



FOREGOING MEALS TO MAKE-DO

THE IMPACT OF SRI LANKA'S ECONOMIC CRISIS ON MATERNAL NUTRITION

RESEARCH
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An informal settlement in Colombo where families live below the poverty line. © 2023 Amra Ismail/ for Amnesty International

This briefing examines pregnant and breast-feeding women’s access to nutrition amidst the ongoing economic crisis in Sri Lanka. Women’s purchasing power has reduced due to the increased cost of food and government funded programs to uplift maternal nutrition have been impacted. This has resulted in nutrition taking a back seat, impacting both the quality and quantity of food intake.

1. EXECUTIVE SUMMARY

Given the severity of the economic crisis, the number of people living below the poverty line in Sri Lanka has doubled. According to the World Bank update published in April 2023, national poverty in Sri Lanka is estimated to have doubled to 25% in 2022 from 13.1% in 2021 due to economic contraction, (with an increase of 2.5 million poor people) and is expected to increase to 27.5% in 2023.¹ It states: “Poverty is projected to remain above 25% for the next few years due to the multiple risks to households’ livelihoods.”² Urban poverty is estimated to have tripled to 15% in 2022.³ The World Bank notes that many non-poor households are living close to the poverty line and are highly vulnerable to falling into poverty in the event of a negative income shock.⁴ As per the Department of Census and Statistics, the official poverty line (which is the minimum expenditure per person per month to fulfil basic needs) for December 2022 in the Colombo district was Rs. 14,859.⁵ This is a steep increase from the poverty line which was at Rs. 9624 in January 2022.⁶

This briefing is a follow up to the detailed report published by Amnesty International titled “*We are near total breakdown*”⁷ which focused on the impact of the economic crisis on the rights to adequate food, health and social security. The report noted how falling incomes, shrinking livelihood options and inflation in food prices meant that people were less likely to be able to afford adequate and nutritious food.⁸ It also found that there were serious shortages in medicines and medical equipment that undermined the right to health. The 2022 report highlighted that certain groups were more at risk of poor access to nutrition in this context.⁹

Following the report above, this briefing focuses on the impact of the economic crisis on access to nutrition by pregnant and breast-feeding women- a group disproportionately impacted by the ongoing economic crisis. Media reports indicate that due to soaring prices of food resulting from the economic crisis, people living in poverty have had to reduce their food intake and protein rich food such as eggs,

¹ World Bank, *Sri Lanka Development Update: Time to Reset*, April 2023,

<https://www.worldbank.org/en/country/srilanka/publication/sri-lanka-development-update-2023>

² World Bank, *Sri Lanka Development Update: Time to Reset* (previously cited); LIRNEasia in its research findings states that 7 million Sri Lankans, who constitute 31% of the population, are living in poverty and that 4 million Sri Lankans, who constitute 17% of the population, have fallen into poverty since 2019:

LIRNEasia, “Social Safety Nets and the State of Poverty in Sri Lanka”, 7 June 2023, <https://lirneasia.net/wp-content/uploads/2023/06/LIRNEasia-Social-Safety-Nets-and-the-State-of-Poverty-in-Sri-Lanka.pdf>

³ World Bank, *Sri Lanka Development Update: Time to Reset*.

⁴ World Bank, *Sri Lanka Development Update: Time to Reset*.

⁵ Department of Census and Statistics, “Official poverty line by District : December 2022”,

http://www.statistics.gov.lk/povertyLine/2022_new

⁶ Department of Census and Statistics, “Official poverty line by District : December 2022” (previously cited); However, civil society groups consider this revised amount inadequate as non-food expenditure in Colombo is high and there has been no significant decrease in cost of living in real time.

⁷ Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, (Index: ASA 37/6052/2022), 2022,

<https://www.amnesty.org/en/documents/asa37/6052/2022/en/>

⁸ Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis* (previously cited), pp. 30-31.

⁹ The report noted that that a United Nations Office for the Coordination of Humanitarian Affairs (OCHA) assessment in July 2022 found that 238, 000 pregnant and breast-feeding women from low income and food-insecure households required food assistance: Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, p. 27.

fish and meat are inaccessible, raising concern over access to adequate nutrition.¹⁰ In 2023, UNICEF, based on the Humanitarian Needs and Priorities for Sri Lanka revision as of 18 October 2022, recognized that 2.8 million children and women require nutrition services in Sri Lanka.¹¹

This briefing examines pregnant and breast-feeding women's access to nutrition in the context of the ongoing economic crisis, with a focus on women living below the poverty line in Colombo. Pregnant and breast-feeding women have particular nutrition needs. According to UNICEF: "During pregnancy and breast-feeding, energy and nutrient needs increase. Meeting them is critical for women's health and that of their child – in the womb and throughout early childhood." This briefing highlights two key ways in which the economic crisis has taken a toll on pregnant and breast-feeding women's access to nutrition. *Firstly*, women's purchasing power has reduced due to the increased cost of food resulting in nutrition taking a back seat, therefore impacting both the quality and quantity of food intake. *Secondly*, government funded programs, (such as the provision of 'Thripasha' food supplement and the monthly food vouchers) aimed at supplementing the nutritional needs of pregnant and breast-feeding women, were impacted by the economic crisis again directly impacting access to food that is of sufficient quality and quantity.

In this context, Amnesty International calls on the government of Sri Lanka to:

- Ensure that all pregnant and breast-feeding women, including those living in poverty, can access adequate food and nutrition of sufficient quality and quantity.
- Ensure universal access to 'Thripasha' and the food voucher program, expedite the implementation of the increased food voucher program, and ensure that the program is not narrowly targeted and is funded to cover everyone who is pregnant and breast-feeding.
- Ensure access to maternal nutrition in line with international human rights law obligations by taking budgetary steps through adequate allocations and outcomes for its full realization.

2. METHODOLOGY

Amnesty International interviewed 45 people for this briefing, of whom 28 were pregnant and breast-feeding women from informal settlements and tenement blocks in Thotalanga, Mattakkuliya and Dematagoda. These are locations where a significant proportion of low-income families relying on daily wages in Colombo live. The settlements in these three areas were selected because they represent the ethnic and religious diversity of people living in poverty in the urban areas in Colombo, the capital city of Sri Lanka.

¹⁰ The Hindu, "The aftermath of Sri Lanka's economic crash", 02 March 2023, <https://www.thehindu.com/news/international/the-aftermath-of-sri-lankas-economic-crash/article66573282.ece> ; Foreign Policy, "Pregnant Sri Lankans Fear 'One Meal Per Day' ", 13 July 2022, <https://foreignpolicy.com/2022/07/13/sri-lanka-food-economic-crisis-shortages-prices-inflation-women-children/>

¹¹ UNICEF, "Humanitarian Action for Children", 2023, <https://www.unicef.org/media/131556/file/2023-HAC-Sri-Lanka.pdf>

These women accessed maternal health services from the governmental antenatal and post-natal clinics near them, and either the De Soysa Maternity Hospital or the Castle Street Hospital for Women in Colombo, which are public hospitals that provide tertiary care for women. Amnesty International also interviewed 13 healthcare workers and 4 people working in civil society and inter-governmental organizations for this work. The healthcare workers interviewed included six healthcare workers from the De Soysa Maternity Hospital and the Castle Street Hospital for Women, gynaecologists, mid-wives and experts on nutrition. Their identity has been anonymized unless specified otherwise.

The economic crisis exacerbated food insecurity amongst people living in poverty in urban areas, which was already very high due to both food expenditure and non-food expenditure being more expensive in Colombo compared to other parts of the country.¹² As a result, people in urban areas have been facing particular problems accessing food and nutrition. The National Nutrition Policy of Sri Lanka for 2021-2030 recognizes those living in urban under settlements and pregnant women as “most nutritionally vulnerable.”¹³ It recognizes the importance of safeguarding “proper nutrition for pregnant and postpartum (up to the completion of six months after delivery) women through strengthening mechanisms to provide necessary nutrition services.”¹⁴ Amnesty International has previously noted that families in rural or peri-rural areas have easier access to land to grow food while those in urban areas (where space is limited) food is more easily available in markets but too expensive to purchase.¹⁵ Thus, the economic crisis has had real time impact on purchasing power of people living in poverty in urban areas.

Amnesty International sent letters containing a summary of the briefing and questions to the Ministry of Health, Ministry of Women and Child Affairs and the Ministry of Public Administration in May 2023. As of the time of publication, Amnesty International had not received any responses.

We express our gratitude to all those who took the time to speak and engage with Amnesty International for this briefing.

3. BACKGROUND

Owing to the economic crisis, the state’s ability to support the health and nutrition of pregnant and breast-feeding women has been affected in two ways: *Firstly*, the maternal healthcare system has been affected by the shortage of medicines, equipment and surgical consumables. *Secondly*, accessing adequate maternal nutrition has become challenging because of increased food insecurity due to, both, increased prices and limited access to the government administered distribution of ‘*Thripasha*’ food supplement, and food vouchers for pregnant and breast-feeding women.¹⁶

¹² Interview by video call with an Activist, 23 January 2023; Groundviews, “Supporting Urban Poor Families in Colombo”, 20 May 2022, <https://groundviews.org/2022/05/20/supporting-urban-poor-families-in-colombo/>

¹³ Ministry of Health, *National Nutrition Policy of Sri Lanka 2021-2030*, 2023.

¹⁴ Ministry of Health, *National Nutrition Policy of Sri Lanka 2021-2030* (previously cited).

¹⁵ Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, p. 26.

¹⁶ The Morning, “Nutrition allowance for pregnant, breast-feeding women halted”, <https://www.themorning.lk/articles/209426>; CEPA, Acted and World Vision, *Rapid Food Security Assessment*, July 2022.

3.1 LIMITED ACCESS TO HEALTHCARE

Sri Lanka has the lowest maternal mortality rate in South Asia.¹⁷ According to the World Health Organization (WHO), the reduction in maternal mortality is “one of [the] country’s greatest public health achievements.”¹⁸ It attributes this achievement to robust health systems in place, trained health professionals and widespread accessibility to primary and tertiary level health services.¹⁹ In general, health care, including maternal health care, is available free in public hospitals in Sri Lanka.

However, critical shortages of medicine have severely affected essential health services which has had a detrimental impact on pregnant and breast-feeding women in Sri Lanka.²⁰ Since the onset of the economic crisis, there have been reports of shortages at the De Soysa Maternity Hospital and the Castle Street Hospital for Women in Colombo, including shortages of soluble insulin vials for diabetic



*An informal settlement in Colombo, Sri Lanka.
© Amra Ismail 2023/for Amnesty International*

¹⁷ News First, “Sri Lanka has lowest maternal mortality rate in South Asia”, 22 September 2019, <https://www.newsfirst.lk/2019/09/22/sri-lanka-has-lowest-maternal-mortality-rate-in-south-asia/> ; World Bank, “Maternal mortality ratio (modeled estimate, per 100,000 live births)- South Asia”, <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=8S>

¹⁸ World Health Organization and Ministry of Health, Nutrition & Indigenous Medicine, *Public Health Success in Sri Lanka*, p. 18.

¹⁹ World Health Organization and Ministry of Health, *Public Health Success in Sri Lanka*, p. 18.

²⁰ UNICEF, “Humanitarian Action for Children: Sri Lanka”, 2023, <https://www.unicef.org/media/131556/file/2023-HAC-Sri-Lanka.pdf>

pregnant women and reactants necessary to conduct full blood count tests.²¹ In February 2023, the Sri Lanka Medical Association revealed that there was an acute shortage of essential medicine which reportedly include antibiotics, anaesthetics and other surgery related drugs and prenatal and neonatal medicines.²²

Amnesty International has previously highlighted serious shortages of essential and life-saving drugs and equipment island-wide, stemming from the inability of the government to source them due to foreign exchange reserves running low. Amnesty's research found that health workers were compelled to re-use certain equipment and people were asked to purchase medicines or equipment from private pharmacies when government hospitals did not have stocks. The unaffordability of medicines due to increased prices in the private sector because of the devaluation of the Sri Lankan Rupee and the shortages were also noted.²³ These trends continue to persist in the provision of maternal healthcare in Colombo in government hospitals.

For example, in February 2023, health workers told Amnesty International that there was a shortage of certain drugs to treat and prevent postpartum haemorrhage,²⁴ anaesthetic drugs,²⁵ glucose strips,²⁶ surgical consumables, and suture material etc.²⁷ A woman interviewed for this research said: "I was told synto [used to induce labour] needed when delivering the baby wasn't available. We were also asked to buy iron tablets, vitamin C from outside."²⁸ Amnesty International understands that the list of shortages is an evolving one, and the issue is the lack of a continuous and regular supply of necessities. Further, the government does not provide any support to women living in poverty to purchase medicines and necessities which used to be available free of charge at public hospitals, from private pharmacies. In addition, of those who participated in this research, five women said they were asked to do the relevant blood tests to check gestational diabetes from a private facility because the government health facility did not have adequate facilities.²⁹ Health workers also told Amnesty International how the two hospitals visited by the women interviewed for this research are heavily

²¹ Sunday Times, "Patients hit in the stomach as cash-strapped state hospitals struggle to give free meals", 12 June 2022, <https://www.sundaytimes.lk/220612/news/patients-hit-in-the-stomach-as-cash-strapped-state-hospitals-struggle-to-give-free-meals-485703.html>; The Leader, "Castle Street Hospital suspends basic blood test", 17 November 2022, <https://english.theleader.lk/news/2950-castle-street-hospital-suspends-basic-blood-test>; The shortage was reportedly resolved within the day by borrowing supplies from several other state hospitals: The Morning, "Castle Hospital reagents shortage resolved within day, 18 November 2022", <https://www.themorning.lk/castle-hospital-reagents-shortage-resolved-within-day/>

²² World Socialist Web Site, "Sri Lankan health services 'heading for total breakdown'", 14 February 2023, <https://www.wsws.org/en/articles/2023/02/14/bfkd-f14.html>; Sunday Times, "Drug shortage- emergency in state health sector that needs to be addressed now", 12 February 2023, <https://www.sundaytimes.lk/230212/news/drug-shortage-emergency-in-state-health-sector-that-needs-to-be-addressed-now-511641.html>

²³ Amnesty International, "*We are near total breakdown*" *Protecting the Rights to Health, Food and Social Security in Sri Lanka's Economic Crisis*, p. 17.

²⁴ Interview by voice call with health workers (conducted separately), 15 February 2023; News First, "140 essential medicines out of stock at state hospitals- GMOA", 29 January 2023, <https://www.newsfirst.lk/2023/01/29/140-essential-medicines-out-of-stock-in-sri-lanka-s-state-hospitals-gmoa/>

²⁵ Interview by voice call with health workers (conducted separately), 15 February 2023.

²⁶ Interview by voice call with health workers (conducted separately), 15 February 2023.

²⁷ Interview by voice call with health workers (conducted separately), 14 and 15 February 2023.

²⁸ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda

²⁹ At a private health facility a fasting blood sugar test and the HBA1C test cost approximately Rs. 600 and Rs. 2740 respectively.

reliant on private donations to meet maternal health needs.³⁰ As the previous report highlighted, waiting for donations has meant that health workers were not able to plan medical interventions and surgeries.³¹ This creates precarity for pregnant women.

Health workers shared similar sentiments during this research. They explained how they ration and preserve drugs for emergency cases because the next consignment of a drug is uncertain.³² They use medicines optimally and prescribe minimal amounts of medicines when essential to avoid life threatening shortages.³³ A senior medical officer of one hospital said, “*We don’t know when what’s available will finish.*” Health workers utilize alternative drugs when there is shortage of a particular drug.³⁴ For example, one doctor said that instead of a special gel that is usually used for vaginal examinations which is unavailable, they use saline.³⁵ Furthermore, as the previous report highlighted and as confirmed by recent media reports, routine, non-essential surgeries and procedures are postponed due to a lack of medicines.³⁶ Health workers providing maternal care told Amnesty International that they had to stop, delay or postpone non-essential surgeries and procedures due to the shortage of medicine and medical equipment.³⁷ One doctor said, “We have to see patients suffering and we cannot do anything.”³⁸

³⁰ Donations are sought from international agencies, foreign governments and individuals and comes in the form of cash, drugs and medical supplies: The World, “Sri Lanka doctors say the country can’t survive on donated drugs forever”, 11 August 2022, <https://theworld.org/stories/2022-08-11/sri-lankan-doctors-say-country-cant-survive-donated-drugs-forever>; According to the World Health Organization the annual budget estimate for importing medicines and surgical consumables is 300 million USD and only 80 million USD is available for 2023 through donors. As of January 2023, there was a gap of 220 million USD to import essential medicines and supplies: WHO, “WHO delivers essential medicines and supplies to help sustain vital health services for crisis response and beyond”, 24 January 2023, <https://www.who.int/srilanka/news/detail/24-01-2023-who-delivers-essential-medicines-and-supplies-to-help-sustain-vital-health-services-for-crisis-response-and-beyond>

³¹ Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, p. 18.

³² Interview by voice call with a health worker, 15 February 2023; Asia News, “Emergency surgeries prioritised as Sri Lanka faces shortages of medical drugs”, 13 February 2023, <https://www.asianews.it/news-en/Emergency-surgeries-prioritised-as-Sri-Lanka-faces-shortages-of-medical-drugs-57742.html>

³³ Interview by voice call with health workers (conducted separately), 15 February 2023.

³⁴ Interviews by voice call with health workers (conducted separately), 14 and 16 February 2023.

³⁵ Interview by voice call with a health worker, 14 February 2023.

³⁶ Amnesty International, “*We are near total breakdown*” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, p. 21; Asia News, “Emergency surgeries prioritised as Sri Lanka faces shortages of medical drugs” (previously cited); See OCHA, “Sri Lanka Multi-Dimensional Crisis Situation Report No. 12”, 15 February 2023, <https://reliefweb.int/report/sri-lanka/sri-lanka-multi-dimensional-crisis-situation-report-no-12-15-february-2023>

³⁷ Interviews by voice call with health workers (conducted separately), 14 and 15 February 2023.

³⁸ Interview by voice call with a health worker, 15 February 2023.

3.2 ACCESS TO MATERNAL NUTRITION

Amnesty International has previously stated that lower incomes and increased economic insecurity can impact people’s access to nutritious food and that the current economic crisis has exacerbated the level of food insecurity amongst those living in poverty and those relying on irregular incomes and with limited savings.³⁹ They were already subjected to increased vulnerability to food insecurity during the pandemic. Amnesty International also noted that the inability of the government to produce and distribute ‘Thriposha’ [a nutritious food supplement] for children in the *Malaiyaha* Tamil community to be particularly concerning.



Vitamins provided to a woman from a state medical clinic, Colombo, Sri Lanka. © Amra Ismail 2023/for Amnesty International

The women Amnesty International spoke to in Colombo raised similar concerns about the unaffordability of food, the inconsistent supply of ‘Thriposha’ food supplements and the inability to redeem food vouchers - programs which were affected by the economic crisis. Under the ‘Thriposha’ nutritional food supplement program, all women who are pregnant and breast-feeding are entitled to receive two packets of 750g of ‘Thriposha’ free each month during the pregnancy and for six months after the delivery.⁴⁰ According to a study by WFP, providing ‘Thriposha’ brings down the cost of a diet by 20% as it is provided free and fulfils micro nutrient and protein needs of pregnant and breast-

³⁹ Amnesty International, “We are near total breakdown” *Protecting the Rights to Health, Food and Social Security in Sri Lanka’s Economic Crisis*, pp. 23 and 25.

⁴⁰ Sri Lanka Thriposha Ltd, “Beneficiaries,” <https://www.thriposha.lk/thriposha-production/beneficiaries/>

feeding women.⁴¹ In addition, all pregnant and breast-feeding women registered with the respective Medical Officer of Health (MOH) office were entitled to a ten month long monthly food allowance worth Rs. 20, 000 provided by way of a redeemable voucher (food voucher). The objective of this voucher is to enable pregnant and breast-feeding women obtain nutritious food.⁴²

People living in these areas were also not able to be self-reliant with growing their food. Nutrition experts pointed out that home gardening among the urban community was not sustainable as it is seasonal and because of limited space.⁴³ One nutrition expert said: “[I]f you look at the underserved communities’ resettlement, they have limited space- small space- and hardly a balcony space. There’s no space to dry their clothes even.”⁴⁴ In this context, government assistance in the form of food vouchers and ‘*Thripasha*’ food supplement distribution are important for this group of women to access the nutrition they require.

In addition, vitamin supplements are provided by antenatal clinics for free, in order to boost maternal nutrition. Two women said they had encountered shortages of these supplements from their respective antenatal clinics.⁴⁵ Recognizing this gap, the Emergency Nutrition Plan 2022-2024 has proposed to ensure the adequate uninterrupted supply of iron, folate and calcium to pregnant women.⁴⁶

⁴¹ MoH, HARTI, DSC and WFP, “Cost of the Diet Analysis 2022” (Unpublished).

⁴² Nutrition Exchange, “Delivering care to address a double burden of maternal malnutrition in Sri Lanka”, <https://www.enonline.net/nex/southasia/doubleburdensrilanka>

⁴³ Interview in person with a nutrition expert, 09.02.2023, Colombo; Interview by video call with a Nutrition Expert, 03 February 2023.

⁴⁴ Interview by video call with a Nutrition Expert, 03 February 2023.

⁴⁵ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda; Interview in person with a breast-feeding woman, 5 February 2023, Mattakkuliya; Sunday Times, “Pregnant women at risk without iron and vitamin supplements”, 12 June 2022, <https://www.sundaytimes.lk/220612/news/pregnant-women-at-risk-without-iron-and-vitamin-supplements-485700.html>

⁴⁶ Ministry of Health, *Emergency Nutrition Plan 2022-2024*, <https://nutrition.health.gov.lk/wp-content/uploads/2022/08/Emergency-Nutrition-Plan-Final-Draft-25.07.2022.pdf>

Iromi Perera, Director of Colombo Urban Lab said: “[T]he impact of cutting back on or sacrificing nutrition is going to have serious consequences on health in the months and the years to come, not just for mothers, but also their children. Colombo also has very high rates of non-communicable diseases, even before COVID-19. So it’s something that needs to be addressed right now.”⁴⁷



Urban tenement block in Colombo, Sri Lanka. © Amra Ismail 2023/for Amnesty International

⁴⁷ Interview by video call with Iromi Perera, Director of Colombo Urban Lab, 23 January 2023.

4. RIGHT TO FOOD – NUTRITION FOR PREGNANT AND BREAST-FEEDING WOMEN

“Today, many families are barely eating (or eating nutritious meals). Food that fills them up easily, cooks fast and/or is cheap are the main considerations. Expenses are competing in an unprecedented way, and what (and sometimes whether) you eat determines if you have money to go to work or school the next day or if instead that money can go towards avoiding disconnection of water or electricity or the loss of a gold chain that has been pawned”.

Colombo Urban Lab⁴⁸

According to UNICEF, during pregnancy, nutritious diets support foetal growth and development, and help women’s energy needs, which increase by about 300kcal/day.⁴⁹ There’s also an increased need for protein, vitamins and minerals such as iron, folic acid and calcium.⁵⁰ One nutrition expert told Amnesty International: “Normally pregnant women require a higher level of energy, more protein, more of micronutrients than an average woman. They need to have a more diverse diet which is more costly.”⁵¹ The Family Health Bureau under the Ministry of Health, in a publication released in 2011, encouraged pregnant women to “consume 3 nutritious main meals supplemented by one or two additional small meals” and an “additional ½ a spoonful (spoon made of coconut shell) of rice at each meal with additional amounts [of] vegetables, green leaves, pulses and cereals.”⁵²

Nutritious diets are considered critical for women who are exclusively breast-feeding during the first six months when dietary requirements increase by about 640 kcal/day.⁵³ Better diets are considered to improve lactation capacity of women who are undernourished.⁵⁴ A nutrition expert said: “Usually when a woman is breast-feeding, her calcium and protein are diverted to produce breast milk at the expense of her nutrition.”⁵⁵

⁴⁸ Colombo Urban Lab, “The Dire Straits of Colombo’s Working Class Poor” (previously cited).

⁴⁹ UNICEF, *UNICEF Programming Guidance: Maternal Nutrition- Prevention of malnutrition in women before and during pregnancy and while breast-feeding*, January 2022, <https://www.unicef.org/documents/programme-guidance-maternal-nutrition>

⁵⁰ UNICEF, *UNICEF Programming Guidance* (previously cited).

⁵¹ Interview by video call with a Nutrition Expert, 15 February 2023.

⁵² Family Health Bureau, Ministry of Health, *Maternal Care Package: A Guide to Field Healthcare Workers*, 2011.

⁵³ UNICEF, *UNICEF Programming Guidance*.

⁵⁴ UNICEF, *UNICEF Programming Guidance*.

⁵⁵ Interview by video call with a Nutrition Expert, 15 February 2023.

As Amnesty International has previously noted, steep increases in the price of food, compounded by income reductions and livelihood loss, has resulted in people being unable to afford sufficient and nutritious food, or being forced to spend a larger proportion of their income on food-related expenses, at the expense of fulfilling other essential needs such as healthcare, housing and education.⁵⁶ As of May 2023, headline inflation was 25.2%, food inflation was 21.5% and non-food inflation was 27%.⁵⁷ As of December 2022, according to World Food Programme (WFP), one in three households were food insecure,⁵⁸ and over three in ten households faced an inadequate diet consumption.⁵⁹ A Special Report by the Food and Agriculture Organization (FAO) and WFP released in May 2023, estimates 4.7 million (21%) people to be “not consuming an adequate diet” and 3.9 million (17% of the population) to be “moderately acute food-insecure.”⁶⁰ According to the National Nutrition and Micronutrient Survey in Sri Lanka by the Medical Research Institute, moderate or severe food insecurity at household level was 39.3% from June to September 2022,⁶¹ an increase compared to the 22.2% of moderate or severe food insecurity recorded from September to December 2021.⁶²

Pregnant and breast-feeding women who spoke with Amnesty International explained how they aimed to ‘fill their stomach’ as opposed to consuming a recommended balanced diverse diet due to the high cost.⁶³ Their consumption of food and the limited diversity in the diet depended on how much money they have at hand and what this amount could purchase. A breast-feeding woman who gave birth in November 2022 said: “We buy things, cook and eat as and when we get money.”⁶⁴

The Emergency Nutrition Plan 2022-2024 formulated by the Ministry of Health recognizes that the average price of a nutritious meal has increased by 156%.⁶⁵ The price of an egg, considered to be the cheapest source of protein (for the amount of protein that can be obtained per 100g),⁶⁶ as recorded in October 2022 had increased by more than 160% compared to the same period in 2021.⁶⁷ Prices of all types of fresh fish too increased and are 23% to 124% more expensive compared to the same period in 2021.⁶⁸ A nutrition expert said, “Even small fish which was cheaper are now expensive.”⁶⁹ Women found even grains such as green gram (mung bean), chickpeas and black-eyed beans (cow pea), to be expensive.⁷⁰ As a result, according to the special report by WFP and FAO, as of March 2023, 62% of households adopted livelihood-based coping strategies such as borrowing money from a banker/lender, reducing spending on education and health, and spending savings.⁷¹ Fifty six percent of households adopted food-based coping strategies such as relying on less preferred food, limiting portion sizes and reducing the number of meals.⁷² The report notes “food consumption continues to be well below the pre-crisis period” and that “more households are compromising their future resilience and productivity by adopting livelihood-based coping strategies.”⁷³

In interviews with Amnesty International, women explained how they limit portion sizes so they could manage to have three meals a day. Some reduce the number of meals to two a day.

“We somehow try to forgo a meal. We eat breakfast and dinner and try to skip lunch. In the night we make a sambol. In the morning we make two vegetables. We eat a biscuit for lunch with a cup of tea.”

A breast-feeding woman⁷⁴

⁷⁴ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda.

A pregnant woman said it was cheaper to purchase a lunch packet, which is a packed lunch with rice as the staple along with a protein-based curry and vegetable curries/salads as accompaniments, than to cook three meals at home. “It’s expensive to cook. So we buy a lunch packet and share with my husband. We can get a packet for about Rs. 200 – Rs300. This is the same for dinner also. This is cheaper. When we cook, we need around Rs. 1500 to Rs 2000 because we have to buy everything

⁵⁷ Central Bank of Sri Lanka, “CCPI based headline inflation continued to record a sharp decline in May 2023”, 31 May 2023.

⁵⁸ WFP, “WFP Sri Lanka Situation Report”, 21 February 2023, <https://reliefweb.int/attachments/Od262816-cc6b-42e7-8d70-adca920682b9/20230221%20LKA%20External%20Sitrep.pdf>

⁵⁹ WFP, “Remote Household Food Security Survey Brief”, December 2022, p. 8, https://docs.wfp.org/api/documents/WFP-0000146536/download/?_ga=2.30052924.2057639740.1676999663-1856453538.1675163020

⁶⁰ The Report states that this figure is an improvement compared to May 2022, when 6.2 million were estimated to be moderately acute food insecure: FAO and WFP, *Special Report: FAO/WFP Crop and Food Security Assessment Mission (CFSAM) to the Democratic Socialist Republic of Sri Lanka*, 25 May 2023.

⁶¹ Department of Nutrition, Medical Research Institute, *National Nutrition and Micronutrient Survey in Sri Lanka: 2022*, March 2023.

⁶² Department of Nutrition, Medical Research Institute, Ministry of Health in collaboration with WHO & UNICEF, *Nutrition status and gaps in the diet of Sri Lankans during the pre-economic crisis period*, 2022, p. 86.

⁶³ See Colombo Urban Lab, *Breaking Point: Impact of Sri Lanka’s Economic Crisis on Colombo’s Working Class Poor*, April 2023.

⁶⁴ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda.

⁶⁵ Ministry of Health, *Emergency Nutrition Plan 2022-2024*, <https://nutrition.health.gov.lk/wp-content/uploads/2022/08/Emergency-Nutrition-Plan-Final-Draft-25.07.2022.pdf>

⁶⁶ Interview by video call with a Nutrition Expert, 15 February 2023.

⁶⁷ WFP, “Market Monitor Sri Lanka- October 2022”; There’s also a shortage of eggs leading to eggs being unavailable. Thus, the unavailability and increased cost of eggs makes it difficult for people to purchase eggs: The Morning, “Egg shortage: Poultry industry denies; tourism industry laments”, <https://www.themorning.lk/articles/77x72fMdryMkLTbl6Tot>; The Poultry Site, “Sri Lanka to import eggs for sale in retail market, 13 June 2023, <https://www.thepoultrysite.com/news/2023/06/sri-lanka-to-import-eggs-for-sale-in-retail-market>

⁶⁸ WFP, “Market Monitor Sri Lanka- October 2022”.

⁶⁹ Interview by video call with a Nutrition Expert, 03 February 2023.

⁷⁰ Interview by voice call with a Midwife, 07 January 2023; Interview in person with a pregnant woman, 29 January 2023, Dematagoda.

⁷¹ FAO and WFP, *Special Report: FAO/WFP Crop and Food Security Assessment Mission (CFSAM) to the Democratic Socialist Republic of Sri Lanka* (previously cited); WFP, “Remote Household Food Security Survey Brief” (previously cited), p. 9; WFP, “Sri Lanka Situation Report”, 21 February 2023.

⁷² FAO and WFP, *Special Report: FAO/WFP Crop and Food Security Assessment Mission (CFSAM)*; WFP, “Remote Household Food Security Survey Brief”; WFP, “Sri Lanka Situation Report” (previously cited).

⁷³ FAO and WFP, *Special Report: FAO/WFP Crop and Food Security Assessment Mission (CFSAM)*, pp. 6 and 43.

⁷⁴ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda.

from spices, tomatoes, green chillies.”⁷⁵ These lunch packets, however, are carbohydrate heavy and do not include enough vegetables and protein. In addition, she also pointed out that she has not been able to purchase gas for cooking due to its steep increase of price, compelling her to purchase lunch packets instead.⁷⁶ The Colombo Urban Lab pointed out that though there are “no more long queues in the city for gas cylinders or kerosene, the reality is that availability does not mean affordability.”⁷⁷ As a result, women living in poverty have opted for fuel stacking and they use wood fire stoves and coal stoves.⁷⁸ For pregnant women this is an additional challenge and prevents them from preparing nutritious meals at home.



Vegetable cart that sells vegetables and goods at an informal settlement in Colombo, Sri Lanka. © Amra Ismail 2023/for Amnesty International

“There’s no gas [at home]. I can’t cook in kerosene oil. I can’t light firewood. So I need gas itself.”

A pregnant woman⁷⁹

In almost all households Amnesty International spoke with, the consumption of meat, vegetables, fruits and milk has drastically reduced.⁸⁰ This increases the risk of nutrition deficiencies among pregnant and breast-feeding women, which in some cases, can affect their quality of life and the development of the foetus.⁸¹ Families that consumed meat or fish weekly now consume them once a month or only when money is available. If they previously consumed it daily, they now consume it

⁷⁵ Interview in person with a pregnant woman, 04 February 2023, Thotalanga.

⁷⁶ Interview in person with a pregnant woman, 04 February 2023, Thotalanga.

⁷⁷ Colombo Urban Lab, “The Dire Straits of Colombo’s Working Class Poor”, 14 April 2023, <https://groundviews.org/2023/04/14/the-dire-straits-of-colombos-working-class-poor/>

⁷⁸ Colombo Urban Lab, “The Dire Straits of Colombo’s Working Class Poor” (previously cited).

⁷⁹ Interview in person with a pregnant woman, 04 February 2023, Thotalanga.

⁸⁰ See Foreign Policy, “Pregnant Sri Lankans Fear ‘One Meal Per Day’” (previously cited).

⁸¹ Interview by video call with a Nutrition Expert, 03 February 2023.

FOREGOING MEALS TO MAKE-DO

THE IMPACT OF SRI LANKA’S ECONOMIC CRISIS ON MATERNAL NUTRITION

once a week. This has resulted in significantly reducing their protein intake. If two vegetables were cooked for the household for a day, this has reduced to one, thereby halving the intake of vitamin-rich vegetables and accompaniments. Drinking milk or milk-based tea has also reduced, and people are opting for plain black tea without using milk, instead.⁸² A breast-feeding woman said: “We can’t afford milk-inducing food. You see fish is expensive. *Kiri moru* [shark fish curry] is expensive. So we buy what we can afford for the money we have, be it dried fish.”⁸³

“I eat what’s cooked for everyone else. There's nothing special for me. I eat egg. I cut it into half and eat that for two meals. You have to drink milk, but I hardly drink milk... We used to buy fruits. Now we can’t.”

A first-time pregnant woman⁸⁴

Women who had been pregnant before also confirmed that there was a significant difference between the nutritional intake during their previous pregnancies - when they were better able to afford the mandated nutritional requirements - and now. Many rely on the assistance of parents and neighbours, as well as the humanitarian assistance of international organizations, and donors who distribute essentials at the ante natal and post-natal clinics, to access food.

“Since I have separated from my husband, it’s very difficult. I stay at my mother’s place here. Since I am pregnant people help me. Those days [before the economic crisis] you could eat even four or five meals. Those days there was a vegetable, *mallum* [a sambol made of green leaves] and fish. Now it will be *parippu* [dhal], a small piece of dried fish. We eat fish/meat around once a week. Before, we used to consume fish/meat every other day.”

A single mother pregnant with her fifth baby⁸⁵

⁸² Interviews in person with pregnant and breast-feeding women (conducted separately), 5 February 2023, Mattakkuliya.

⁸³ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda.

⁸⁴ Interview in person with a breast-feeding woman, 29 January 2023, Dematagoda.

WFP has noted that households with no income and informal income are the most food insecure.⁸⁵ According to a report by Save The Children, 68% of households reported losing all or most of their household income sources during the crisis.⁸⁶ The World Bank estimates that half a million jobs in services and industry have been lost.⁸⁷

“Forget about nutrition, their focus is to fill their hunger. Although we recommend having fish, meat, and egg, they can’t afford these. They cry sometimes saying they can’t buy food. When we speak to the husbands, they say they don’t have work. Only if there’s work do they get paid.”

A midwife who provides nutritional counselling for pregnant and breast-feeding women⁸⁸

Most pregnant and breast-feeding women interviewed for this research explained that they were not employed and their husbands did not have a regular income. Daily wage earners which include labourers, three-wheeler drivers, plumbers, salespersons, among others, either have less work or no work during the ongoing crisis, which means there is minimal income flow.⁸⁹ A breast-feeding woman said: “My husband earns by renting a three-wheeler and taking people on hires. Hires have reduced. The rent for the three-wheeler is Rs. 600 per day. Fuel price is high. Household expenses are high.”⁹⁰

Women said they spent their limited household income on other household expenses like general food expenses, health expenses, utility bills and children’s school expenses.⁹¹ Electricity tariffs which increased by 75% in August 2022 were increased once again in February 2023 by 66% affecting all low-income households.⁹² A breast-feeding woman said: “We have to prioritize children’s expenses like their food, the electricity bill. The bill is very expensive now.”⁹³

In the vicinity of one location where interviews were conducted a fire broke out in September 2022 destroying eighty houses.⁹⁴ A breast-feeding woman with a five-month-old baby is grappling with the loss of her house to this fire and the reduced income of her husband who works as a *nattami* (labourer) at the Manning Market which is the oldest market in the country. “It’s very difficult to have all three meals. Six must eat from the income of my husband... We don’t get the nutrition we need. I was told I am anaemic. Out of all four children only this baby is of low weight.”⁹⁵



POTENTIAL HEALTH RISKS

According to the World Health Organization: “Maternal nutrition is a fundamental determinant of fetal growth, birth weight and infant morbidity; poor nutrition often leads to long-term, irreversible and detrimental consequences to the fetus.”⁹⁶ Nutrition experts warn that inadequate nutritional intake during pregnancy can cause micro nutrient deficiencies such as anaemia in women.⁹⁷ Anaemic women are more at risk of excessive bleeding during labour.⁹⁸ Further, the lack of adequate nutrition during pregnancy can lead to low birthweight.⁹⁹

A nutrition expert Amnesty International spoke to said: “Micronutrient deficiencies can be hidden...you are not hungry, you are not starving, but you can be nutritionally deficient...Cognitive functions [of the woman] like the ability to think and work will be compromised...Then, there will be children with low birth weight and prematurity. It’s cyclic. An Anaemic mother will lead to an

anaemic child. A low-birth-weight child will lead to a short or underweight, malnourished child. So cognitive (brain functions) and development (physical growth) will be affected.”¹⁰⁰

5. SOCIAL PROTECTION FOR MATERNAL NUTRITION

The economic crisis has adversely impacted the state’s ability to sustain existing social protection schemes such as the provision of ‘Thriposha’ and food vouchers for pregnant and breast-feeding women. ‘Thriposha’, a nutritional food supplement produced by a state-owned company out of maize, soya beans, full cream milk powder, vitamin and minerals has been distributed since 1973.¹⁰¹ Furthermore, since 2015, all pregnant and breast-feeding women registered with the Medical Officer of Health (MOH) Office were provided with food vouchers worth Rs. 2000 per month for ten months (the total value of the food vouchers was Rs. 20, 000) to purchase nutritious food.¹⁰² According to the

⁸⁶ Save the Children, *Sri Lanka: Rapid Needs Assessment Report- Phase 2*, February 2023, , <https://www.savethechildren.net/news/sri-lanka-half-families-reducing-children-s-food-intake-country-slips-further-hunger-crisis>

⁸⁷ World Bank, *Sri Lanka Development Update: Time to Reset*, April 2023.

⁸⁸ Interview by voice call with a Midwife, 08 February 2023.

⁸⁹ For instance, a breast-feeding woman mentioned how her husband had less work as a plumber because of the increased cost of cement that has reduced construction activities. Three-wheeler drivers have seen a reduction in hires due to the high charges resulting from the increased cost of fuel.

⁹⁰ Interview in person with a breast-feeding woman, 05 February 2023, Mattakkuliya.

⁹¹ See UNICEF, “Sri Lank: Economic Crisis 2022- Situation Report No. 3”.

⁹² Colombo Urban Lab, *Breaking Point: Impact of Sri Lanka’s Economic Crisis on Colombo’s Working Class Poor* (previously cited).

⁹³ Interviews in person with pregnant and breast-feeding women (conducted separately), 29 January 2023, Dematagoda.

⁹⁴ News First, “Kajimawatte fire guts over 80 houses, over 200 displaced”, <https://www.newsfirst.lk/2022/09/28/kajimawatte-fire-guts-over-80-houses-over-200-displaced/>

⁹⁵ Interview in person with a breast-feeding woman, 04 February 2023, Thotalanga.

⁹⁶ World Health Organization, “Nutrition: Nutrition of women in the preconception period, during pregnancy and the breast-feeding period”, EB130/11, 20 December 2011, para. 12.

⁹⁷ Grace Stephen and others, “Anaemia in Pregnancy: Prevalence, Risk Factors, and Adverse Perinatal Outcomes in Northern Tanzania”, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5954959/>

⁹⁸ Kaima A.Frass, “Postpartum hemorrhage is related to the hemoglobin levels at labor: Observational study”, December 2015, <https://www.sciencedirect.com/science/article/pii/S2090506814001158#b0025>

⁹⁹ UNICEF, “Maternal nutrition: Preventing malnutrition in pregnant and breast-feeding women”.

¹⁰⁰ Interview by video call with a Nutrition Expert, 03 February 2023.

¹⁰¹ Sri Lanka Thriposha Ltd, “Identifying of thriposha”, <https://www.thriposha.lk/thriposha-production/identifying-of-thriposha/>; The Sunday Times, “Thriposha production back in action, and will be distributed soon”, 31 July 2022, <https://www.sundaytimes.lk/220731/news/thriposha-production-back-in-action-and-will-be-distributed-soon-490402.html> ; CEPA, Acted and World Vision, *Rapid Food Security Assessment*, July 2022.

¹⁰² Ministry of Women, Child Affairs and Social Empowerment, “Main Development Programmes”, <http://www.childwomenmin.gov.lk/institutes/childrens-secretariat/main-development-programmes>

2023 budget, approximately 12 billion rupees has been allocated for the 'Thripasha' programme while approximately 11 billion rupees has been allocated for food vouchers for pregnant women.¹⁰³

Since the onset of the economic crisis, the production and distribution of 'Thripasha' was impacted and women did not receive it consistently every month.¹⁰⁴ A breast-feeding woman said: "'Thripasha' is given only if available. Those days [before the economic crisis] they used to give it every month."¹⁰⁵ This food supplement is given to prevent pregnant and breast-feeding women from becoming malnourished and to prevent infants from being born with low birth weight. A nutrition expert said: "Pregnant mothers are given 'Thripasha' mainly to prevent low birth weight babies and future nutritional issues in the babies, and also for the mother to gain adequate weight during pregnancy. It is preventive. This is the same for lactating women. If breast-feeding women are not given 'Thripasha', their nutrition will go down. It is to prevent [nutritional deficiencies]."¹⁰⁶ Access to such supplements is more important in the context of the crisis, given the reduced access to nutritious food.

In February 2023, pregnant and breast-feeding women Amnesty International spoke to said that food vouchers which are usually issued to pregnant and breast-feeding women could not be redeemed, and they were told this was due to the lack of funds.¹⁰⁷ According to media reports, a circular had been issued to halt the programme as the Ministry of Women, Child Affairs and Social Empowerment did not have sufficient funds.¹⁰⁸ A breast-feeding woman said: "I got [these vouchers] a few times at the beginning, then I was told that *Sathosa* [a state owned retail business¹⁰⁹] no longer gives goods because the government hasn't paid money."¹¹⁰

Women told Amnesty International that in their previous pregnancies, they redeemed this voucher consistently for 10 months. In the interviews, they explained how the absence of this food voucher has further compromised access to food and nutrition.¹¹¹ For example, a 5-months pregnant woman said: "Those days [before the economic crisis] we got the food voucher and managed to eat chickpeas, cowpea- what was recommended, now it is very difficult."¹¹²

According to media reports the value of the food voucher has been revised to Rs. 45,000 from January 2023.¹¹³ Thus, the monthly food voucher worth Rs. 2000 has now been increased to Rs. 4500 to be provided for 10 months. The Ministry of Women, Child Affairs & Social Empowerment has

¹⁰³ *Budget Estimates 2023*, Democratic Socialist Republic of Sri Lanka

¹⁰⁴ Interviews in person with pregnant and breast-feeding women (conducted separately), 29 January, 04 and 05 February 2023, Dematagoda, Thotalanga and Mattakkuliya: Foreign Policy, "Pregnant Sri Lankans Fear 'One Meal Per Day'" (previously cited), *The Morning*, "Thripasha production halt continues with soya, maize shortage", <https://www.themorning.lk/articles/208670> ; WFP, "How WFP assists pregnant women amid Sri Lanka's economic crisis" 6 August 2022, <https://www.wfp.org/stories/how-wfp-assists-pregnant-women-amid-sri-lankas-economic-crisis>

¹⁰⁵ Interviews in person with pregnant and breast-feeding women (conducted separately), 05 February 2023, Mattakkuliya.

¹⁰⁶ Interview by video call with a Nutrition Expert, 15 February 2023.

¹⁰⁷ News First, "Nutri pack for mothers suspended thripasha production resumes", <https://www.newsfirst.lk/2022/11/04/nutri-pack-for-mothers-suspended-thripasha-production-resumes/>

¹⁰⁸ *The Morning*, "Nutrition allowance for pregnant, breast-feeding women halted", <https://www.themorning.lk/articles/209426>

¹⁰⁹ "Lanka Sathosa- Largest Retail Network", <http://lankasathosa.org/>

¹¹⁰ Interview in person with a breast-feeding woman, 05 February 2023, Mattakkuliya.

¹¹¹ See also *The Morning*, "Nutrition allowance for pregnant, breast-feeding women halted", <https://www.themorning.lk/articles/209426>

¹¹² Interviews in person with pregnant and breast-feeding women (conducted separately), 4 February 2023, Thotalanga.

¹¹³ Women who have already delivered the baby are also eligible provided the application is made before the baby completes four months.

reportedly allocated Rs. 468 million for this purpose.¹¹⁴ According to this publicly available data, the allocation could cover only 10, 400 women at best, whereas the number of women in need of such assistance is much higher. A report by the World Bank which assessed public financing for nutrition in Sri Lanka noted that there were around 330,000 to 370,000 beneficiaries of the food voucher per year during the period from 2016–2018.¹¹⁵

Further, in late January and February when interviews were conducted, women were unable to access nutritious food baskets against existing Rs. 2000 worth food vouchers, and they expressed skepticism about how useful the new scheme would be. A pregnant woman said: “We aren’t sure we will even get this Rs. 45,000 pack.”¹¹⁶

Amnesty International wrote to the Ministry of Women, Ministry of Health and Ministry of Public Administration to ask about the revised food voucher including the process adopted to revise it and the shortfall of funding required to ensure the food voucher was universally available. However, at the time of publication, we had not received a response.

It is worth noting that even if the funding for the program is resolved, women may face other barriers in accessing this support. To access the revised food vouchers, women need to apply by filling an application which should be certified by the *Grama Sevaka* (village headman), midwife and the doctor of the ante-natal or post-natal clinic. This application should be accompanied by an affidavit stating the monthly family income. A pregnant woman pointed out the difficulty in submitting the documents to obtain the food voucher. She said: “I was told to get the *Grama Sevaka* certify [in the application], sign it and handover... It’s difficult for me to travel. Transport expenses are high for a three-wheeler.”¹¹⁷

Further, there is now a move towards targeting the provision of these forms of social protection, as opposed to ensuring that these are universally available. The Emergency Nutrition Plan 2022-2024 has proposed to restart the ‘*Thripasha*’ program and “target the supply to the most needed.”¹¹⁸ The plan has further proposed to target “poorer income households, pregnant mothers with food support / cash transfer schemes that are revised to capture current levels of inflation.”¹¹⁹ This includes providing the “minimum requirement of food basket to all vulnerable pregnant mothers” for 9 months and breast-feeding women for 6 months.¹²⁰ As a result, only pregnant women in families whose monthly income is less than Rs. 50, 000 are eligible to receive the revised food vouchers worth Rs. 45, 000.¹²¹ This benefit was previously universally available to all registered pregnant and breast-feeding women.

“Targeting” social security benefits such as ‘*Thripasha*’ and the food voucher programmes are problematic for several reasons. A recent report by Amnesty International titled “*Rising Prices, Growing Protests: The Case for Universal Social Protection*”¹²² advocates for universal social protection

¹¹⁴ Daily News, “Rs. 468 mn allocated for pregnant mother’s nutrition”, 9 February 2023, <https://www.dailynews.lk/2023/02/09/local/297001/rs468-mn-allocated-pregnant-mother%E2%80%99s-nutrition>

¹¹⁵ The World Bank, *Assessing Public Financing for Nutrition in Sri Lanka (2014)-(2018)*, February 2020, p. 44.

¹¹⁶ Interviews in person with pregnant and breast-feeding women (conducted separately), 4 February 2023, Thotalanga.

¹¹⁷ Interview in person with a pregnant woman, 5 February 2023, Mattakkuliya.

¹¹⁸ Ministry of Health, *Emergency Nutrition Plan 2022-2024*, <https://nutrition.health.gov.lk/wp-content/uploads/2022/08/Emergency-Nutrition-Plan-Final-Draft-25.07.2022.pdf>

¹¹⁹ Ministry of Health, *Emergency Nutrition Plan 2022-2024* (previously cited).

¹²⁰ Ministry of Health, *Emergency Nutrition Plan 2022-2024*.

¹²¹ Daily News, “Rs. 468 mn allocated for pregnant mothers’ nutrition” (previously cited).

¹²² Amnesty International, *Rising Prices, Growing Protests: The Case for Universal Social Protection*, (Index: POL 40/6589/2023), 19 May 2022, <https://www.amnesty.org/en/documents/pol40/6589/2023/en/>

models which have the potential of “providing equitable access to all people and protecting them throughout their lives against poverty and risks to their livelihoods and well-being.” The report notes: “Targeting based on levels of poverty has been criticized in practice for excluding people who should actually be covered, stigmatizing effects, and higher administrative costs. For example, Sri Lanka’s flagship social assistance programme, *Samurdhi*, which provides benefits to people on low incomes has been criticized for high exclusion.” According to the Feminist Collective for Economic Justice (FCEJ), the targeted approach to social protection in Sri Lanka “has long been misused by politicians and officials to discriminate against communities and individuals when selections are made. Furthermore, targeted schemes often leave out the most vulnerable from receiving assistance.”¹²³ FCEJ further points out that as poverty has doubled, there is no rationale to narrow the base of people eligible for social security.¹²⁴

According to the IMF Country Report released in March 2023, only 0.6% of GDP is projected to be spent on social protection (Rs. 187 billion) in 2023;¹²⁵ civil society groups have criticised this as being inadequate, given the effect of austerity measures and the steep rise in the cost of living.¹²⁶ Increased social spending is critical more than ever in the context of the economic crisis for people to withstand its effects and secure their future by shielding against negative health outcomes.



Informal settlement in Colombo, Sri Lanka. © Amra Ismail 2023/for Amnesty International

¹²³ Feminist Collective for Economic Justice, *Social Protection for Sri Lanka: A Progressive Gender Sensitive Response to the Crisis*, May 2023.

¹²⁴ Feminist Collective for Economic Justice, *Social Protection for Sri Lanka: A Progressive Gender Sensitive Response to the Crisis* (previously cited).

¹²⁵ International Monetary Fund, *IMF Country Report No.23/116: Request for an extended arrangement under the Extended Fund Facility- Press Release; Staff Report; and Statement by the Executive Director for Sri Lanka*, March 2023.

¹²⁶ Daily Mirror, “IMF, Austerity and Social Protection”, 17 April 2023, <https://www.dailymirror.lk/opinion/IMF-Austerity-and-Social-Protection/172-257659>

The latest effort of the government to introduce a social protection policy is the implementation of the “Aswesuma” Welfare Benefit Payment Scheme.¹²⁷ A monthly welfare allowance is to be paid to four groups identified as “transitional”, “vulnerable”, “poor” and “severely poor”.¹²⁸ The amount of welfare benefit depends on the level of vulnerability,¹²⁹ assessed on a points system based on certain criteria such as education, health, economic level, assets, housing condition and family demography.¹³⁰ According to the Feminist Collective for Economic Justice (FCEJ), “a household is not considered poor if a family member possesses a permanent house, clean drinking water and toilet facilities, a motorbike, and livestock.”¹³¹ In addition, persons with disabilities, receiving renal support and older persons have also been identified as beneficiaries for monthly welfare benefits.¹³² However, pregnant and breast-feeding women have not been identified as a specific group in need of support through this program.

Even as the program is being introduced, civil society groups have raised concerns about the process adopted to verify those eligible for welfare benefits.¹³³ According to a policy brief by FCEJ, the verification process was “found to be coercive with excessive surveillance and data gathering, caused fear and fueled social disharmony, and appears poised to fail extremely vulnerable populations.” The Collective further noted that “people are being pushed out by the ‘hit or miss’ approach which adopts survey criteria designed prior to the pandemic and economic crisis” and explained that “the process fails to measure the ability to ensure food security, meet basic nutritional needs and account for household debt which are major concerns under the current economic crisis.”¹³⁴

6. INTERNATIONAL HUMAN RIGHTS STANDARDS

Sri Lanka has ratified several international instruments that require it to ensure that pregnant and breast-feeding women have access to adequate health care and food. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

¹²⁷ “Gazette (Extraordinary) of the Democratic Socialist Republic of Sri Lanka”, No 2328/13, 21 April 2023; Amnesty International is yet to assess the impact of this program on people’s access to economic, social and cultural rights. This was not the focus of this research.

¹²⁸ A “transitional” family unit is to receive Rs. 2,500 monthly until 31st December 2023. A “vulnerable” family unit is to receive Rs. 5,000 monthly until 31 March 2024. A “poor” family is to receive Rs. 8, 500 monthly for three years. A “severely poor” family is to receive Rs. 15, 000 for three years.

¹²⁹ LIRNEasia, “Social Safety Nets and the State of Poverty in Sri Lanka”, 7 June 2023, <https://lirneasia.net/wp-content/uploads/2023/06/LIRNEasia-Social-Safety-Nets-and-the-State-of-Poverty-in-Sri-Lanka.pdf>

¹³⁰ Daily FT, “World Bank and IMF’s targeted discourse against working poor of Sri Lanka”, 8 May 2023, <https://www.ft.lk/opinion/World-Bank-and-IMF-s-targeted-discourse-against-working-poor-of-Sri-Lanka/14-748032>

¹³¹ Daily FT, “World Bank and IMF’s targeted discourse against working poor of Sri Lanka”.

¹³² Rs. 5,000 monthly for persons with disability and persons receiving renal support, and Rs. 2, 000 monthly for those receiving elderly support.

¹³³ Feminist Collective for Economic Justice, *Social Protection for Sri Lanka: A Progressive Gender Sensitive Response to the Crisis*, May 2023.

¹³⁴ Feminist Collective for Economic Justice, *Social Protection for Sri Lanka: A Progressive Gender Sensitive Response to the Crisis*.

Article 12(2) of CEDAW requires States to ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period. This includes granting free services where necessary and ensuring to women adequate nutrition during pregnancy and lactation.¹³⁵

The full enjoyment of the right to health (provided for by Article 12 of ICESCR) includes not only ensuring healthcare but also the “underlying determinants of health, such as food and nutrition”.¹³⁶ The right to adequate food is indivisibly linked to the inherent dignity of humans and is indispensable for the fulfilment of other human rights.¹³⁷ Under the ICESCR, States parties are under an obligation to take appropriate steps to ensure the realization of the right to an adequate standard of living which includes adequate food.¹³⁸ The State has an obligation to ensure access to the minimum essential food which is nutritionally adequate and safe.¹³⁹ The State should ensure the availability of food in a quantity and quality sufficient to satisfy the dietary needs of pregnant and breast-feeding women, free from adverse substances, and acceptable within a given culture.¹⁴⁰ The diet as a whole should contain a mix of nutrients in compliance with their needs.¹⁴¹ This may require measures to maintain, adapt or strengthen dietary diversity and appropriate consumption and feeding patterns, including breast-feeding, while ensuring that changes in availability and access to food supply as a minimum do not negatively affect dietary composition and intake.¹⁴²

Such food should be accessible in ways that are sustainable and do not interfere with the enjoyment of other human rights.¹⁴³ Accessibility includes economic accessibility which implies that household financial costs associated with the acquisition of food for an adequate diet should be at a level such that the attainment and satisfaction of other basic needs are not threatened or compromised.¹⁴⁴ According to the Committee, “even where a State faces severe resource constraints caused by an economic recession, measures should be undertaken to ensure that the right to adequate food is especially fulfilled for vulnerable groups”.¹⁴⁵ The ICESCR framework recognizes that impoverished segments of the population may need attention through special programmes.¹⁴⁶

Further, Article 9 of ICESCR recognizes the right to social security.¹⁴⁷ According to the Committee on Economic, Social and Cultural Rights, “[s]ocial security, through its redistributive character, plays an important role in poverty reduction and alleviation, preventing social exclusion and promoting social inclusion.”¹⁴⁸ The right to social security includes the provision of appropriate medical benefits for women “including perinatal, childbirth and postnatal care and care in hospital where necessary.”¹⁴⁹ The International Labour Organization Social Protection Floors Recommendation, 2012 (No.202) recognizes, among others, access to essential healthcare “including maternity care, that meets the criteria of availability, accessibility, acceptability and quality” and basic income security “for persons in

¹³⁵ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Article 12(2).

¹³⁶ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 14: The Right to the Highest Attainable Standard of Health (Article 12), 11 August 2000, UN Doc. E/C.12/2000/4, para 4.

¹³⁷ CESCR, General Comment 12: The Right to Adequate Food (Article 11), 12 May 1999, UN Doc. E/C.12/1999/5, para 4.

¹³⁸ International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 11(1).

¹³⁹ CESCR, General Comment 14 (previously cited), para 34.

¹⁴⁰ CESCR, General Comment 12 (previously cited), para 8.

¹⁴¹ CESCR, General Comment 12, para 9.

¹⁴² CESCR, General Comment 12, para 8.

¹⁴³ CESCR, General Comment 12, para 8.

¹⁴⁴ CESCR, General Comment 12, para 13.

¹⁴⁵ CESCR, General Comment 12, para 28.

¹⁴⁶ CESCR, General Comment 12, para 13.

¹⁴⁷ ICESCR, Article 9.

¹⁴⁸ ICESCR, General Comment 19: The Right to Social Security (Article 9), Un Doc. E/C.12/GC/19, 23 November 2007, para 3.

¹⁴⁹ ICESCR, General Comment 19 (previously cited), para 19.

active age who are unable to earn sufficient income, in particular in cases of cases of sickness, unemployment, maternity and disability” as basic social security guarantees. These basic social guarantees “should ensure at a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level.”¹⁵⁰

7. CONCLUSIONS AND RECOMMENDATIONS

This briefing has demonstrated how increased poverty and the resulting food insecurity has had a particularly detrimental impact on pregnant and breast-feeding women’s access to adequate food and nutrition. It also highlights the importance of the government administered ‘*Thripasha*’ food supplement and food voucher programmes to prevent women and their new-borns from facing adverse health consequences associated with the inability to access nutritious food. The research briefing makes a case for urgent action by the government and the international community to cooperate and facilitate pregnant and breast-feeding women’s access to adequate food and nutrition.

The report titled “*We are near total breakdown*” made the following recommendations in relation to access to food and nutrition, and social protection, which Amnesty International reiterates in this briefing as urgent steps required to be taken by the government of Sri Lanka. In particular, we are calling on the government to:

- Develop a rapid and realistic assessment of the cash transfer systems and other social security net and support people in need to access adequate and nutritious food in this economic crisis.
 - This understanding should reflect the costs of a nutritionally adequate and diverse diet.
 - Consider ways by which support can be distributed in cash and also in the form of direct provision of food, given the rising inflation.
- Programmes to address people’s growing needs around food security and nutrition should be based on existing social security infrastructure in Sri Lanka (such as existing distribution networks). When responding to the breadth of the impact of the crisis, efforts should be made to avoid narrow means-tested targeting but instead it should provide the widest coverage possible and should be strengthened and expanded accordingly.
- Increase expenditure on social assistance programmes to respond to the growing need for support and ensure that everyone who needs it, has access to social assistance. Where the government is unable to meet the funding requirements, it should request specific international assistance to this end as a priority.
- Revise and increase the amount disbursed as social assistance through existing programmes, to ensure that people who receive them can access an adequate standard of living, especially during the economic crisis.
 - This revision should be done in consultation with affected groups, reflecting a gender analysis, and keeping in mind their daily needs and rapidly rising cost of living.

¹⁵⁰ International Labour Organization, Social Protection Floors Recommendation 202, 2012, https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3065524:NO

- Periodically review and revise accordingly the benefit amounts and people covered by social assistance programmes, so that the impacts of the rapidly changing economic and social situation in the country can be addressed.
- Reform existing social assistance programmes in Sri Lanka in a manner that moves away from narrower targeting and offers comprehensive social protection coverage.
 - This should be done in a transparent manner, and should ensure the meaningful participation of people affected by it, including individuals and civil society groups working with affected communities.
 - Any social protection programme should be designed in a manner consistent with human rights law and standards, and
 - builds on Sri Lanka’s existing networks around social assistance;
 - provide adequate benefits, to allow people to access an adequate standard of living;
 - work with lenders/donors to build a clear understanding of the costs involved in providing universal social protection, and a plan to cover these costs in a sustainable manner through all options available to the government;
 - have built-in independent mechanisms to periodically evaluate the functioning of the programme to ensure accountability and adequacy.
- Explore alternative options for accessing the maximum available resources to fulfil human rights obligations, including through
 - effectively addressing tax evasion and tax fraud (in line with the recommendations of the UN Independent Expert on foreign debt and human rights),
 - reforming tax collection methods (such as reinstating PAYE), and
 - implementing progressive, redistributive tax measures.
- Ensure that Sri Lanka’s human rights obligations and the fiscal space necessary for human rights-related spending are key factors in future negotiations on Sri Lanka’s debt, including while evaluating possible debt relief and changes to the terms of repayment.
- Ensure that that any future commitments around Sri Lanka’s debt, including around future debt servicing obligations, do not undermine the government’s ability to fulfil its human rights obligations.

In addition, Amnesty International makes the following specific recommendations to address the deteriorating access to adequate nutrition amongst pregnant and breast-feeding women:

- Ensure that all pregnant and breast-feeding women, including those living in poverty, can access adequate food and nutrition of sufficient quality and quantity;
- Ensure universal access to ‘*Thripasha*’ and food vouchers, expedite the implementation of the expanded food voucher program, and ensure that the program is not narrowly targeted and is funded to cover everyone who is pregnant and breast-feeding;
- Ensure access to maternal nutrition in line with international human rights law obligations by taking budgetary steps through adequate allocations and outcomes for its full realization;
- Take appropriate steps to seek development aid through international assistance and co-operation to ensure the availability and accessibility of food and food supplements, including for those most at risk, such as pregnant and breast-feeding women;

- Ensure that there is transparency and public awareness of the justification and basis of surveys conducted to assess those most in need of social security support and cash transfer schemes, and ensure that exclusion and inclusion errors are addressed and minimised;
- Put in place mechanisms for public scrutiny and public comment on any agreements and negotiations with creditors and multilateral lenders as the government prepares its economic recovery plans after the IMF agreement of March 2023 *before* such agreements are finalized and agreed upon; and
- Ensure that the social security schemes and cash transfer schemes move towards universal coverage given the large number of people who now live below the poverty line in Sri Lanka after the economic crisis.

The Mayor of Colombo should:

- Ensure that there is an adequate supply of ‘*Thripasha*’ and vitamin supplements for all pregnant and breast-feeding women, which should be consistently provided as recommended through the ante-natal clinics and the post-natal clinics.
- Ensure that the food vouchers are reaching pregnant and breast-feeding women and that they are able to redeem these vouchers and purchase nutritious food.
- Enable households to receive a guaranteed amount of rice, pulses, vegetables, fruit, milk, eggs every week for at least one year,¹⁵¹ which will empower these households to withstand inflation. This is in addition to food vouchers provided to pregnant women. These goods can be provided through local community vendors and shops which are easily accessible to such households.¹⁵²
- Create awareness of low-cost alternative food which are high in nutrition which should be made available in the vicinity of people living in poverty in urban areas.

¹⁵¹ Colombo Urban Lab, *Breaking Point: Impact of Sri Lanka’s Economic Crisis on Colombo’s Working Class Poor* (previously cited).

¹⁵² Colombo Urban Lab, *Breaking Point: Impact of Sri Lanka’s Economic Crisis on Colombo’s Working Class Poor*.

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