



# FEED A CHILD

**Emergency Nutrition Programme  
of Sri Lanka College of Paediatricians  
During the Economic Crisis 2022/2023**



***A project of Sri Lanka College of Paediatricians 2022/2023***

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**Sri Lanka College of Paediatricians**

## **Message from the President of Sri Lanka College of Paediatricians (2022/2023)**

It is with immense pride that I share the remarkable progress and impact of the “Feed A Child” programme, initiated by the Sri Lanka College of Paediatricians as an urgent response to the nutritional crisis brought about by the economic downturn of 2022/2023.

The programme was born out of a critical need to support families struggling to provide basic nutrition for their children during the economic crisis. To address this, we designed a multi-pronged approach with immediate relief, healthcare outreach, and community empowerment. The “Feed A Child” programme started humbly, funded by individual well-wishers and members of our college. However, it quickly gathered the support of official partners who share our vision for a healthier Sri Lanka.

The official launch of “Feed A Child” on August 31, 2022, in Nuwara Eliya, marked a new chapter in our journey. This event was honored by the presence of Mr. Roshan Mahanama, our esteemed Brand Ambassador, who has played an invaluable role in raising awareness and support for this cause.

As we reflect on the programme's achievements, let us also recognize the work that lies ahead. I extend my heartfelt gratitude to our members, and partners, for their dedication and support in bringing this initiative to life. Together, we have made significant strides in addressing childhood malnutrition, and together, we will continue to build a healthier, brighter future for the children of Sri Lanka.

**Professor Guwani Liyanage**

President, Sri Lanka College of Paediatricians

## Message from the Brand Ambassador

I am truly grateful for the opportunity to share this message today in support of such a meaningful cause, providing aid to the most vulnerable members of our society – our children. It is now widely known why the economic crises of 2021 and 2022 impacted Sri Lanka and its people, so I will not delve into that here. What is truly important is discussing the actions that individuals and organizations have taken, and continue to take, to overcome these difficult circumstances.

The heart-wrenching reports coming out of Sri Lanka about the crisis deeply affected me, especially regarding the children. The number of malnourished children mentioned in these reports truly touched my heart. In response to this crisis, the Sri Lanka College of Paediatricians launched the “Feed A Child” program and asked me to be its ambassador. I did not hesitate to accept, as I knew I could make a meaningful contribution to this important cause during this critical time.

I am deeply passionate about the work I do with organisations that support children. This role has given me the opportunity to raise awareness for an initiative by the Sri Lanka College of Paediatricians and to bring in valuable partners to expand the program nationwide.

The report for the “Feed A Child” program, submitted by the Sri Lanka College of Paediatricians, provides details of the program and the impact we were able to make by working together with our partners. The program also empowered families through home gardening and backyard poultry, promoting self-reliance, which was a truly rewarding experience.

I would like to take a moment to express my deepest gratitude to all our partners and the members of the Sri Lanka College of Paediatricians for their unwavering commitment to this noble cause. It is thanks to the tireless efforts of the dedicated health service personnel in the Ministry of Health across the country that we were able to carry out this program. My heartfelt thanks and appreciation go out to them as well.

**Roshan Mahanama**

Past Sri Lanka Cricket Captain and ICC Elite Panel Match Referee

# **Emergency Nutrition Programme of Sri Lanka College of Paediatricians During the Economic Crisis 2022/2023**

## **Summary**

The “Feed A Child” programme was initiated by the Sri Lanka College of Paediatricians as an emergency nutrition response to the economic crisis of 2022/2023, which significantly impacted food security, particularly for children under five. The programme aimed to address severe acute malnutrition (SAM) in vulnerable communities, focusing on immediate relief, healthcare, and empowerment projects. Immediate relief included distribution of food baskets every two weeks for six months to families of children with SAM. Outreach clinics provided Specialist paediatric care for malnourished children in Nuwara Eliya, Anuradhapura, and Gampaha. Empowerment program initiated projects such as home gardening and back-yard poultry to promote medium-term food security and self-reliance.

Initially, the “Feed A Child” Programme received financial support from individual well-wishers, including members of the Sri Lanka College of Paediatricians. As the initiative gained momentum, it attracted financial backing from a range of official partners who shared the vision of addressing childhood hunger and malnutrition. By joining forces with these dedicated organizations, the “Feed A Child” Programme was able to make a significant impact on the nutritional health and well-being of vulnerable children in Nuwara Eliya, Anuradhapura and Gampaha.

The Sri Lanka College of Paediatricians officially launched the “Feed A Child” Programme on the 31<sup>st</sup> of August 2022 in Nuwara Eliya, marking a significant milestone in the initiative. This launch was held in collaboration with Mr. Roshan Mahanama, the esteemed former Sri Lankan cricketer, who graciously accepted the role of Brand Ambassador for the project.

A total of 647 children with SAM were enrolled in the programme. Most (66%) of children improved to moderate acute malnutrition (MAM) or normal nutritional status. The median weight gain was 0.84 kg, and the median height gain was 3 cm over six months.

## **Background**

Major upheavals in the Sri Lankan economy during 2022/23 drove many people into poverty, unemployment [1]. Even those assured of stable livelihoods found the affordability of essentials unrealistic. The situation disrupted local economic activities and households’ capacity to afford necessities, including adequate nutrition [1]. The fuel shortage, which continued to intensify, contributed to rising food prices, as the paucity of transport significantly influenced food distribution. Simultaneously, fuel crises and multiple other factors reduced domestic food production [2].

Sri Lanka was among the “Hunger Hotspots” identified by the Food and Agriculture Organization of the United Nations (FAO) and the United Nations World Food Programme (WFP), where acute hunger was expected to worsen from June to September 2022. The reported food inflation of 52% in June 2022, among the highest in Asia and Sri Lanka since 2008 [3].

Jayatissa et al., (2021) reported prevalence of stunting, wasting and underweight as 12.7%, 13.2%, and 17.7%. The rate of Severe acute malnutrition (SAM) was 1.7% [5]. As per the National nutrition month data, the malnutrition percentages remained more or less static over the past decade; hence it was likely that the unstable situation in the country could lead to worsening of the situation [4].

Sri Lanka is cited as a model country with excellent health indices above and beyond its income level, good neonatal and under-five mortality rates [6]. The country has achieved remarkable progress in key health indicators, experienced a consistent rise in life expectancy among its population, and successfully eradicated malaria, filariasis, polio, and neonatal tetanus.

The ongoing financial crisis, overpriced food items, and reduced purchasing power resulted in excessive reliance non-nutritious low-cost food items and limited portion sizes, leading to less diversified and nutritious diets in low-income households across all regions of the island [1,3]. Besides that, an intense decline in the general consumption of flesh food and dairy products emerged, causing common concern for the proper nourishment of children [7].

Government interventions, such as the Thripasha supplementary food program, school meal programs, multiple micronutrient supplementation programs, and BP-100 for children with SAM, were periodically interrupted due to significant financial and raw material shortages, as well as service disruptions caused by the COVID-19 outbreak. As the situation evolved, it became crucial to mitigate the impact of the crisis on children under the age of five.

The "Feed A Child" initiative was developed in response to the escalating malnutrition crisis, specifically targeting children suffering from severe acute malnutrition (SAM) in the Nuwara Eliya district.

The primary objectives of this initiative were:

- To prevent further deterioration in the growth parameters of children affected by SAM.
- To develop a replicable model for nutritional intervention for SAM within the primary healthcare framework during crises.

Expected outcomes of the initiative included:

- Improvement in the nutrition level of targeted children within the identified communities.
- Prevention of nutritional deterioration in these children.
- Empowerment of families to improve their purchasing power and access to food.
- Development of an effective intervention model that can be used to mitigate the impact of crises on child nutrition.

Through these efforts, the initiative aims to provide immediate relief and create a lasting model for crisis-responsive nutrition support.

## Methods

Sri Lanka College of Paediatricians (SLCP), in collaboration with the FHB and Sri Lanka Red Cross Society, launched the feeding program (Feed A Child) to counteract the anticipated effects of the economic crisis on the nutritional status of under 5 children among the vulnerable families in selected districts (Nuwara Eliya, Anuradhapura and Gampaha). The data presented in this report is based on the pilot programme carried out in the Nuwara Eliya district. Nuwara Eliya was selected as it has a very high rate of childhood undernutrition. It is an underprivileged district in Sri Lanka with a population of 697,523 and approximately 54,380 of the total district population being younger than the age of 5 years.

The programme implemented a three-pronged approach:

1. Providing immediate relief and increasing food security: This was achieved through the distribution of a food basket.
2. Outreach clinics: Clinics were organized to provide specialist paediatric care for children with SAM.
3. Empowerment projects for medium-term relief: Initiatives were launched to empower families, aiming to provide sustainable solutions for improving food security and overall well-being.

The role of the Sri Lanka College of Paediatricians was overall execution and monitoring of the program, in addition to technical support for the initial screening for severe acute malnutrition, finding donors, creating easy to make low cost nutritional recipes, nutritional education, and family empowerment. The Family Health Bureau of Ministry of Health collaborated with us identifying beneficiaries and monitoring the recipients via the existing staff of the primary healthcare system (MOOHs, PHNS, PHMs, and PHIs). All the paediatricians in the Nuwara Eliya district supported this endeavor. The Sri Lanka Red Cross Society facilitated transport of food packs to beneficiaries. Initially, the "Feed A Child" Programme received financial support from individual well-wishers, including members of the Sri Lanka College of Paediatricians. As the initiative gained momentum, it attracted financial backing from a range of official partners who shared the vision of addressing childhood hunger and malnutrition. These partners included the Roshan Mahanama Trust, SOS Sri Lanka, Manusath Derana, Sunshine Pharmaceuticals, Raise Sri Lanka, Ninewells Hospitals, the Roshan Wijerama Family Foundation, the Tissa de Silva Trust, Hemas Holdings Pvt Ltd and the Engineer's Circle Gampaha. Their contributions played a crucial role in expanding the programme's outreach, enabling it to provide consistent support to children in need. By joining forces with these dedicated organizations, the "Feed A Child" Programme was able to make a significant impact on the nutritional health and well-being of vulnerable children in Nuwara Eliya, Anuradhapura and Gampaha.

An official logo was specifically designed for the "Feed A Child" Programme, symbolizing its mission to combat child malnutrition in Sri Lanka. Additionally, comprehensive guidelines for photography and videography during the programme were developed (Annexure 1), ensuring that all media coverage adhered to ethical standards and respected the dignity of the children and communities involved.



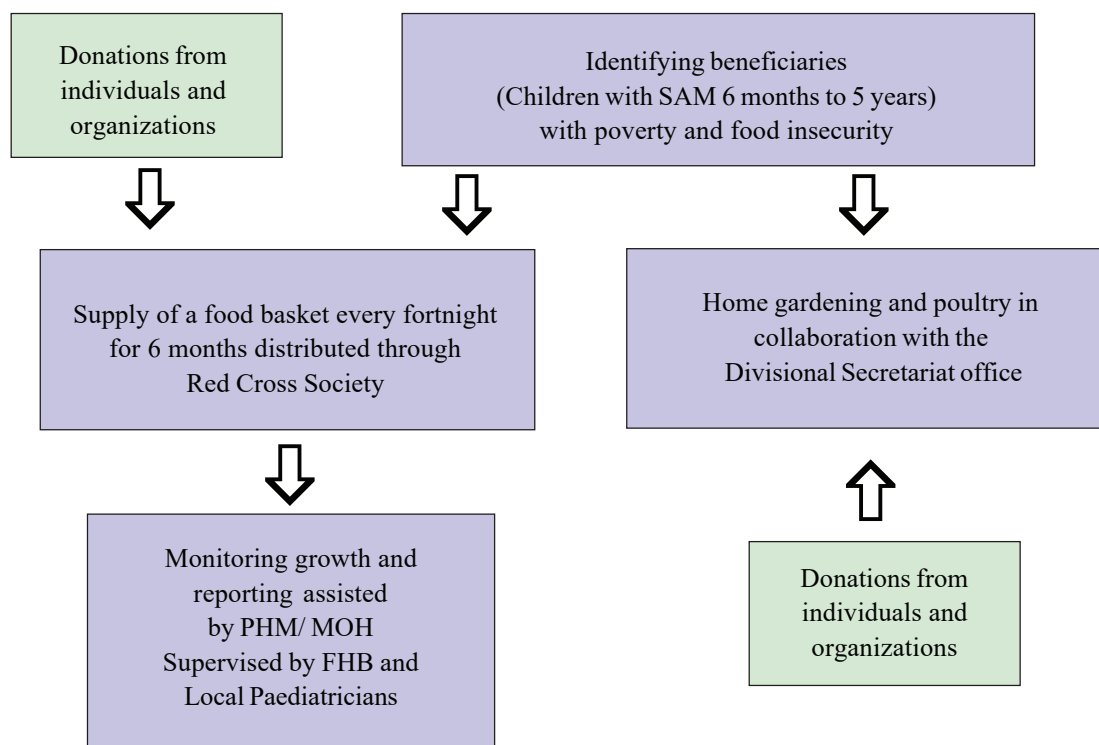
The Sri Lanka College of Paediatricians officially launched the “Feed A Child” Programme on the 31<sup>st</sup> of August 2022 in Nuwara Eliya, marking a significant milestone in the initiative. This launch was held in collaboration with Mr. Roshan Mahanama, the esteemed former Sri Lankan cricketer, who graciously accepted the role of Brand Ambassador for the project. His endorsement of the programme significantly boosted its visibility, drawing attention to the pressing issue of childhood hunger and malnutrition in Sri Lanka, particularly in vulnerable regions such as Nuwara Eliya.

This collaboration underscored the importance of multi-sector partnerships in addressing child malnutrition and helped pave the way for further expansion and success of the programme.

## Screening for beneficiaries

The initial assessment of the nutritional status of children targeted by the “Feed A Child” programme was conducted at child welfare clinics by Medical Officers of Health (MOH) and Public Health Midwives (PHM). All children under the age of five registered in Child welfare/nutrition clinics were screened. Anthropometric measurements, particularly weight-for-height, were used to determine the level of malnutrition. Children with a weight-for-height measurement of less than -3 standard deviations (SD) were identified as having Severe Acute Malnutrition (SAM) and were prioritized for the programme.

In selecting beneficiaries, socioeconomic risk factors such as poverty were also taken into consideration, ensuring that the most vulnerable families received support.



**Figure 1. Intervention flow chart.**

**1. Providing immediate relief and increasing food security: This was achieved through the distribution of a food basket**

During the first phase, the "Feed A Child" programme was launched in four MOH areas. The selected beneficiaries received a food pack every two weeks for a period of six months. The PHMs were responsible for entering the details of each beneficiary, including their anthropometric data, into a standardized proforma. To ensure proper tracking and monitoring, an online database was maintained at the MOH office under the supervision of the Family Health Bureau (FHB). This database helped track the progress of the children and ensured that the programme's resources were efficiently utilized to improve their nutritional outcomes.

**Table 1. Number of children with SAM in each MOH area**

MOH area	Number of children with SAM
Nawathispane	28
Ambagamuwa	57
Mathurata	39
Walapane	45
Hanguranketha	96
Bogawanthalawa	57
Maskeliya	65
Kotagala	26
Nuwara Eliya MOH	50
Lindula	58
Nuwara Eliya CMC	17
Kothmale	54
Ragala	55
<b>Total</b>	<b>647</b>

An identified retailer was responsible for providing a food pack valued at Rs. 3,500 every two weeks for six months to each beneficiary of the "Feed A Child" programme. The food items included in the pack were designed to meet the nutritional needs of the children, delivering a total of 1,547 Kcal per day and 60g of protein per day.

For comparison, the usual daily caloric and protein requirements for children were calculated as follows:

- Children aged 2-5 years require approximately 1,421 Kcal per day and 54.8g of protein per day.
- Children aged 6 months to 2 years require approximately 1,387 Kcal per day and 53g of protein per day.

**Table 2. Composition of a food pack**

Item	Quantity
Red dhal/ Kadala Dhal	500 g
Green gram/ chickpea/ cow pea/	500 g
Brown / White eggs	10
White / Red rice	2 kg
Dried sprats / kunisso	250 g
Soya meat (90g/pack)	04
Coconuts	04
Coconut oil (200ml bottle)	01
Fresh milk (180ml) for children >2 yrs	04

## Distribution of food packs

The distribution of food packs was efficiently organized through strategically identified distribution centers located close to the recipients' homes. To ensure accessibility and convenience, each MOH (Medical Officer of Health) area had multiple distribution centers (i.e., the usual weighing centers), allowing recipients to collect their food packs without having to travel long distances. The distribution process did not disturb the usual care provided for these families through the primary healthcare system. The food packs were collected every two weeks and anthropometric measurement were taken in alternate visits, during child's scheduled review.

In cases where recipients were unable to collect their food packs on the designated day, the Red Cross Team took proactive measures to ensure that no one was left without assistance. They delivered the food packs directly to the recipients' doorsteps within three days. This approach ensured that all recipients receiving the necessary support promptly, regardless of their ability to visit the distribution centers in person.

## Nutrition education

As part of the “Feed A Child” programme, short videos on low-cost recipes were produced and made available through the YouTube channel One-Pot Sri Lanka. (Annexure 3) In addition, recipe booklets were developed and distributed among families in all three national languages. These booklets were published with the following ISBNs: ISBN 978-624-6042-03-5 and ISBN 978-624-6042-04-2.

During the educational sessions, the short videos were played to offer practical cooking guidance, while live cookery demonstrations further disseminated valuable nutrition knowledge to the beneficiaries. These activities were carried out with great enthusiasm by the primary healthcare staff, who volunteered their time to ensure that families received both the resources and education needed to prepare nutritious, affordable meals. The hands-on approach helped empower the families to implement healthier cooking practices, improving the overall nutritional status of the children involved in the programme.

## Monitoring

Monitoring of the children’s nutritional status was conducted in accordance with the protocol established by the nutrition clinic. Weight measurements were taken monthly, ensuring consistent tracking of any changes. Height measurements were recorded every three months to monitor growth patterns over a longer period. Outcome measures were weight, height/length, wasting, stunting and underweight.

### **Outcome assessment following supply of food baskets as an immediate relief**

A total of 647 children with acute severe malnutrition (SAM) were enrolled in the “Feed A Child” programme. Data was available for 90% of the enrolled children (n=577), while 10% of the data could not be analyzed due to missing information.

Among the 577 children for whom data was available. The majority (72.4%) were 2 years or older and 60% were male. Most (66%) of the children showed improvement, progressing to either Moderate Acute Malnutrition (MAM) or achieving normal nutritional status (as shown in Table 3). Younger children demonstrated greater improvement compared to older children, and females showed a higher rate of recovery than males.

The median weight increment over the six-month period was 0.84 kg (IQR 25-75: 0.6, 1.1), while the median length/height increment was 3 cm (IQR 25-75: 2, 3.9). The percentage of children who were underweight and stunted at the time of enrollment and after the six-month period is detailed in Table 3. Additionally, Table 4 presents the nutritional status of children in each MOH area following six months of participation in the programme.

**Table 3. Growth problems at enrollment and endline**

	<b>At enrollment (n (%))</b>	<b>After six months (n (%))</b>
<b>Weight for height</b>		
Normal	-	97 (16.8)
MAM	-	284 (49.2)
SAM	577 (100) 1	96 (34.0)
<b>Underweight</b>		
No	21 (3.6)	43 (7.5)
Yes	556 (96.4)	534 (92.5)
<b>Stunting</b>		
No	215 (37.3)	224 (38.8)
Yes	362 (62.7)	353 (61.2)

**Table 4. Improvement of nutritional status as functions of age, and sex**

		<b>Improved from SAM to MAM/Normal</b>	
		<b>No</b>	<b>Yes</b>
Sex	Male	131 (37.9)	215 (62.1)
	Female	65 (28)	166 (72)
Age	< 2 years	33 (20.8)	126 (79.2)
	≥ 2 years	163 (39)	255 (61)

**Table 5. Improvement of nutritional status as functions of the MOH area**

	Improved from SAM to MAM/Normal		Total
	No	Yes	
Nuwara Eliya	20 (31.7)	43 (68.3)	63
Nawathispane	15 (57.7)	11 (42.3)	26
Kothmale	21 (41.2)	30 (58.8)	51
Mathurata	2 (14.3)	12 (85.7)	14
Walapane	13 (28.9)	2 (71.1)	45
Kotagala	16 (64.0)	9 (36.0)	25
Bogawanthallawa	22 (37.9)	36 (62.1)	58
Lindula	13 (26.2)	43 (76.8)	56
Ragala	18 (40.9)	26 (59.1)	44
Maskeliya	13 (29.5)	31 (70.5)	44
Ambagamuwa	13 (23.2)	43 (76.8)	56
Hanguranketha	30 (31.6)	65 (68.4)	95

**Table 6. Nutritional status at end line by MOH area**

	Nutritional status			Total
	Normal	MAM	SAM	
Nuwara Eliya	7 (11.1)	36 (57.1)	20 (31.7)	63
Nawathispane	3 (11.5)	8 (30.8)	15 (57.7)	26
Kothmale	13 (25.5)	17 (33.3)	21 (41.2)	51
Mathurata	6 (42.9)	6 (42.9)	2 (14.3)	14
Walapane	4 (8.9)	28 (62.2)	13 (28.9)	45
Kotagala	0 (0.0)	9 (36.0)	16 (64.0)	25
Bogawanthallawa	9 (15.5)	27 (46.6)	22 (37.9)	58
Lindula Agarapathana	4 (21.1)	12 (63.2)	3 (15.8)	19
Lindula Lindula	7 (18.9)	20 (54.1)	10 (27.0)	37
Ragala	2 (4.5)	24 (54.5)	18 (40.9)	44
Maskeliya	13 (29.5)	18 (40.9)	13 (29.5)	44
Ambagamuwa	9 (16.1)	34 (60.7)	13 (23.2)	56
Hanguranketha	20 (21.1)	45 (47.4)	30 (31.6)	95

## **2. Outreach clinics: Clinics were organized to provide specialist paediatric care for children with SAM**

Enabling optimal delivery of specialized care to all children by a paediatric team, the outreach clinic concept was initiated. They operated across the Nuwara Eliya district, made remarkable strides, with nearly 1,000 children being assessed by all the Paediatricians in the region. The success of these clinics is a testament to the collaborative effort and support provided by various stakeholders. The Family Health Bureau (FHB) has recognized the value of this programme, with the strong backing of UNICEF, this initiative expanded beyond the borders of Nuwara Eliya to other districts across Sri Lanka. The unwavering commitment of the Regional Director of Health Services (RDHS), the local paediatricians, the Medical Officer of Maternal and Child Health (MOMCH), all Medical Officers of Health (MOH), the Public Health Midwives and the Red Cross Society representatives were instrumental since the inception of this initiative. The outreach clinics have not only provided essential healthcare services to a large number of children but have also set a benchmark for collaborative healthcare initiatives in the country.

## **3. Empowerment projects for medium-term relief: Initiatives were launched to empower families, aiming to provide sustainable solutions for improving food security and overall well-being**

The economic crisis has severely impacted the livelihoods of many Sri Lankan families, particularly those living in poverty. In response to these challenges, empowerment projects were initiated in the Nuwara Eliya District, focusing on families with children suffering from Severe Acute Malnutrition (SAM), to help them navigate the crisis and build resilience. Among these projects, home gardening and backyard poultry initiatives were chosen to empower families, improve food security, and foster self-reliance.

### ***Understanding the need***

#### **Need assessment questionnaire**

The need assessment was done by using a questionnaire (Annexure 1). It highlighted the lack of sustainable income-generating opportunities for these families. Traditional employment avenues were shrinking, and many rural and urban poor were left with limited options to support their families. The situation called for innovative and sustainable interventions that could be implemented quickly and effectively to address both immediate and long-term needs.

#### **Focus group discussions**

In addition to the need assessment questionnaire, we conducted focus group discussions with families to gain a deeper understanding of their specific needs and the resources they already possess that can be leveraged for empowerment, particularly in terms of food security. These discussions have been instrumental in identifying not only the challenges these families face but also the strengths and assets within their communities that can be mobilized to improve their food security.

## **Home Gardening**

One of the key interventions identified through the needs assessment was the promotion of home gardening. Home gardening, a practice deeply rooted in Sri Lankan culture, involves the cultivation of vegetables, fruits, and herbs in small plots of land adjacent to homes. This practice not only provides families with a source of fresh, nutritious food but also reduces their dependence on the market, where prices have become increasingly volatile.

The home gardening initiative was designed to empower families by providing them with the necessary resources, training, and support to start and maintain their gardens. Seeds, seedlings, and organic fertilizers were distributed to participating households. In addition, agricultural experts, and field officers at the District secretariat conducted workshops and offered ongoing guidance to ensure that families could maximize their yields.

## **Backyard Poultry**

Complementing the home gardening initiative, the backyard poultry project was introduced as a means of providing families with a sustainable source of protein and additional income. Backyard poultry farming involved raising small flocks of chickens or quail bird in the vicinity of the home with the support and advice from regional veterinary doctors. The project provided families with quail, hens, pens, and feed, along with training on poultry care and management. Families learned how to rear poultry for egg production, which provided them with a regular source of high-quality protein. Eggs, a staple in Sri Lankan diets, could be consumed at home or sold in the local market.

The project has also encouraged community cohesion, as families share knowledge and resources, supporting each other in their efforts to build more resilient livelihoods.

## **Challenges in empowerment projects**

While the home gardening and backyard poultry projects have yielded positive results, they have not been without challenges. Some families faced difficulties in accessing sufficient water for their gardens. Others encountered issues with weather, poultry diseases, which required additional veterinary support. Nevertheless, lack of enthusiasm was occasionally encountered among the beneficiaries.

## **Future directions for empowerment projects**

As the country continues to navigate economic challenges, these empowerment projects offer a model for building resilience and promoting sustainable development at the grassroots level within the existing infrastructure in a district. Looking ahead, there is potential to expand these initiatives to reach more families and to integrate them with other empowerment projects. Additionally, efforts to link these projects with local markets and value chains could enhance their sustainability and impact.



## Conclusions and recommendations

- This study highlights the outcomes of a cohort of 577 children with acute severe malnutrition (SAM) who were followed up over six months to assess their improvement in nutritional status. The findings indicate that a majority of the children (66%) showed improvement, progressing to either moderate acute malnutrition (MAM) or achieving normal nutritional status.
- Most of the children enrolled were older than two years (72.4%) and males (60%), indicating a potential vulnerability in this age group and gender to SAM.
- At enrollment, all children were categorized as having SAM, with a high prevalence of underweight (96.4%) and stunting (62.7%). After six months, 16.8% of the children achieved a normal weight-for-height status, and 49.2% improved to MAM, leaving 34% still classified as SAM.
- The median weight gain of 0.84 kg and median height increase of 3 cm suggest positive growth outcomes, although the increments might seem modest, they are meaningful in the context of SAM recovery.
- Younger children showed more significant improvement compared to older ones, which might suggest that earlier interventions could yield better outcomes. Similarly, females showed better recovery than males, possibly due to gender differences in metabolism or care practices.
- Despite improvements, 34% of the children remained in the SAM category, and a substantial proportion continued to be underweight (92.5%) and stunted (61.2%). This underscores the difficulty of completely reversing malnutrition within a six-month period, without addressing other causes such as poverty, disease and healthcare access.
- The persistent high rates of underweight and stunting suggest that while acute malnutrition may be alleviated to some extent, chronic malnutrition remain significant challenges.
- The findings indicate a mixed success in treating SAM within this cohort. While a significant portion of children showed improvement, the persistence of high rates of underweight and stunting, along with the fact that one-third of the children remained severely malnourished, highlight the need for sustained and multifaceted interventions.
- These results suggest that the six-month recovery period, while beneficial, might be insufficient for complete rehabilitation in many cases. This could be due to a range of factors, including the severity of malnutrition at enrollment, underlying health conditions, socio-economic factors, and the quality of care received during the recovery period.
- Future interventions should focus on emphasizing the importance of early detection and intervention, particularly for younger children and females, who showed better recovery outcomes. Developing programs that extend beyond six months to ensure full recovery and address chronic malnutrition issues and addressing the broader determinants of malnutrition, such as poverty, food security, and access to healthcare, alongside direct nutritional support are other measures.

- While the study demonstrates that significant progress can be made in improving the nutritional status of children with SAM, it also highlights the need for sustained, comprehensive, and context-specific interventions to achieve lasting improvements in child health and nutrition.

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## FEED A CHILD INAUGURATION IN NUWARA ELIYA

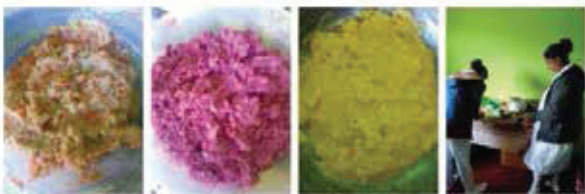


*At the inauguration ceremony with SLCP team and partners*





# COOKERY DEMONSTRATIONS & NUTRITION EDUCATION



# OUTREACH CLINICS

The local Paediatricians conducted outreach with the help of UNICEF and Red Cross Society Sri Lanka





## NEED ASSESSMENT & TRAINING RELATED TO EMPOWERMENT PROJECTS



*Need assessment for empowerment through focus group discussions*



*Home gardening: Workshop conducted in Bogawanthalawa*

## EMPOWERMENT PROJECTS WERE INITIATED IN MASKELIYA





## QUAIL PROJECT



## CHICK PROJECT





# HOME GARDENING





## PARTNERS OF THE PROGRAM



## Messages from Partners

### *SOS Villages Sri Lanka*

“The story of a successful partnership benefiting children of Sri Lanka”.

Sri Lanka went through a really tough time in 2021. They faced their worst economic crisis in 73 years due to a bunch of challenges like the Easter Attack, COVID-19 pandemic, and political instability. The World Bank pointed out things like restrictive trade, weak investments, loose monetary policy, and administered exchange rates as factors contributing to the crisis. Sri Lanka’s usable foreign reserves became very low, and they ended up defaulting on their debt and declaring bankruptcy. This led to shortages of medicine, food, fuel, and domestic gas, resulting in a humanitarian crisis.

In any crisis, the most vulnerable are the children, and it was no different in this case. SOS Children’s Villages Sri Lanka, an organization that looks after children who have lost the care of their biological parents or are at risk of losing the care of their biological family, once again stepped in to provide emergency assistance to the affected children and their families. (The Organisation previously provided emergency assistance during the 2004 Tsunami, offering food, shelter, and self-employment assistance to affected families.)

SOS Humanitarian Assistance programme was based on the firm belief of the organisation – A family is the best place for a child to grow up with love, security, education and protection.

Hence our intervention was on:

- Prevent family separation – Enable family reunification – Strengthen Families
- Save Lives – Reduce human suffering
- Uphold the dignity of Unaccompanied and Separated Children (UASC) who are vulnerable to abuse, neglect, exploitation and violence

Our approach to the SOS Humanitarian Assistance Programme was to ensure that the affected children, families, and communities receive maximum benefit while keeping administration costs to a minimum. We chose to work with partners already active at the grassroots level, who had identified the children and families in need of assistance. Reports indicated an increase in malnourishment among children under five years of age. Mr. Roshan Mahanama, who is also the Brand Ambassador for the Sri Lanka College of Paediatricians (SLCP), partnered with SOS Children's Villages and SLCP to support 350 families of malnourished children in the Nuwara Eliya district initially.

After successfully completing the initial phase of the program in the plantation sector, we expanded our efforts to reach children in Colombo, Galle, Matara, Monaragala, and Ratnapura/Hambantota districts. Over 1400 malnourished children were given a food pack worth Rs. 7500 per month for six months. The impact of this program is detailed in the report provided. In addition to providing food for the family, SOS Children’s Villages Sri Lanka also supplied educational materials, school bags, and a pair of shoes, valued at Rs.7000 and Rs. 8500, according to the school grade, to every school-going child in the families we supported under this program.

I am very pleased to say that SOS Children's Villages Sri Lanka provided invaluable assistance of approximately Rs. 91,000,000 for this program. I am truly grateful to Mr. Roshan Mahanama, Brand Ambassador for SOS and SLCP, the members of the Executive Committee of the SLCP, and all MOH staff for their unwavering support, which played a vital role in the successful implementation of this program.

### ***Sri Lanka Red Cross Society***

"Feed A Child Project" was successfully implemented by Sri Lanka Red Cross Society (SLRCS) in partnership with Sri Lanka College of Pediatricians and Ministry of Health. It was implemented during the economic crisis, with the aim of helping malnourished children under 5 years of age in 35 MOH areas of Anuradhapura and Nuwaraeliya Districts. The project supported 1344 kids with acute malnutrition with 6 home food baskets per child for the 6 month period from September, 2022 - August, 2023. The main task of the SLRCS was to deliver home food baskets from the outlets to the distribution centers and distribute them to targeted beneficiaries. Totally 9323 home food baskets were distributed to the beneficiaries while ensuring ensuring transparency and accountability to both donors and beneficiaries. Along with the distribution, health awareness sessions on the importance of nutrition were conducted by the MOH staff to achieve better outcome from the intervention.

As a humanitarian organization, the SLRCS has experience in distributing relief items to beneficiaries across the country and has a strong grass root level network well connected to district health authorities. It greatly contributed to the success of the project activities. Also, Sri Lanka Red Cross Society is delighted to have the opportunity to work in partnership with the Sri Lanka College of Pediatricians who are the top professionals in the health sector, to contribute to the country's goal of reducing malnutrition.

### ***Sunshine Holdings***

Congratulations to the Sri Lanka College of Pediatricians (SLCP) on continuing its impactful "Feed a Child" program, a vital initiative addressing childhood malnutrition in Sri Lanka. Your dedication to enhancing children's nutrition amid challenging times is genuinely commendable. At Sunshine Foundation for Good (SFG), the CSR arm of Sunshine Holdings, we are honoured to support this initiative to address malnutrition and uplift the well-being of children. The Foundation's two main pillars, health and education, reflect our deep commitment to building a brighter future for the next generation. Together, we work toward a healthier, better-nourished future for Sri Lanka's children. Wishing you continued success as you transform young lives across the nation.

### ***Raise Sri Lanka***

Raise Sri Lanka Feed partnered with Feed a Child Program to address immediate food insecurity for children with severe acute malnutrition conditions in Sri Lanka during the post pandemic back in 2023. We feel that the FEED a CHILD program along with the family Empowerment Program effectively met its dual goals of addressing immediate food needs for children with severe acute malnutrition (SAM) in vulnerable communities while empowering participants to achieve greater independence with skills and knowledge to improve their economic stability through the home gardening initiative.

As the program concludes, it is essential to ensure ongoing support and resources for these children and families to maintain their progress and enhance their self-sufficiency and we hope that Sri Lanka College of Paediatricians would continue their mission to achieve these goals and we hope in the future Raise Sri Lanka can work together for the betterment of the community at large in Sri Lanka.

## ***Hemas Holdings***

Hemas Holdings is honoured to support the “Feed A Child” programme initiated by the Sri Lanka College of Paediatricians. This vital initiative addressed the urgent issue of childhood malnutrition, a consequence of the 2022/2023 economic crisis. Through the collaborative efforts of dedicated partners and organizations, including Hemas, the programme has successfully improved the lives of vulnerable children, with 66% of participants showing significant nutritional recovery. We remain committed to ensuring that every child has the opportunity to grow healthy and strong, and we commend the initiative’s focus on both immediate relief and long-term empowerment.

## ***Ninewells Hospital***

The “Feed A Child” programme, led by the Sri Lanka College of Paediatricians, was launched as a emergency nutritional intervention in response to the economic crisis that plagued the country in 2022 and 2023. This crisis, which severely affected food security across the nation, impacted young children severely, particularly those under the age of five. Recognizing the urgent need to address severe acute malnutrition (SAM) in vulnerable communities, the “Feed A Child” initiative was designed to provide a multi-faceted approach, focusing on immediate relief, specialized healthcare, and empowerment projects aimed at ensuring long-term food security.

At the core of the programme was the provision of food baskets, which were distributed to families of children suffering from SAM. However, the programme did not stop at providing short-term immediate aid. Recognizing the need for long-term solutions, the “Feed A Child” initiative also prioritized healthcare access.

The initial funding for the “Feed A Child” programme came from individual donors, including many members of the Sri Lanka College of Paediatricians. However, as the initiative gained traction, it attracted widespread support from a variety of partners who shared the vision of combating childhood malnutrition. Ninewells Hospital, one of the programme’s most notable supporters, came on board as the ‘Official Healthcare Partner’, contributing over 2.2 million rupees through its ‘Hearts of Joy’ foundation. This foundation, which serves as the CSR arm of Ninewells, is dedicated to uplifting underprivileged women and children in Sri Lanka.

## ***Manusath Derana***

Manusath Derana, the charity arm of Sri Lanka’s prominent television channel TV Derana, partnered with the Sri Lanka College of Paediatricians to combat severe acute malnutrition through the “Feed a Child program”.

As a main partner, Manusath Derana focused on raising awareness and sensitizing the public, both in Sri Lanka and abroad. The uniqueness of the concept and the mechanism, coupled with the creative media awareness campaign, helped The Feed a Child program gain momentum, which led to an overwhelming response from donors and well-wishers, ultimately successfully achieving the program's expected results.

We are very happy and proud to be a main partner, and we thank all partners, especially the Sri Lanka College of Paediatricians, for conceptualizing and inviting Manusath Derana to be a main partner in the Feed A Child Program.





## **Guidelines for photography and videography during the *Feed A Child* Programme**

**The members of the Sri Lanka College of Paediatricians would urge you to adhere to the guidelines given below when taking photographs/videos in matters related to the *Feed the Child* campaign.**

- ✓ Please avoid taking photographs of the children as much as possible
- ✓ If photographs of children are taken, please do so in a way that the child cannot be identified in anyway
- ✓ Even when taking photographs of parents, do so in a sensitive manner so that the family cannot be identified as belonging to a particular child
- ✓ We encourage you to take short voice clips from the parents without their identities, instead of photographs

### **Why are we giving you these guidelines?**

- As you know Sri Lanka is a signatory to the UN Convention of the Rights of the Child (UNCRC). The core principles of the UNCRC are non-discrimination; the best interests of the child; the right to life, survival and development and respect for the views of the child.

It is with the 'best interest of the children' that this noble deed is being done. However, the same principle will not apply if we decide to display photographs of the children. They are receiving the food packs due to two reasons: being malnourished and their families being socio-economically deprived. Display of photographs of such children can be interpreted as discrimination.

- In addition, in this era of advanced technology it is well known that sharing photographs of children can lead to risks ranging from embarrassment, exposure to different cybercrimes including identity theft.

We, as responsible professionals are trying to avoid images of '***Starving kids of Sri Lanka***' hitting the headlines the world over. ***Please help us to do so***

## Annexure 2

**Needs Assessment for Empowerment of Households**

General information				
District				
Date on which the assessment was carried out:		dd / mm / yyyy		
Name of the person filling the form				
Details of the location	MOH area			
	Name of the midwife			
	Name of the MOH			
	Name of the Paediatrician			
	Child's serial number			
	Address of the beneficiary			
	Telephone number of the beneficiary			
Details of Family	Is the child living with the mother?	Yes/ No		
	If NO, why	Mother working abroad/Parents' separation/Abandoned by Mother/Mother dead/other reason (please specify)		
	Is the child living with the father?	Yes/ No		
	If NO, why	Father working abroad/Parents' separation/Abandoned by father/father dead/other reason (please specify)		
	Who is the main caregiver?	Mother / Father/Grandmother/Grandfather/relative/other (please specify)		
	Total # Children (age 0-18 years):			
	No of Children attending school			
	How many members in the family are employed?			
	Total Monthly Income			
	Main income Source			
	Other Income Sources			
Risk factors	Number of children receiving food packs			
	Parent / guardian disabled	Yes	No	
	Any child disabled?	Yes	No	
Other observations: (e.g. alcohol, or substance use)				



Assessment necessary to support / empower					
Can they be motivated to do home gardening?		YES		NO	
Do you have a land area to do it and area available		YES		NO	
Are there any family members who may be benefitted from vocational training		YES		NO	
If YES, who (specify gender & age) and which field:					
Are you interested in doing a backyard poultry		YES		NO	
Are you interested in sewing		YES		NO	
Do you have a sewing machine		YES		NO	
Are you interested in providing in small scale catering/ food supplying to local area		YES		NO	
Can you think any other way in which we can support you to improve your financial situation					
Response of others (check (X) all that apply):					
Are other organizations/NGOs operating in the area to support?		Yes		No	
Is the local government responding?		Yes		No	
If yes, what types of response and where are they responding?					
Other observations.					
Food, Nutrition and food security (check (X) all that apply):					
(Check (X) all that apply):		One	Two	Three	Four
On average, how many meals do respondents report eating each day?	Adults				
	Children				
Other observations.					



# Acknowledgements

## Sri Lanka College of Paediatricians

Professor Guwani Liyanage (Lead)

Professor Deepthi Samarage

Professor Asvini Fernando

Dr Kosala Karunarathne

Dr Kalyani Guruge

Dr Jagath Ranasinghe

Dr Duminda Samarasinghe

Dr Amali Dalpadadu

Professor Manori Gamage

Professor S P Lamabadusooriya

Professor Harendra de Silva

Dr B J C Perera

Dr Lakkumar Fernando

Dr Pyara Ratnayake

Professor Randula Ranawake

Dr Channa de Silva

## Local Paediatricians

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Dr Shyama Yama Bandara – Consultant Paediatrician, DGH Nuwara Eliya

Dr Priyani Gamage – Consultant Paediatrician – BH Rikillagaskada

Dr Roshan Siriwardhena – Consultant Paediatrician, BH Dickoya

Dr Sanath Waduge – Consultant Paediatrician, DGH Nawalapitiya

Dr Udaya de Silva – Consultant Paediatrician, TH Anuradhapura

Dr Damitha Chandradasa – Consultant Paediatrician, TH Anuradhapura

Dr Sadun Jayasekera – Consultant Paediatrician, BH Thabuththegama

Dr Hasintha Jayakadu – Consultant Paediatrician, BH Thabuththegama

Dr Jithma Fonseka – Consultant Neonatologist, TH Anuradhapura

Dr Dhammika Pathirge – Consultant Paediatrician, DGH Gampaha

Dr Anoma Abeygunawardene – Consultant Paediatrician, DGH Gampaha

## Ministry of Health

Dr Asela Gunawardena- Director General of Health Services, Ministry of Health

Dr Chithramalee de Silva-Director, Maternal & Child Health, Family Health Bureau

Dr Hiranya S Jayawickrama- Head, Child Nutrition Unit, Family Health Bureau

## PD Office / RDHS Office

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Provincial Director (North Central Province) Dr Palitha Bandara

Regional Director of Health Services – Nuwara Eliya – Dr Nissanka Wijewardhena

Regional Director of Health Services – Anuradhapura – Dr NCD Ariyaratne

Medical Officers Maternal and Child Health, Nuwara Eliya and Anuradhapura

All Medical Officer of Health in Nuwara Eliya and Anuradhapura

Public Health Nursing Sisters in Nuwara Eliya and Anuradhapura

Public Health Midwives in Nuwara Eliya and Anuradhapura

Public Health Inspectors in Nuwara Eliya and Anuradhapura

## District Secretariat Office – Nuwara Eliya

Mr G K G A R P K Nandana, District Secretary, District Secretariat, Nuwara Eliya

N M Upeksha Kumari – Additional Secretary, District Secretariat, Anuradhapura

Mr L H A C Kumara – Director (Planning), District Secretariat, Nuwara Eliya

## Other

Engineering Circle Gampaha

Media Sponsor – Manusath Derana

Cargills Outlets Nuwara Eliya and Anuradhapura

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This work has been reviewed by

Professor Deepthi Samarage and the Council of the Sri Lanka College of Paediatricians.

