is only brackish water available here, and people rely on public places like temples or fields for drinking water, which is collected within a 100-200-meter radius." (Community leader, Chavakachcheri)

"It would be beneficial to have local market facilities for selling their produce. If buyers come from outside, the locals may face losses, whereas local markets would be more profitable" (Community leader, Vaharai).

"Products purchased with cash should be of good quality, and the government should ensure product quality through regular checks." (Community leader, Chavakachcheri)

"Pregnant mothers receive a Rs. 4,500 allowances for the first four months after birth, but there is no follow-up support for children after that period". (PHM, Wattala)

It is also recommended that beneficiaries should be selected through a clear and systematic process to ensure support reaches the most vulnerable populations. Several respondents also pointed out the need for improved monitoring and evaluation mechanisms for all programmes ensuring the sustainability of the programme. Also, some mentioned that people should shift their focus away from relying solely on external aid, instead adopt a mindset that supports sustainable farming and gardening practices with their own involvement.



Discussion

Child hunger and malnutrition

Malnutrition is still prevailed in many areas specially among children under 5 years old. There is evidence for micronutrient deficiencies in some areas with less prevalence of overweight and obesity. Severe child hunger and malnutrition was not reported in any of the areas Poverty, high prices of foods, poor knowledge of balanced diet, poor availability of fresh and safe foods were associated with current situation of child malnutrition.

Awareness


A fundamental awareness of healthy diets was observed across all groups; However, a comprehensive understanding of a balanced diet was often lacking, particularly among adolescents. Peer influence, media exposure, taste preference, high availability of junk foods, price of the foods played significant roles in associated with adolescents' food consumption. Although many adults and adolescents know the health importance of healthy foods, they do not practice it due to time limitation, taste preference, high availability in the surrounding environment.

Food insecurity

Moderate level HH food insecurity was observed in some areas. Poor income, fluctuation in the daily wages, poor availability of fresh and safe foods, high prices of foods and the fluctuation of prices of staple foods, alcoholism of the father, destruction of crops by animals, were the main factors that associated with food insecurity. Estate communities, farming and fishing communities were having the fluctuation in the daily wages and thus led to HH food insecurity.

Rising food prices further worsened these challenges, causing families to prioritize basic sustenance over nutritional adequacy. Limited market infrastructure, transportation challenges, and high costs presented significant barriers to obtaining nutritious foods and thus influence HH food insecurity. Some participants indicated that they had to travel long distances to obtain essential food items, while others relied on local vendors who often had a limited selection of nutritious foods. Inadequate storage facilities and lack of refrigeration in some households further restricted the consumption of perishable items such as dairy, meat, fish and fresh vegetables, reinforcing dependency on processed or non-perishable alternatives.

Cultural and religious factors play a significant role in dietary behaviours and nutrition in the studied Tamil communities rather than Sinhala communities. Such believed were mainly targeted for pregnant mothers and small children. However, such misbelieved were eliminating in the society due to improvement in communication channels and techniques. Additionally, intra-household food distribution practices, influenced by cultural norms, prioritized children and men over women, particularly in economically disadvantaged households.



Various coping strategies were identified to mitigate food insecurity. Home gardening, animal husbandry, and food-sharing practices within communities were the positive coping strategies that were identified. However, skipping meals, reduce the quantity of the meals, reduce the quality of the foods and the reduce the diversity of the foods were identified as negative coping strategies.

External support from NGOs and government programs played a role in reducing food shortages, with initiatives such as food rations, school meal programs, and community-based nutrition awareness campaigns offering needed assistance. Further many participants reported reducing portion sizes, skipping meals, or resorting to less nutritious, lower-cost alternatives to manage household food insecurity.

Conclusions

Stakeholders emphasized the underutilization of community-level engagement. Local leaders, organizations, and schools were often excluded from the planning and implementation of nutrition initiatives. Cultural norms and economic constraints heavily influence dietary practices. Targeted behavior change communication to address misconceptions about nutrition and foster healthier eating habits was emphasized.

Limited access to affordable, nutrient-rich foods remains a pressing challenge, particularly in estate and rural areas. This barrier exacerbates malnutrition and food insecurity. Frontline workers and implementing agencies face resource and training gaps, limiting their ability to effectively execute programs. The absence of tailored, locally relevant interventions diminishes the effectiveness of national policies. Logistical and resource constraints further complicate implementation. Adolescents voiced concerns over the lack of appealing and accessible nutritional programs, calling for more youth-focused education and engagement efforts.

Recommendations

The findings highlight the importance of community-driven and policy-based interventions in addressing nutrition security and food accessibility challenges. Sustainable, long-term nutrition programs are essential to ensure lasting improvements in dietary practices, particularly among vulnerable populations such as pregnant mothers, children, and economically disadvantaged households. Education initiatives need to extend beyond mothers to include entire families, promoting shared responsibility and reducing conflicts over food choices. Integrating livelihood support, such as self-employment opportunities and home gardening, can enhance economic stability and improve access to nutritious foods.

However, structural barriers, including water scarcity, inadequate agricultural resources, and fluctuating food prices, must be addressed through targeted government policies. Strengthening the local food supply chain by promoting domestic food production and maintaining quality standards can reduce dependence on imports and improve food



security. Additionally, improving access to clean water, ensuring adequate maternal and child nutrition support, and integrating practical nutrition education into school curricula can further reinforce healthy and sustainable dietary practices. These findings underscore the need for multi-sectoral collaboration and evidence-based policymaking to develop comprehensive, community-oriented solutions that enhance nutrition security and overall well-being.

Further recommendations for identified problems suggested by the research team

Some recommendations suggested by the investigators of this project as illustrated in following table (Table 3.6).

Major problem	Possible factors	Recommendation
Low effectiveness of current nutrition programs	Lack of practical implementation, inadequate follow-up, insufficient resources	Integrate practical implementation strategies into current nutrition programs, ensure continuous monitoring and follow-up, search for foreign funding sources
Absence of a proper beneficiary selection method	Lack of a clear and systematic selection process	Develop policies to select most vulnerable population groups
Limited practical nutrition awareness	Inadequate education on nutrition, lack of access to reliable information	Implement community-based nutrition education initiatives that can change the behaviors using novel effective communication strategies. Training programmes, demonstrations should be incorporated along with the education programmes. Such programmes should be targeted to young generation and men. Promote traditional and underutilized fruits and vegetables, use of e-technology for easily access the young generation (Ex through WhatsApp groups, Facebook. TikTok, using smart phones)
Limited access to seeds and agricultural tools	Unavailability of resources, financial constraints, and lack of proper distribution channels	Establish agricultural support programs, ensure access to essential farming resources, and introduce subsidies or financial assistance for farmers, initiate methods to protect food crops from animals, introduce novel agriculture technology to increase the yield
High prevalence of malnutrition	Economic instability, high food prices, lack of stable income	Implement food subsidy programs, strengthen social protection systems, promote income-generating activities, and support sustainable agricultural initiatives
Poor food security	Poor transport facility, low availability of fresh food commodities,	Develop road and infrastructure for remote areas, develop proper food distribution channels, introduce policies to control price fluctuation of essential food commodities, Implement rehabilitation programmes to reduce alcoholism in men, introduce novel food preservative techniques to reduce the wastage of naturally available food in the villages (Ex : jack, bread fruits, lemon, some fruits)

Table 3.6. Possible recommendations for each identified health and nutrition issues

Synthesis and Interpretation

Child hunger, malnutrition, and food insecurity remain critical challenges in Sri Lanka, significantly impacting the health, development, and well-being of children. These issues are further exacerbated by economic instability, climate disruptions, and inadequate policy implementation. The three studies conducted as part of the baseline for the ENOUGH campaign aimed to provide a comprehensive understanding of these challenges, focusing on scoping existing data, analysing policy effectiveness, and gathering stakeholder insights to shape targeted interventions. The discussion below synthesizes the key findings and cross-cutting themes from the studies.

The scoping review (Study I) paints a concerning picture of the prevalence and severity of child malnutrition in Sri Lanka. The persistent high rates of stunting, wasting, and underweight, particularly among children under five, are indicative of chronic nutritional deficiencies. This is further compounded by the alarming statistic that over 39% of households experience moderate to severe food insecurity, with estate sectors bearing the brunt of this burden. The review highlights the interconnectedness of these issues, revealing that limited dietary diversity, inadequate intake of essential nutrients, and the consumption of unhealthy processed foods contribute significantly to malnutrition. Insufficient availability or outdated dietary data, lapses in monitoring and evaluation of the nutrition interventions, and lack of targeted interventions to address the unique needs of vulnerable populations have been identified as major gaps. These findings underscore the urgent need for interventions that address both the quantity and quality of food intake.

The policy review (Study II) reveals a dichotomy between the existence of comprehensive national policies and their effective implementation. While Sri Lanka has established frameworks, such as the National Nutrition Policy (2021-2030) and School Health Policy, the translation of these policies into tangible outcomes is hampered by several factors. Gaps in implementation, monitoring, and intersectoral coordination are significant obstacles. The study highlights a lack of alignment with measurable outcomes and the Sustainable Development Goals (SDGs), suggesting a need for more robust accountability mechanisms. Furthermore, the limited focus on adolescent nutrition and long-term sustainability underscores the necessity for a more holistic and forward-thinking approach.

The qualitative research on perceptions of community level stakeholders (Study III) reinforces these findings, revealing logistical and resource constraints as significant barriers to effective program implementation. Poor targeting of vulnerable groups and a lack of community engagement further exacerbate these challenges. The stakeholder qualitative research highlights the significant influence of cultural and behavioural factors on dietary patterns. Cultural norms, affordability, and the availability of nutritious foods play a crucial role in shaping food choices. This underscores the need for interventions that go beyond simply providing food and consider the broader social and cultural context. Nutrition education, behaviour change communication, and culturally sensitive approaches are essential for promoting sustainable dietary practices. In addition, improving food affordability and accessibility through localized solutions and strengthening multi-sector collaboration and policy alignment have been found as priorities for action.



A consistent finding across all three studies is the significant impact of food insecurity and malnutrition on specific vulnerable populations. Estate and rural communities, adolescents, and female-headed households are identified as particularly at risk. These populations often face compounded challenges, including limited access to resources, economic vulnerability, and social marginalization. The studies emphasize the need for targeted interventions that address the unique needs of these groups.

A significant gap identified across all studies is the deficiency in robust, real-time data on dietary diversity, adolescent nutrition, and food security. The absence of comprehensive data constrains evidence-based decision-making and hinders the ability to monitor the effectiveness of interventions. Establishing comprehensive nutrition surveillance systems, leveraging digital tools for real-time monitoring, and addressing data gaps are crucial for informing policy and practice.

The findings of these studies provide a strong foundation for the ENOUGH campaign. The campaign should prioritize the following key areas:

- **Data-Driven Interventions:**
Emphasize the collection and utilization of robust data to inform program design and monitoring.
- **Strengthened Implementation:**
Focus on improving resource allocation, logistical support, and monitoring and evaluation frameworks for existing programs.
- **Targeted Strategies:**
Develop tailored interventions for high-burden regions and vulnerable populations, such as estate and rural communities.
- **Community Empowerment:**
Promote community engagement through nutrition education, capacity-building, and behaviour change communication.
- **Policy Alignment and Integration:**
Advocate for policy revisions that align with measurable outcomes and integrate nutrition into broader national development frameworks.
- **Multi-Sector Collaboration:**
Foster partnerships between government, NGOs, the private sector, and communities to ensure a coordinated and comprehensive approach.
- **Economic Empowerment:**
Support social protection measures, climate-resilient agriculture, and local food production to address economic barriers to food security.

In summary, the challenges of child hunger, malnutrition, and food insecurity in Sri Lanka are complex and multifaceted. Addressing these issues requires a sustained and coordinated effort from all stakeholders. The ENOUGH campaign, guided by the insights from these baseline studies, has the potential to play a pivotal role in driving positive change. By prioritizing evidence-based interventions, fostering community engagement, and strengthening policy implementation, Sri Lanka can make significant progress towards achieving SDG 2 and ensuring a healthier and more prosperous future for its children.



Limitations

We did not conduct a quantitative study. Without quantitative data, the findings may not be generalizable to the broader population. Qualitative data often rely on personal interpretations, which could lead to biases or subjective conclusions. Without quantitative measures, it may be difficult to compare findings across different groups or time points statistically. While qualitative data provide depth and rich insights, they may not capture the breadth of a phenomenon that would be identified through larger-scale quantitative research. Without quantitative data, there may be little opportunity for statistical tests to assess relationships, significance, or causality. Therefore, without quantitative data, it can be hard to define and track specific measurable outcomes, such as improvement percentages, success rates, or other concrete metrics.

Lessons learned from the baseline study

Importance of Comprehensive Data Collection (Study I):

The scoping review revealed a lack of robust, real-time nutrition and dietary data, particularly for adolescents and older children. This highlighted the need for integrated, systematic data collection to better inform interventions.

Challenges in Stakeholder Coordination (Study II):

Policy analysis showed weak collaboration between government agencies, NGOs, and other stakeholders, leading to inconsistencies in policy implementation and alignment with national goals.

Regional Disparities in Nutrition and Food Security (Study I):

Scoping data indicated significant regional disparities, with estate and rural areas experiencing higher malnutrition and food insecurity rates, emphasizing the importance of region-specific interventions.

Policy-Implementation Gaps (Study II):

Many policies lacked actionable implementation frameworks and measurable indicators, reducing their effectiveness. The review also found insufficient alignment of policies with Sustainable Development Goals (SDGs).

Community Engagement is Critical (Study III):

Stakeholder opinions highlighted the underutilization of community-level engagement, with local leaders and organizations often excluded from nutrition promotion efforts.

Behavioural and Cultural Barriers to Nutrition (Study III):

Stakeholder discussions emphasized the influence of cultural norms and economic constraints on dietary practices, requiring targeted behavioural change communication.

Limited Use of Technology and Innovation (Studies I and II):

Both the scoping review and policy analysis revealed missed opportunities to leverage digital tools for monitoring, evaluation, and education, reducing program efficiency and adaptability.



Resource Constraints (Studies II and III):

Stakeholders frequently reported funding and logistical challenges, which constrained the reach and quality of interventions, especially in underserved areas.

Need for Capacity Building (Study III):

Key informant interviews (KIIs) highlighted that frontline workers and implementing agencies lacked adequate training and resources, limiting their ability to execute programs effectively.

Baseline as a Foundation for Iteration (Studies I, II, and III):

Findings from all three studies underscored the importance of using the baseline results to refine campaign strategies, ensuring interventions are adapted to local contexts and needs for greater impact.

Cross-cutting Recommendations

The key recommendations based on the Baseline Study are given below.

1. Develop Comprehensive Nutrition Surveillance Systems:

Address data gaps on adolescent nutrition, dietary diversity, and food security using real-time monitoring and digital tools.

2. Strengthen Intersectoral Collaboration:

Foster coordination among government agencies, NGOs, and private sectors to align policies and programs for greater impact.

3. Prioritize High-Burden Regions:

Tailor interventions for estate and rural areas with the highest prevalence of malnutrition and food insecurity.

4. Promote Locally Sourced Nutritional Programs:

Enhance school meal initiatives and other community feeding programs with locally produced nutrient-rich foods.

5. Expand Social Protection Measures:

Introduce targeted cash transfers and subsidies to improve food affordability for vulnerable households.

6. Leverage Climate-Resilient Agriculture:

Support smallholder farmers with training and resources for sustainable and adaptive farming practices.

7. Implement Behavioural Change Campaigns:

Develop nationwide initiatives to educate communities on healthy dietary practices, focussing on food-based dietary guidelines and the importance of nutrition.

8. Enhance Monitoring and Evaluation Mechanisms:

Introduce robust frameworks for tracking program outcomes and ensuring accountability in implementation.



9. Integrate Nutrition Goals into Broader Policies:

Align food and nutrition policies with SDGs and national development plans for long-term sustainability.

10. Improve Accessibility of Nutritious Foods:

Establish affordable markets for fresh and fortified food products, targeting estate, urban and rural low-income areas.

11. Address Cultural and Behavioural Barriers:

Design culturally sensitive interventions that resonate with community values and practices.

12. Foster Private Sector Partnerships:

Encourage investments in food fortification, supply chain optimization, and innovations to enhance food security.

13. Strengthen Grassroots Involvement:

Empower local leaders and community organizations to lead nutrition promotion and education initiatives. These initiatives must be supported by technically-sound professionals such as community nutritionists attached to regional health services.

14. Adopt Digital Innovations for Education:

Use technology-based platforms to disseminate nutritional information and best practices efficiently.



ENOUGH Campaign Research Questions and Answers

I. POLICY

1. What were the most significant national policies in the area of child hunger and malnutrition before the campaign launched?

At the time of ENOUGH campaign was launched, several national policies and programmes addressed child hunger and malnutrition in Sri Lanka. Key policies included:

- 1. National Nutrition Policy (2010, updated for 2021-2030) –**
Aimed at ensuring optimal nutrition across all age groups, but faced challenges in intersectoral coordination and funding.
- 2. School Health Policy (2019) –**
Focused on promoting the physical, mental, and social well-being of students, though implementation was inconsistent, especially in rural areas.
- 3. Multi-Sector Action Plan for Nutrition (2023-2030) –**
Intended to enhance access to nutritious food, improve dietary habits, and strengthen food legislation. However, gaps in coordination, funding, and monitoring limited its full impact.
- 4. School Meal Programme (1931, ongoing) –**
Provided free meals to schoolchildren, but faced challenges related to food quality, supply chain issues, and budget constraints.
- 5. Thriposha Programme (1973, ongoing) –**
A supplementary nutrition program for pregnant mothers and young children but suffered from production shortages and inadequate targeting of the most vulnerable populations.
- 6. Morning Meal Programme for Preschool Children (2022) –**
Designed to ensure equitable access to health and nutrition services for pre-schoolers but had limited coverage in remote areas.
- 7. School Canteen Guidelines (2015) –**
Sought to regulate school food options to promote healthy eating but faced challenges in enforcement and compliance.
- 8. Aswesuma Programme (2023) –**
A poverty alleviation initiative aimed at reducing food insecurity but had gaps in targeting and effective fund disbursement.

While these policies were well-intended, they often faced implementation challenges, inadequate monitoring mechanisms, funding constraints, and poor targeting of the most vulnerable communities, necessitating the need for a structured and impactful initiative like the ENOUGH campaign.



2. What are the baseline values of our advocacy indicators, and what can we learn from this information that informs our target setting process?

The baseline study provides key indicators on child nutrition, food insecurity, and policy effectiveness, which inform advocacy targets for the ENOUGH campaign:

Child Malnutrition Rates:

- Stunting (Low height for age, under 5 years): 10.3%–17.3%
- Wasting (Low weight for height, under 5 years): 10.0%–15.1%
- Underweight (Low weight for age, under 5 years): 17.1%–22.7%
- Micronutrient deficiencies: 14.6%–18.3% anaemia prevalence among children

High levels of food insecurity:

24 percent of households were moderately food insecure.

Food Access and Dietary Diversity:

- 26 percent of households were consuming inadequate diet.
- 42 percent of households were turning to food-based coping strategies.
- Households were spending more than 62 percent of total expenditure on food.

Policy Implementation Gaps:

- Limited funding and logistical constraints in national nutrition programs.
- Weak monitoring and evaluation systems hinder policy effectiveness.
- Lack of dietary data for children aged 6–18, making long-term intervention planning difficult.



II. PROGRAMMING

1. What are the baseline values of our campaign programming indicators, and what can we learn from this information that informs our target setting process?

The baseline study provides key programming indicators related to child hunger, malnutrition, and food security (see above), which help in setting realistic and evidence-based targets for the ENOUGH campaign. Moreover, access to nutrition services and school feeding programs exhibited the following shortcomings:

- School meal programs exist, but logistical and funding issues limit their reach and effectiveness.
- Limited dietary diversity: Over-reliance on rice and staples leads to nutrient deficiencies.
- Inadequate maternal and child nutrition services, particularly in rural and estate areas.
 - The high rates of stunting, wasting, and underweight indicate the need to prioritize community-based nutrition programs, including supplementary feeding programs and maternal-child health interventions.
 - The prevalence of micronutrient deficiencies suggests that programming should focus on nutrition supplementation, food fortification, and dietary diversification.
 - The high percentage of food-insecure households highlights the importance of integrating livelihood and food security programs into the campaign.
 - Limited access to school feeding and maternal nutrition programs suggests that advocacy should push for scaling up these services, ensuring that nutritious food is available and accessible in vulnerable communities.

The baseline values provide a critical reference point, allowing the ENOUGH campaign to track progress, set measurable targets, and refine programming strategies based on real-time data.

2. What types of interventions targeting hunger and malnutrition are most prevalent in Sri Lanka before the start of the campaign?

Before the ENOUGH campaign, Sri Lanka had multiple interventions aimed at addressing hunger, malnutrition, and food insecurity. These included government-led policies, donor-funded projects, and NGO interventions.

Most Prevalent Interventions:

School Feeding Programs

- School Meal Programme (1931, ongoing) – Provided free meals to schoolchildren, particularly in underserved areas. However, the program faced challenges in food quality, supply chain issues, and budget constraints.
- WFP School Feeding Initiative (1960, ongoing) – Supported the government's school feeding programs, but coverage remained inconsistent in marginalized areas.



Supplementary Nutrition Programs

- Thriposha Programme (1973, ongoing) – A supplementary food program targeting pregnant mothers, lactating women, and undernourished children. Challenges included supply shortages, stigma, and inadequate targeting of vulnerable groups.
- Poshana Malla (2015, ongoing) – Provided food baskets to pregnant and lactating mothers but suffered from distribution delays and inadequate monitoring of nutritional outcomes.
- Multiple Micronutrient Supplementation (2017, ongoing) – Addressed anaemia and micronutrient deficiencies among children, adolescents, and women but had low compliance rates and inconsistent availability.

Food Security and Poverty Alleviation Programs

- Aswesuma Programme (2023, ongoing) – A poverty alleviation initiative replacing Samurdhi, aimed at improving nutrition through financial assistance. Gaps included inefficient fund disbursement and poor targeting of beneficiaries.
- Home Gardening and Nutrition Promotion (2020, ongoing) – Encouraged households to grow their own food to combat food insecurity. Adoption rates were low, particularly among resource-poor households.
- Food Bank Initiatives (2018, ongoing) – Redistributed surplus food to vulnerable communities, but coordination and storage challenges limited expansion.

Maternal and Child Health Programs

- National Maternal and Child Health Program (1940, ongoing) – Provided essential health and nutrition services to mothers and children but faced service delivery challenges in remote areas.
- Morning Meal Programme for Preschool Children (2022, ongoing) – Aimed at ensuring nutritional support for young children but had limited geographic reach.

Nutrition and Food Policy Initiatives

- National Nutrition Policy (2010, updated 2021-2030) – Set national targets for improving nutrition but lacked adequate funding and enforcement mechanisms.
- School Canteen Guidelines (2015, ongoing) – Promoted healthy eating habits in schools but struggled with compliance and enforcement.
- Multi-Sector Action Plan for Nutrition (2023-2030) – Aimed to enhance food security and nutrition services but had gaps in coordination, monitoring, and political commitment.

While these interventions helped mitigate child hunger and malnutrition, they often suffered from inconsistent implementation, limited funding, and inadequate monitoring mechanisms, highlighting the need for a comprehensive and well-coordinated approach like the ENOUGH campaign.



III. FUNDRAISING

1. Who are WVL's major donors and partners for child hunger and malnutrition?

World Vision Lanka (WVL) collaborates with multiple international organizations, government agencies, NGOs, and private sector partners to combat child hunger and malnutrition. Key donors and partners include:

- World Food Programme (WFP) – Supports school feeding programs and emergency food assistance.
- United Nations Children's Fund (UNICEF) – Provides nutrition support, policy advocacy, and funding for maternal and child health programs.
- Food and Agriculture Organization (FAO) – Assists in food security initiatives, agricultural sustainability, and resilience-building programs.
- World Bank – Funds nutrition-sensitive social protection programs and provides technical assistance for food security policies.
- Asian Development Bank (ADB) – Supports nutrition interventions within broader poverty reduction and health initiatives.
- Government of Sri Lanka (Ministry of Health, Ministry of Education, and Ministry of Agriculture) – Implements national nutrition programs, school feeding programs, and maternal-child health initiatives in collaboration with WVL.
- Bilateral Donors (USAID, European Union, Australian Aid, DFID, JICA, etc.) – Provide funding for food security programs, health interventions, and policy support.
- Local and International NGOs (Save the Children, Red Cross, FIAN, etc.) – Work on community-based nutrition programs, emergency response, and advocacy.
- Private Sector Partners (corporate social responsibility (CSR) Initiatives, Food Industry Donors) – Contribute to food distribution, meal programs, and nutrition education.

2. Extent to Which Hunger and Malnutrition Are Priorities for Donors

- Hunger and malnutrition remain high-priority areas for WVL's donors, but the level of commitment varies based on their strategic focus, funding availability, and regional priorities.
- High-Priority Donors (WFP, UNICEF, FAO, World Bank, USAID, EU, ADB) – These organizations consider child hunger and malnutrition as central to their global development agenda. They provide funding, policy support, and technical assistance to strengthen food security, maternal-child health, and nutrition-sensitive agriculture.
- Moderate-Priority Donors (Bilateral donors, Government of Sri Lanka, Red Cross, NGOs) – Hunger and malnutrition are integrated into broader health, poverty reduction, and emergency response programs. However, their funding is often short-term and project-specific, limiting long-term impact.

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- Lower-Priority Donors (Private Sector & Corporate CSR) – While private sector partners contribute through CSR initiatives, their involvement is often fragmented and dependent on short-term funding cycles.
 - While hunger and malnutrition are key priorities for many donors, challenges remain in securing sustainable, long-term funding and aligning donor priorities with local needs. Advocacy efforts are essential to ensure that nutrition remains a top priority in broader development and humanitarian funding.

Indicator Benchmarking Based on Baseline Study Findings

The baseline study provides key nutrition and food security indicators to benchmark progress for the ENOUGH Campaign. Below is a structured proposed benchmarking table using findings from the study:

Child Malnutrition Indicators

Indicator	Baseline Value	Source	Target (Projected Improvement)	Intervention Strategy
Stunting (under 5 years)	10.3% - 17.3%	DHS (2016) & Family Health Bureau, 2024	Reduce by 30% by 2027	<ul style="list-style-type: none"> - Scale up maternal & child nutrition programs - Food fortification - Improve dietary diversity.
Wasting (under 5 years)	10.0% - 15.1%	National Nutrition & Micronutrient Survey, 2022	Reduce to <7% by 2027	<ul style="list-style-type: none"> - Expand community-based supplementary feeding programs - Improve access to nutrient-dense, locally available foods - Train community health workers to detect and manage malnutrition early.
Underweight (under 5 years)	17.1% - 22.7%	National Nutrition & Micronutrient Survey, 2022	Reduce to <12% by 2027	<ul style="list-style-type: none"> - Enhance supplementary feeding initiatives like the Thripasha program - Promote diversified diets for children - Support household food security programs through home gardening and sustainable agriculture.
Anaemia in children	18.3%	National Nutrition & Micronutrient Survey, 2022	Reduce to 10% by 2027	<ul style="list-style-type: none"> - Expand iron supplementation programs in schools and health centres. - Fortify staple foods with essential vitamins and minerals. - Conduct community-based nutrition education on iron-rich food consumption.

Child Malnutrition Indicators

Indicator	Baseline Value	Source	Target (Projected Improvement)	Intervention Strategy
Moderate-to-severe food insecurity	39.3%	National Nutrition & Micronutrient Survey, 2022	Reduce to <20% by 2027	<ul style="list-style-type: none"> - Strengthen social safety nets, including food assistance and cash transfers. - Expand livelihood programs to improve economic access to food. - Encourage sustainable farming to increase household food production.
Severe hunger (vulnerable households)	20.6%	FIAN Sri Lanka, 2024	Reduce to <10% by 2027	<ul style="list-style-type: none"> - Scale up emergency food relief in high-risk areas. - Strengthen food distribution systems to reach vulnerable populations. - Increase funding and support for food banks and community kitchens.
Households unable to afford a healthy diet	41.1%	FAO, 2024	Reduce to <25% by 2027	<ul style="list-style-type: none"> - Promote subsidies for essential nutritious foods. - Encourage price regulation policies to stabilize food costs. - Improve food supply chain efficiency to lower prices.
Households skipping meals due to financial constraints	42%	WVL Food Security Data, 2024	Reduce to <10% by 2027	<ul style="list-style-type: none"> - Promote subsidies for essential nutritious foods. - Encourage price regulation policies to stabilize food costs. - Improve food supply chain efficiency to lower prices.

Dietary Diversity and School Feeding Indicators

Indicator	Baseline Value	Source	Target (Projected Improvement)	Intervention Strategy
Children reducing meal frequency due to food shortages	23%	Save the Children, 2023	Reduce to <5% by 2027	<ul style="list-style-type: none"> - Strengthen nutritional aid programs targeting low-income families. - Enhance school feeding programs to ensure consistent access to meals. - Introduce community-based meal programs in high-risk regions. - Support household resilience initiatives like urban agriculture and food-sharing networks.
Children consuming processed foods regularly (10-17 years)	91% (snacks), 83.7% (biscuits)	Jayatissa et al., 2017	Reduce by 50% by 2027	<ul style="list-style-type: none"> - Integrate nutrition education into school curricula. - Launch adolescent-friendly meal planning programs. - Expand youth engagement initiatives promoting healthy eating habits.
Children missing breakfast (10-18 years)	20%	National Nutrition & Micronutrient Survey, 2017	Reduce to <5% by 2027	<ul style="list-style-type: none"> - Implement breakfast programs in schools and low-income communities. - Encourage meal-planning interventions with parents and caregivers. - Promote fortified cereals and nutritious breakfast options.
Adolescents consuming <5 food groups daily	50%	National Nutrition & Micronutrient Survey, 2017	Improve to >75% by 2027	<ul style="list-style-type: none"> - Integrate nutrition education into school curricula. - Launch adolescent-friendly meal planning programs. - Expand youth engagement initiatives promoting healthy eating habits.

Policy and Programmatic Indicators

Indicator	Baseline Value	Source	Target (Projected Improvement)	Intervention Strategy
Households engaging in home gardening	Low adoption rate	Home Gardening & Nutrition Promotion, 2020	Increase by 50% by 2027	<ul style="list-style-type: none"> - Capacity Building & Training - Accessibility to Resources & Inputs - Financial & Policy Support - Community Engagement & Peer Learning - (Establish model home gardens in each community to showcase successful practices; Promote peer-to-peer learning through farmer-to-farmer exchanges.) - Monitoring & Evaluation - (Develop a tracking system to measure household participation and impact on food security; Conduct annual surveys to assess crop diversity and dietary improvements).
Thripasha consumption compliance	57.5% of eligible mothers	Weerahewa, 2018	Increase to >80% by 2027	<ul style="list-style-type: none"> - Improve Supply Chain and Accessibility - Reduce Household Sharing and Promote Compliance - Enhance Community Awareness and Engagement - Strengthen Monitoring and Evaluation - Introduce Incentives for Compliance
Coverage of school meal programs	Limited due to funding/ logistics	WFP School Feeding Initiative	Achieve 100% functional school meal coverage	<ul style="list-style-type: none"> - Expand government funding for school feeding initiatives. - Improve logistical efficiency to ensure meal availability. - Integrate fresh, local, and culturally appropriate foods into school meals.
Child Participation in Nutrition Decision-Making	Limited	FGDs	50% of children engaged	<ul style="list-style-type: none"> - Implement child-led advocacy programs. - Increase youth involvement in policy discussions. - Strengthen school-based nutrition awareness initiatives.
Policy Implementation Effectiveness	Weak coordination, monitoring gaps	Policy analysis	Strengthen multi-sectoral coordination	<ul style="list-style-type: none"> - Establish cross-ministerial nutrition task forces. - Improve policy monitoring and evaluation frameworks. - Ensure adequate budget allocation for nutrition programs.

Note: The targets were set based on a combination of global best practices, historical trends, and feasible programmatic improvements within the ENOUGH Campaign's timeline (2024–2027).



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Appendices

Appendix 1:

Key Informant Interview Guide: World Vision Lanka's ENOUGH Campaign

Good morning/afternoon. I'm from Wayamba University of Sri Lanka. Thank you for taking the time to speak with me today. We are conducting key informant interviews with professionals to better understand the policy environment, its formulation, effectiveness, and implementation related to child hunger, malnutrition, and food insecurity related to the policy (if applicable, give the specific policy or policies related to the interviewee). Your insights will help guide World Vision Lanka's work in improving nutrition and food and other related policies to support families and children more effectively.

This interview will take approximately 20 to 30 minutes. Please feel free to share your thoughts and experiences openly. There are no right or wrong answers, and all the information you provide will be kept confidential with us.

Section 1: Knowledge of the policy (name the relevant policy based on the interviewee) formulation and the general policy environment


Objective: Gain an understanding of how policies are formulated within the institution and the policy environment

1. We can start by talking about how policy formulation takes place within your institution (or committee or whichever applies). What do you know about this? Your involvement and how the process shaped its way into a policy document.
2. What can you say about the general policy environment related to your field? Is it based on evidence, is it linked to other broader goals (SDGs, overall economic performance, achieving budgetary or national targets, political, etc.)
3. What about the institutional setup or support that is in place to foster policy formulation and its implementation?
4. Are there any major deficiencies in terms of policy formulation? Anything lacking?

Section 2: Policy objectives, effectiveness, targeting, and implementation

Objective: Get an understanding of how the policy objectives are implemented into action and discern the targeting and overall effectiveness and implementation strategies.

5. What do you think about the targeting of the policy? Who was targeted and why? What institutional steps have been taken to make sure that this targeting is effective?
6. How does the implementation take place? What agencies or institutions are involved and how? Are there any institutional red tapes or bureaucracies that hamper all these activities

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7. What is the current status of policy implementation, and the general effectiveness of the said policy (in terms of its ability to achieve the objectives)? What is your opinion?
 8. Are there any major deficiencies in policy implementation and its overall effectiveness?

Section 3: Policy analysis

Objective: Understand the role of policy analysis in policy formulation

9. Does policy analysis take place within your institution? Are there qualified personnel to conduct policy analysis? How does it take place? Is it evidence-based?
10. What do you think the role of policy analysis should be? Any key areas that this needs to focus on?

Section 4: General aspects related to policies

Objective: Gather any information that was not covered in other sections

11. What recommendations can you make for future policy formulations related to child hunger, malnutrition, and food insecurity? Any particular area that needs priority? Why?
12. Any other issue or aspect that was not discussed yet important?

Closing:

Thank you so much for your valuable input today. Your feedback is essential in helping World Vision Lanka improve its programs to better support families and children in the fight against hunger malnutrition and food insecurity. This is how we can work together to achieve better nutrition outcomes for the community.



Appendix 2:

FGD Guide for Adolescents World Vision Lanka's ENOUGH Campaign

Good morning/afternoon everyone. I'm from Wayamba University of Sri Lanka. Thank you for joining today's discussion. We are here to talk about your thoughts and experiences with food and nutrition in your homes and community.

The discussion will take about 30 to 40 minutes. You can share your opinions openly; remember, everyone's opinion is important. Also, there are no right or wrong answers. You might have noticed the recorder. We are recording this session because we don't want to miss any of your comments. People often share insights in this discussion, and this is And this is..... who are going to note down what you say.. we can't write fast enough to capture everything. Therefore, I kindly request one person to express their opinion at a time to ensure everyone has a chance to contribute. Let's begin the discussion.

Let's start by sharing your favorite food!

Q1: Can you tell me what you think a healthy/nutritious diet is?

Probes:

What types of foods do you think are healthy? Are there any foods you try to eat more of or avoid?

Q2: Can you tell me what it means to have a balanced diet?

Probes:

(Asking both probes are not necessary)

What does "balance" in your diet mean to you? How do you decide what to eat to stay healthy?

Q3: Why do you think it is important to eat healthy/ nutritious foods?

Probes:

How do you think eating healthy/ nutritious foods affects your body and mind? Are there other benefits you know of?

Q4: What do you think could happen if someone does not eat healthily/nutritious?

Probes:

Do you know of any illnesses or problems caused by not eating well?

Q5: What helps you eat healthy foods?

Probes:

Are there certain people, places, or things that encourage you to eat well?



Q6: Are there any challenges you face in eating healthy/ nutritious foods?

Probes:

Are there foods you find difficult to eat even if they are healthy? What makes it hard to eat healthily (e.g., availability, taste, habits)?

Q7: Where do you learn about what foods are good or bad for you?

Probes:

Who teaches you about healthy eating? Do you learn about it at school, at home, or from TV/Internet/media?

Q8: Have you heard about healthy/nutritious eating from your friends?

Probes:

Do your friends influence what you eat? Are there foods you eat because of your friends?

Q9: Who usually decides what you eat at home?

Probes:

Do you have a say in what foods are bought or prepared? Are there foods you wish you could eat more or less of?

Q10: If you could choose any meal for the day, what would it be?

Probes:

Why would you choose that meal? Would it be different from what you usually eat?

This is the end of this discussion. If you think you have missed anything, you can say it now. Thank you very much once again for having allocated your time to us and your information would be helpful for our research.



Appendix 3:

FGDG for men/women: World Vision Lanka's ENOUGH Campaign

Good morning/afternoon all. I'mfrom Wayamba University of Sri Lanka. Thank you for joining today's discussion. We are here to talk about your experiences with food and nutrition in your household and community. This is a safe space where you can freely share your views.

The discussion will take about 30 to 40 minutes. You can share your opinions openly; remember, everyone's opinion is important. Also, there are no right or wrong answers. You might have noticed the recorder. We are recording this session because we don't want to miss any of your comments. People often share insights in this discussion, and this is And this is..... who are going to note down what you say.. we can't write fast enough to capture everything. Therefore, I kindly request one person to express their opinion at a time to ensure everyone has a chance to contribute. Let's begin the discussion.

Please introduce yourself by sharing your name and where you are from.

Q1: What does malnutrition mean to you?

Probes:

(All probes are not necessary, ask based on responses given by the group)

- Can you describe different types of malnutrition (e.g., undernutrition, overnutrition)?
- What signs or symptoms come to mind when you think of malnutrition?
- Do you believe malnutrition is an issue in your community? Why or why not?

Q2: How do you think malnutrition affects your household or community?

Probes:

Are there specific groups (children, pregnant women, elderly) who are more affected?

- How does malnutrition impact children's growth, health, and education?
- Can you think of any long-term consequences for adults who are malnourished?

Q3: What does food security mean to you and your family?

(Food security means everyone should be able to have a sufficient quantity of nutritious / safe food at all times)

Probes:

- How do you decide what foods to purchase for your household?
- Are there times when you have to adjust your food choices due to financial or other constraints?
- Do you worry about running out of food before you can afford to buy more?



Q4: What factors influence your access to food?

Probes:

- How do local markets, prices, or availability impact your food purchasing?
- What role do government or community programs (like food aid or school feeding) play in your household's food security?
- Are there any cultural or religious factors that influence what foods you consume?

Q5: What do you think constitutes a healthy/ nutritious diet?

Probes:

- Can you list foods you consider healthy/nutritious? What about foods you consider unhealthy/ non-nutritious?
- Where do you get information about healthy/nutritious eating (e.g., family, media, healthcare providers)?
- How often do you incorporate fruits, vegetables, and protein sources (meat, fish and poultry, and pulses) into your meals? (Ask this question from everyone)

Q6: What challenges do you face in maintaining a healthy/nutritious diet?

Probes:

- Are there barriers like cost, availability, or lack of time for preparing healthy/nutritious meals?
- How does your household budget affect your ability to purchase healthy/nutritious foods?
- Do you find it easier to access processed or convenience foods than fresh produce?

Q7: What strategies do you use to cope with food shortages or limited resources?

Probes:

- How do you prioritize food items when resources are limited?
- Do you grow any of your own food, or rely on social safety net?
- Are there times when you have to change your diet due to financial constraints?

Q8: How can communities and government support households in improving nutrition?

Probes:

- What type of assistance (like subsidies, nutrition programs, or education) would be most helpful?
- Are you aware of any existing programs that have helped improve your household's food security?
- How can schools, local organizations, or workplaces promote healthier eating habits?



Q9: If you could change one thing to improve nutrition and food security in your household, what would it be?

Probes:

- What would make the biggest impact on your household's access to healthy foods?
- How can community leaders or policymakers address the challenges you've discussed?

This is the end of this discussion. If you think you have missed anything, you can say it now. Thank you very much once again for having allocated your time to us and your information would be helpful for our research.

Appendix 4:

Key Informant Interview Guide: World Vision Lanka's ENOUGH Campaign

Good morning/afternoon. I'm from Wayamba University of Sri Lanka. Thank you for taking the time to speak with me today. We are conducting interviews with local professionals and community leaders to better understand food and nutrition issues in this community.

This interview will take approximately 30 to 40 minutes. Please feel free to share your thoughts and experiences openly. There are no right or wrong answers, and all the information you provide will be kept confidential with us. We won't use any names of yours in our reports. You might have noticed the recorder. We are recording this session because we don't want to miss any of your comments.

Let's begin the discussion

Q1: From your experience, how would you describe the current state of nutrition status in your community?

Probes:

- What types of malnutrition (e.g., undernutrition, stunting, wasting, micronutrient deficiencies) are most prevalent in your area?
- Are there particular groups in your community that are more vulnerable to malnutrition?
- Have you observed any changes in malnutrition rates among children, pregnant women, or the elderly due to the ongoing economic crisis?

Q2: What are the main causes of malnutrition in your community, especially in the current economic climate? (If the answer is 'No' for Q1 skip this Q)

Probes:

- How have recent increases in food prices and shortages affected household nutrition?
- What role do poverty, unemployment, or reduced household income play in contributing to malnutrition?
- Are there any cultural beliefs or practices that influence malnutrition levels?



Q3: How would you assess the food security situation in your area during the economic crisis?

(Food security means everyone should be able to have sufficient quantity of nutritious /safe food at all times)

Probes:

- Have you noticed any changes in access to or availability of food items, especially staples like rice, vegetables, and animal sources of foods (e.g., Meat, fish, milk and eggs)?
- Are families able to afford nutritious food, or are they compromising on quality and quantity?
- What coping strategies are households using to manage food insecurity?

Q4: What factors are affecting food security in your area (village/town/estate areas) specifically?

Probes:

- How do transportation issues, market accessibility, or agricultural challenges affect food availability?
- Are there any local food production or home gardening efforts that help mitigate food shortages?
- How do remittances or external support (e.g., government/ NGO relief programs) impact household food security?

Q5: In your view, how aware are people in your community about the importance of a nutritious/healthy diet?

Probes:

- Where do they typically get their information on healthy eating (e.g., healthcare workers, media, schools)?
- Are there any misconceptions or cultural factors that affect dietary choices?
- How has the economic crisis impacted the ability of households to maintain a balanced diet?

Q6: What are the common barriers to consuming a healthy/nutritious diet in your community?

Probes:

- Are there specific foods that have become too expensive or scarce?
- How do taste preferences, convenience, or availability of fast foods influence dietary choices?
- Do families prioritize feeding children or vulnerable members with whatever resources they have?



Q7: What strategies are being used by households to cope with food insecurity and malnutrition?

Probes:

- Have there been changes in food consumption patterns, such as reduced meal sizes or skipping meals?
- Are there community-based initiatives (like food sharing, kitchen gardens, or cooperatives) that help support food security?
- How effective are government or NGO interventions (like food aid, cash transfers, Triposha or school feeding programs) in addressing current challenges?

Q8: How can local authorities, NGOs, and community leaders better support food security and nutrition in your area?

Probes:

- What specific assistance would make the most impact (e.g., subsidies, food distribution, nutrition education)?
- Are there gaps in the current support systems that need to be addressed?
- How can long-term resilience be built to withstand economic shocks?

Q9: If you could recommend one policy change or initiative to improve nutrition and food security in Sri Lanka, what would it be?

Probes:

- What role should the government play in addressing food and nutrition challenges?
- What role should the NGO play in addressing food and nutrition challenges?
- How can communities themselves take proactive steps to ensure food security?
- Are there best practices from other regions or sectors that could be applied?

This is the end of this discussion. If you think you have missed anything, you can say it now. Thank you very much once again for having allocated your time to us and your information would be helpful for our research.

Appendix 4: ToC- Indicator mapping



Appendix 4: Field Office Programme Matrix





