



National Nutrition Policy of Sri Lanka

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DDG	- Deputy Director General
MOE	- Ministry of Education
FHB	- Family Health Bureau
HEB	- Health Education Bureau
MRI	- Medical Research Institute
NCD	- Non Communicable Diseases
NCU	- Nutrition Coordination Unit
DNUT	- Director/ Nutrition Division
D/E&UH	- Director/Estate and Urban health
PLWHA	- People Living With HIV & AIDS
PIH	- Pregnancy Induced Hypertension
UN	- United Nations
NGO	- Non Governmental Organization
LBW	- Low Birth Weight
MoH	- Ministry of Health
IYCF	- Infant & Young Child Feeding
MCH	- Maternal & Child Health
NA	- Not available
AFC	- Adolescents' friendly clinics
NP	- Nutrition Promotion
PI	- Process indicator
OI	- Output indicators
DHS	- Demographic & Health Survey
GSN	- Grama Sewa Niladari

1. PREAMBLE

Good nutrition is essential for achieving and maintaining good health, improving quality of life, and enhanced socio-economic development of the country. At national level, nutritional status is the outcome of the interrelationships between health, environment, community and economic development.

The nutritional status of individuals is inter-related as they pass through different stages of the lifecycle. Poor maternal nutrition leads to under nutrition in-utero, followed by low birth weight and its' consequences of increased neonatal and infant morbidity and mortality, as well as increased risk of chronic diseases in later life. A comprehensive nutrition policy will lead the way to optimum nutrition through all stages of life cycle reducing the inter-generational impact of malnutrition.

The Nutrition Policy for Sri Lanka was first developed in 1986. There is now an urgent need to revise it as a sound nutrition policy is an essential prerequisite for implementing future strategies and action plans in accordance with the former, while building upon the related policies already in existence. The nutritional well-being of a population is influenced by determinants that cut across the areas of responsibilities of different sectors and agencies. Household food insecurity, for example, is influenced by factors such as health, education, employment, food availability and food affordability, and leads to malnutrition. These factors are under the purview of many sectors and extends beyond the health sector. The proposed National Nutrition Policy (NNP) will provide a platform for inter-sectoral coordination in order to accelerate efforts to achieve optimum nutrition for all. The policy will also provide overall guidance for the development of national strategic plans of action for nutrition activities. A concerted effort by relevant sectors, including Planning, Agriculture, Fisheries, Livestock, Health, Women's Affairs/Empowerment, Education, Social Services, Poverty alleviation, Trade and Industry, and Media, the government, non-governmental agencies, international development partners, and the cooperation of the public will be mandatory for effective implementation of the policy and for acceleration of national development.

The NNP will be updated in 2013 and revised in 2018.

2. NUTRITION STATUS IN SRI LANKA

Health and social status of Sri Lanka has shown a significant progress over the last several years. Life expectancy of Sri Lankans is 68 years for males and 76 years for females in 2006 (Central Bank Annual Report. 2008), Maternal mortality rate is 39.3 per 100,000 live births (FHB. 2006), and Infant mortality rate is 10 per 1000 live births (Registrar General's Dept. 2006), Under five mortality is 12.1 per 1000 births (Registrar General's Dept.2006). However, improvement of nutrition indicators has not kept pace with the others.

Despite the relatively high literacy rate (90.8% in 2006) in the country (Central Bank Annual Report. 2008), and achievements in economic growth, the nutritional status of children is not satisfactory, and neither is that of adolescents and women. According to the Demographic & Health Survey 2006/2007 data, low birth weight prevalence is 16.6%. Among the under five children, 21.1% are underweight (compared to 22.8% revealed by DHS 2000), and about 14.7% under 5 years are wasted (15.5% in 2000). Stunting levels have declined from 18.4% in 2000 to 17.3% in 2007 (DHS). The nutrition status shows a wide variation across the districts & as for wasting, it ranges from 10.5% to 28.1% substantiating the geographical disparity.

Undernutrition leads to sub-optimal growth, poor cognitive development and poor academic performance in children resulting in decreased work capacity and productivity in adult life. Sri Lanka is dependent upon well-nourished healthy children to grow up and contribute effectively to the well-being of the nation. However, if the current figures of undernutrition in non-pregnant women are a proxy indicator (DHS. 2007 revealed that 16.2% of women aged 15-49 years are undernourished with Body Mass Index below 18.5 kgm^{-2}), the goal of achieving optimum nutrition status faces a great challenge. This picture is further deteriorated by comparatively high micronutrient deficiencies particularly anaemia and vitamin A deficiency. The prevalence of anaemia among children under- five years, primary school children, adolescents, non pregnant women and pregnant women were 29.9%, 20.9%, 22.3%, 31.6% and 30.3% respectively (MRI. 2001). The last Vitamin A deficiency survey (2006) shows that about 29% of under-five children are biochemically vitamin A deficient.

According to the Food Balance Sheets published by the Department of Census and Statistics (2000-2005) it has been shown that there is an increasing trend in the production of rice, vegetables, milk, meat and fruits over the last five years. Accordingly, per capita availability of calories and proteins (g/day) has increased. This generally implies an

improved food security situation even though it does not necessarily follow at household level. Inequity of household food distribution, insufficient knowledge, inappropriate feeding and caring practices add to the problem of compromising nutrition security of the individual.

Inappropriate infant and young child feeding practices especially short duration of exclusive breast-feeding & inappropriate complementary feeding still persist. Nevertheless exclusive breast-feeding has been increased from 57.6% in 2000 (predominant breast-feeding (0-4 month)) to 75.8% (0-5 month) in 2007 (DHS). Inadequate knowledge and time constraints on the part of caregiver are major contributory factors for poor feeding practices than the economic hardships.

As the child grows into an adolescent, and then to an adult, lifestyle changes are influenced by marketing strategies, convenience factor and peer pressure leading to unbalanced dietary patterns resulting in nutritional deficiencies on one hand and overweight and its' consequences on the other. Imbalanced diets, sedentary lifestyles, and lack of physical activity are risk factors leading to a high prevalence of overweight (about 31.2% in females aged 15-49 years (DHS.2007)), and other diet-related non-communicable diseases such as diabetes mellitus, cardiovascular disease, hypertension and certain types of cancer. Comparatively high prevalence of overweight is seen in urban areas (7.6% in urban adolescents aged 11-19 years (MRI.2001)). Overweight and obesity are emerging challenges leading to a double burden.

Although a wide range of programmes (e.g. Thriposha programme, growth monitoring and promotion of children, micronutrient supplementation etc.) have been ongoing for several years, it is imperative that they are evaluated and strengthened to reap the full benefit.

A strong political commitment and concerted social action are needed to address the multi-causal problems simultaneously. Different ministries and stakeholders of various sectors and agencies are required to act urgently, in a coordinated manner.

A well-defined policy and a workable action plan will serve as a guideline to the relevant stakeholders in planning and management of nutrition programmes with effective integration ensuring efficiency and sustainability.

3. VISION

Every Sri Lankan has access to appropriate and adequate food and nutrition irrespective of their geographical location and socio-economic status.

4. GOAL AND OBJECTIVES

4.1 Goal

To achieve and maintain the nutritional well-being of all Sri Lankans enabling them to contribute effectively towards national socio-economic growth and development.

4.2 Objectives

1. To ensure optimal nutrition throughout the life cycle
2. To enhance capacity to deliver effective & appropriate interventions
3. To ensure effective management of adequate nutrition to vulnerable populations
4. To ensure food and nutrition security for all citizens
5. To strengthen advocacy, partnerships and networking
6. To strengthen research, monitoring and evaluation

5. POLICY STATEMENTS

5.1 Ensuring optimal nutrition throughout the life cycle

Nutritional status throughout the stages of the life cycle is interrelated. Fetal malnutrition due to poor maternal nutrition sets-up a vicious cycle affecting all stages of life and even future generations. Thus, in-order to reduce this inter-generational impact of malnutrition, the National Nutrition Policy will focus on a life-cycle approach and aims to:

Policy Statement 5.1.1:

Pregnant Women

Ensure appropriate and adequate nutrition and related services for all pregnant women throughout the pregnancy enabling a delivery of a healthy baby with an adequate birth weight.

Policy Statement 5.1.2:

Lactating Mothers

Ensure supportive family environment, services and regulatory safety nets to enable mothers to provide optimal care including exclusive breastfeeding for 6 months and continuation of breast feeding for 2 years and beyond.

Policy Statement 5.1.3:

Infant and Young Child

Ensure a good foundation for all infants and young children during their early childhood years by providing optimal nutrition through provision of exclusive breast-feeding for 6 months followed by complementary feeding together with continued breast feeding for 2 years and beyond.

Policy Statement 5.1.4:

Pre-school and School Children

Ensure all pre-school and primary school children have access to adequate and safe nutrition, which will optimise their growth and development.

Policy Statement 5.1.5:

Adolescents

Reduce undernutrition and obesity (malnutrition) among adolescents enabling them to be healthy and productive adults.

Policy Statement 5.1.6:

*Adults and
Elderly*

Promote appropriate nutrition for adults and elderly to ensure prevention and control of nutrition related Non-Communicable Diseases.

5.2 Enhancing capacity to deliver effective and appropriate interventions

Empowerment of all stakeholders can only be achieved through capacity building, which is vital for successful interventions. National Nutrition Policy therefore aims to:

Policy Statement 5.2.1:

*Behaviour
Change
Communication*

Promote behaviour change communication to all sections of population enabling them to make right food choices and care practices.

Policy Statement 5.2.2:

*Capacity
Building*

Strengthen capacity building of health staff and community-based workers for effective behaviour change communication with regards to nutrition promotion in all sections of the community.

Policy Statement 5.2.3:

*Community
Empowerment*

Empower the community by reorganizing grass root level community organizations, in programme planning, implementation and monitoring of nutrition intervention programmes.

Policy Statement 5.2.4:

Media

Ensure dissemination of appropriate nutrition messages and promotion programmes through media in a responsible and ethical manner.

5.3 Ensuring effective management of adequate nutrition to vulnerable populations

Vulnerable populations are worst affected particularly during man made and natural disasters as well as during illnesses. Hence National Nutrition Policy aims to:

Policy Statement 5.3.1:

*Vulnerable
Populations*

Ensure targeting of nutritional interventions to underserved areas, plantation community, urban poor and areas identified by the nutrition surveillance system.

Policy Statement 5.3.2:

*Emergencies /
Conflict*

Ensure access to adequate nutrition for people affected by emergencies (conflict or natural disasters) and ensure emergency preparedness and response plans to adequately address the basic nutrition needs of all people.

Policy Statement 5.3.3:

*Illness /
PLWHA*

Ensure adequate nutrition during and after illness with special considerations on those affected with chronic diseases and people living with HIV / AIDS (PLWHA).

5.4 Ensuring food and nutrition security for all citizens

Food and nutrition security is a major factor in achieving nutritional wellbeing at individual and household level. National Nutrition Policy aims to:

Policy Statement 5.4.1:

*Food Based
Approaches*

Ensure access to adequate, nutritious, safe and quality food at affordable price throughout the year.

Policy Statement 5.4.2:

*Dietary
Diversification*

Promote consumption of a wide variety of foods ensuring intake of all macro and micronutrients to prevent deficiency disorders and diet related chronic diseases.

Policy Statement 5.4.3:

*Nutrient
Enhancement*

Promote and facilitate improvement of quality of commonly consumed food items (eg. food fortification) to ensure micronutrient supplementation for vulnerable groups.

Policy Statement 5.4.4:

Food Safety

Enact and implement of appropriate legislations and other regulatory mechanisms to ensure provision of safe nutrition to all citizens of Sri Lanka.

5.5 Strengthen advocacy, partnerships and networking

Appreciating the cross-cutting nature of nutrition interventions, measures will be taken to advocate incorporation of nutritional objectives and components into national development and other relevant policies and programmes and aims to:

Policy Statement 5.5.1:

*Political
Commitment*

Establish a mechanism for regular consultation and dialogue between political leadership, policy planners and other stakeholders to ensure sustainability of programmes in coherence with other nutrition related policies.

Policy Statement 5.5.2:

*Inter Agency
Partnership*

Strengthen partnerships and networking with relevant sectors and stakeholders including private sector for undertaking collaborative programmes to improve nutrition at community level.

5.6 Strengthen research, monitoring and evaluation

Timely information and updated knowledge is vital for evidence based programme planning and management. The National Nutrition Policy will;

Policy Statement 5.6.1:

Nutrition Surveillance

Promote establishment and operation of National Nutrition Surveillance System providing policy makers, programme managers, and nutrition care providers with evidence needed for better programme management.

Policy Statement 5.6.2:

Evidence Based Review

Prioritise and support research oriented activities and utilize evidence for regular monitoring and periodic evaluations of nutrition programmes.

6. IMPLEMENTATION

The National Nutrition Policy (NNP) upon adoption will serve as the base document on which the strategic approaches will be developed leading to the phase of implementation.

Effective and sustainable institutional framework is a mandatory requirement for smooth implementation of this policy. Identifying and promoting establishment of required institutions and mechanisms are important to ensure efficient administration of policy and action plan.

Comprehensive action plan will be drawn up inline with the NNP identifying responsibility for each activity with a pre-determined time line for implementation and a means of verification.

The policy will be implemented through bodies with well-defined responsibilities. The following bodies will be established in order to accomplish this objective.

1. National Nutrition Steering Committee (NNSC)

This committee will make nationally important policy decisions and monitor the activities and will comprise of high-level representatives of relevant ministries

2. National Nutrition Co-ordination Committee (NNCC)

This committee will make key technical decisions and review the action plan periodically and prioritize activities and will comprise of nutrition professionals of different sectors

3. Nutrition Coordinating Committee at Provincial level (NCCP)

This committee plans and manages the nutritional interventions and other programmes within the province

4. Nutrition Co-ordination Unit (NCU)

NCU functioning as a secretariat will be responsible for coordination between implementing agencies ensuring smooth implementation of key decisions made by the NNSC and NNCC. Monitoring and evaluation system will be developed to ensure that the NNP is being implemented and the objectives are met. The problems faced in implementing as well as monitoring will be identified, and the information will be shared with the respective institutions/ bodies at provincial/district level in order to take necessary actions.

7. National Nutrition Strategic Plan 2009-2013

Introduction

Government of Sri Lanka is committed to ensure optimal nutrition for all Sri Lankans irrespective of their geographical locations, socio-economic status, or physiological status. In order to achieve the desired objectives it is imperative that cooperation of all relevant sectors should be sought and this includes commitment of Government agencies, development partners, non government agencies and the private sector.

National Nutrition Policy was a long felt need and has been possible to finalize after several rounds of deliberations. This document outlines the strategic plan based on the policy guidelines. It identifies goals and objectives, expected outcomes, key action areas and major activities. Provinces and agencies may develop their action plans based on the guidelines provided in this document.

Goal

To achieve and maintain the nutrition and well being of all Sri Lankans enabling them to contribute effectively towards National socio-economic growth and development.

Policy Objectives

1. Ensuring Optimal Nutrition throughout the lifecycle
2. Enhancing capacity to deliver effective and appropriate interventions
3. Ensuring effective management of adequate nutrition to vulnerable populations
4. Ensuring Food and Nutrition Security for all citizens
5. Strengthening advocacy, partnerships and networking
6. Strengthening Research, Monitoring and Evaluation

Policy Objective 1 - Ensuring Optimal Nutrition throughout the lifecycle

Expected Outcome	Key Action Areas
1.1 Low birth weight prevalence reduced	1.1.1 Reducing under nutrition and micronutrient deficiencies among women of reproductive age
	1.1.2 Controlling and managing of antenatal causes of foetal malnutrition (i.e. infectious diseases, PIH)
1.2 Malnutrition among children under 5 years of age reduced	1.2.1 Promoting, protecting and supporting exclusive breastfeeding for the first six months of life and continuation of breast feeding for 2 years and beyond
	1.2.2 Strengthening complementary feeding practices
	1.2.3 Strengthening Growth Monitoring and Promotion
	1.2.4 Promote psychosocial development of children during early childhood years
1.3 Morbidity due to ARI and diarrhoea among children under 5 years	1.3.1 Strengthening Integrated Management of Childhood Illnesses
1.4 Malnutrition among school age children, adolescents & youth reduced	1.4.1 Create a good nutrition enabling environment in schools
	1.4.2 Enhance for a in delivering nutrition services to non-school going adolescents
	1.4.3 Regular nutritional status assessments of non-school going adolescents & youth
1.5 Nutrition-related disorders among adult population reduced	1.5.1 Regular nutritional status assessment of adults & elderly
	1.5.2 Updating and implementing national food-based dietary guidelines
	1.5.3 Promoting healthy workplace
	1.5.4 Establish regular monitoring of nutritional status among adult populations

Policy Objective 2 - Enhancing capacity to deliver effective and appropriate interventions

Expected Outcome	Key Action Areas
2.1 Stakeholder capacities on delivering nutrition services improved	2.1.1 Promote behaviour change among all sections of population & enabling them to make right food choices and care practices 2.1.2 Build and empower the community organizations, in programme planning, implementation and monitoring of nutrition intervention programmes 2.1.3 Infrastructure facilities improved at all levels 2.1.4 Effect a behaviour surveillance system at all levels

Policy Objective 3 - Ensuring effective management of adequate nutrition to vulnerable populations

Expected Outcome	Key Action Areas
3.1 Disparities in nutritional status reduced	3.1.1 Ensure targeting of nutritional interventions to underserved areas, plantation community, urban poor and conflict affected areas
3.2 Quality of life of patients improved through optimum nutrition interventions	3.2.1 Effective hospital nutrition system established

Policy Objective 4 - Ensuring Food and Nutrition Security for all citizens

Expected Outcome	Key Action Areas
4.1 Accessibility and consumption of adequate, safe and nutritious foods at the household level improved	4.1.1 Ensure access to adequate, nutritious, safe and quality food at affordable prices throughout the year 4.1.2 Ensure provision of safe food
4.2 Ensuring improvement of quality in commonly consumed food through nutrient enhancement (Food fortification)	4.2.1 Ensuring intake of all macro and micronutrients to prevent deficiency disorders and diet related chronic diseases

Policy Objective 5 - Strengthening advocacy, partnerships and networking

Expected Outcome	Key Action Areas
5.1 Nutrition components included into other relevant national and Provincial policies and strategic plans	5.1.1 Mainstreaming nutrition in other related national and provincial policies
5.2 Coordinated action for nutrition within the Ministry of Health is strengthened	5.2.1 Establishing an effective coordinating system
5.3 Intersectoral coordination for nutrition is strengthened	5.3.1 Establish a high- level Intersectoral coordination mechanism
	5.3.2 Enhance coordination and harmonization of partners and stakeholders who work for food and nutrition in the country (i.e. UN agencies, bilateral agencies, NGOs/civil societies)
	5.3.3 Strengthen partnerships and networking with relevant sectors and stakeholders for undertaking collaborative programmes to improve nutrition of community at Provincial. District, Divisional and Community level

Policy Objective 6 - Strengthening Research, Monitoring and Evaluation

Expected Outcome	Key Action Areas
6.1 Timely availability of evidence for decision making	6.1.1 Strengthen National Nutrition Surveillance System
	6.1.2 Establish National Nutrition Management Information System
	6.1.3 Strengthen the support for research in nutrition and the use of its outcomes
	6.1.4 Strengthen monitoring and evaluation of the impacts of nutrition intervention programs

Policy Objective 5: Strengthening advocacy, partnerships and networking

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Targets	Responsible national Organization	Partners
5.1 Nutrition components included into other relevant national and provincial policies and strategic plans	5.1.1 Mainstreaming nutrition in other related national and provincial policies	5.1.1.1 Include nutrition components in relevant national and provincial policies and strategies (ie. Development , poverty reduction, agriculture, education, transport	% of other relevant policies formulated inline with nutrition policy& strategic plan	Zero	75%		
5.2 Coordinated action for nutrition within the Ministry of Health is strengthened	5.2.1 Establishing an effective coordinating system	5.2.1.1 Establishing a central management unit within the MOH bringing together related divisions, bureaus and units who are responsible for food and nutrition	Availability of a central management unit	None	Available		
5.3 Intersectoral coordination for nutrition is strengthened	5.3.1 Establish a high- level intersectoral coordination mechanism	5.3.1.1 Establishment of a high level intersectoral & interministerial steering committee for nutrition involving concerned Ministries	Availability of an inter-ministerial committee	None	Available	DDG/PHS, FHB, MRI,D/Nutrition , HEB D/Planing, D/Nutrition Coordination Division, Provincial Health Administration	Other relevant governmental partners, Academic departments, Media, UN agencies, other NGOs
	5.3.2 Enhance coordination and harmonization of partners and stakeholders who work for food and nutrition in the country (UN agencies, bilateral agencies, NGOs/civil societies)	5.3.2 .1Establish a food and nutrition coordination committee including UN agencies, bilateral agencies, NGOs/civil societies & universities					
	5.3.3 Strengthen partnerships and networking with relevant sectors and stakeholders for undertaking collaborative programmes at Provincial, District, Divisional & community level to improve nutrition of the community	5.3.3.1.Promoting development of nutrition improvement strategies at Provincial level					
		5.3.3.2.Promote planning, implementing and District, Divisional agencies to formulate integrated nutrition improvement communication plans with all relevent stakeholders					

Policy Objective 1: Ensuring Optimal Nutrition throughout the lifecycle

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Target	Responsible national Organization	Partners
1.1 Low birth weight reduced	1.1.1 Reducing under nutrition and micronutrient deficiencies among women and reproductive age	1.1.1.1 Implementation of a package of interventions to pre-pregnant women (Implementation of Integrated Nutrition Package)	LBW rate	16.6% (DHS 2006)	Reduced to 11%.	FHB,	MRI,HEB, Ministry of Education, Food and Drug Control Authority, Ministry of Youth affairs, Ministry of Labour, Unagencies and NGOs
		1.1.1.2 Strengthening of the implementation of the intervention package delivered to the pregnant women through the MCH program (annex)					
		1.1.1.3 Implement a special package of interventions to high risk mothers as defined in H512					
	1.1.2 Controlling and managing antenatal causes of fetal malnutrition (i.e. infectious diseases, PIH)	1.1.2.1 Strengthening screening for Pregnancy Induced Hypertension, Diabates Melliatius, Heart Diseases and other conditions causing fetal malnutrition					
		1.1.2.2 Promote specialized institutional care					
1.2 Malnutrition among children under 5 years of age reduced	1.2.1.Promoting, protecting and supporting exclusive breastfeeding for the first six months of life and continuation of breast feeding for 2 years and beyond	1.2.1.1Antenatal preparation to ensure proper breast feeding practices	Exculsive Breast Feeding Rate at 6 months	75.8% (0-5 months-DHS 2006)	90% (0- 6 months)	FHB, Provincial Health Administration	MRI,HEB, Ministry of Education, Food and Drug Control Authority, Ministry of Youth affairs, Ministry of Labour, Unagencies and NGOs
		1.2.1.2 Promote supportive family environment and services and ensure regulatory safety nets (Full implementation of Breast Feeding Code and BFHI, maternity leave, etc) to mothers to provide optimal breast feeding					
		1.2.1.3 Provide and implement a set of guidelines for optimal nutrition for lactating mothers including counseling services for breast feeding problems					
	1.2.2 Strengthening complementary feeding practices	1.2.2.1 Develop and implement a country specific IYCF strategy	% underweight, % stunting	Iron deficiency 57% (MRI 2001)	reduced by 30%		
		1.2.2.2 Improve family capacity for timely, appropriate and safe complementary feeding of infants and young children while continuing					
		1.2.2.3 Strengthening food and micronutrient supplementation programs					
		1.2.2.4 Building capacity of health workers and caregivers on feeding sick children					
		1.2.2.5 Introduction of and sustain nutrition rehabilitation programs to manage children with moderate and severe wasting					
	1.2.3 Strengthening Growth Monitoring and Promotion	1.2.3.1 Improve coverage and capacity for growth monitoring	% Wasting % Stunting	15% 17%	10% reduction from the current level		
		1.2.3.2 Improve capacity of health workers and care givers in correct interpretation of growth curves and other related information					
		1.2.3.3 Strengthen capacity of health and community workers for nutritional interventions					
	1.2.4 Promote psychosocial development of children during early childhood years	1.2.4.1Sustain and Strengthen psychosocial development activities of ECCD program					

Policy Objective 1: Ensuring Optimal Nutrition throughout the lifecycle

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Target	Responsible national Organization	Partners
1.3 Morbidity due to ARI and diarrhea among children under 5years reduced	1.3.1 Strengthening Integrated Management of Childhood Illnesses	1.3.1.1 Enhance capacities of healthcare providers to practice Integrated Management of Childhood Illnesses protocols	% under 5 children with acute respiratory track infections	4.40%	10% reduction from the current level	FHB, D/YEDD	
		1.3.1.2 Improving hygiene and sanitation in household and preschools					
		1.3.1.3 Strengthening access to safe drinking water	% under 5 children with diarrhea	3.50%	10% reduction from the current		
1.4 Malnutrition among school age children, adolescents and youth reduced	1.4.1 Create a good nutrition enabling environment in schools	1.4.1.1 Enhancing awareness and capacity building of the school community	% Stunting (Adolescents)	15% (Adolescents)	14%	Provincial Health Administration	MRI,HEB, Ministry of Education, Food and Drug Control Authority, Ministry of Youth affairs, Minisrty of Labour, Unagencies and NGOs
		1.4.1.2 Providing supportive school nutrition and health services (school canteen policy, health promoting schools/healthy schools/nutrition friendly schools concepts to be rationalized)					
		1.4.1.3 Improve the nutrition and health-promoting school curriculum					
	1.4.2 Enhance fora in delivering nutrition services to non-school going adolescents	1.4.2.1 Identify institutions and fora that provide services to non-school going adolescents and device and implement a nutrition promotion program	% Anemic (School going children)	20%	15%		
		1.4.2.2 Launch an effective communication campaign on healthy life styles	% Under-weight (School going children)	48%	35%		
	1.4.3 Regular nutritional status assessments of non-school going adolescents & youth	1.4.3.1 Carryout regular nutritional status assessments targeting non-school going adolescents and youth					
1.5 Nutrition-related disorders among adult population reduced	1.5.1 Regular nutritional status assessments of adults & elderly	1.5.1.1 Carryout regular nutritional status assessment targetting Adults and elderly	% of reproductive age women under-weight	16.2% (15-49 yr women)	10% reduction from the current level	Director Nutrition Division, D/YEDD	
	1.5.2.1 Updating and implementing national food-based dietary guidelines	1.5.2.1 Implementing the updated National food-based dietary guidelines					
	1.5.3 Promoting healthy workplace	1.5.3.1 Formulate, disseminate and implement guidelines for healthy work place which includes an effective component on nutrition	% of reproductive age women over-weight	31.2%(15-49 yr women)	10% reduction from the current level	Provincial Health Administration	
			% of reproductive age women anemic	31.6 (15-49yr women)	10% reduction from the current level		

Policy Objective 2: Enhancing capacity to deliver effective and appropriate interventions

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Targets	Responsible national Organization	Partners
2.1 Stakeholder capacities on delivering nutrition services improved	2.1.1. Promote behaviour change among all sections of population & enabling them to make right food choices and care practices	2.1.1.1 Building capacity on nutrition promotion in the preventive and curative sector health and nutrition workers on effective communication	% of health workers (PHM, PHI, HENO) reached competency level	NA	85%	HEB, FHB, MRI	Other relevant governmental partners, Other nutrition promotion sectors of MoH, Universities, Professional colleges, UN agencies, Other NGOs, Media
		2.1.1.2 Promote development of behaviour change communication plans at District, Divisional, and health worker level	% of BCC plans being implemented with quarterly follow ups	NA	80%		
		2.1.1.3 Build partnerships with the corporate sector to promote good nutrition					
		2.1.1.4 Implement a media surveillance programme to ensure an ethical advertising	No of media channels reviewed monthly	NA	40%		
	2.1.2 Build and empower the community organizations, in programme planning, implementation and monitoring of nutrition intervention programmes	2.1.2.1 Implement a evidence based community nutrition package through community workers	% GSN divisions implement the package	NA	60%	Provincial Health Administration	
	2.1.3 improving infrastructure facilities at all levels	2.1.3.1 Increasing infrastructure facilities available for nutrition promotion activities	% of resource centres at MCH clinics & hospitals developed	NA	60%		
		2.1.3.2 Improving tools and media for effective communication	No. of communication materials developed	15	100		
		2.1.3.3 Improving mobility to deliver effective nutrition programs	% of transport available - PHM, PHI, PHNS, MOH, HEO	NA	100%		
	2.1.4 Effect a behaviour surveillance system at all levels	2.1.4.1 Implement an evidence based nutrition related behaviour surveillance system for different levels of the community	% of behaviour surveillance programs conducted annually at community, PHM & MOH level	NA	60%		

Policy Objective 3: Ensuring effective management of adequate nutrition to vulnerable populations

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Target	Responsible national Organization	Partners
3.1 Disparities in nutritional status reduced	3.1.1 Ensure targeting of nutritional interventions to underserved areas, plantation community, urban poor and conflict affected areas	3.1.1.1 Base line surveys for vulnerable populations to identify causes for vulnerability	Under 5 year wasting and stunting % at District level	District specific levels published in DHS 2006	Districts with higher levels of wasting & stunting than the National average to reach national levels	D/E & U Health, D/Nutrition Division, MRI	Other governmental partners, Academic departments, UN agencies, other NGOs
		3.1.1.2. Strengthen nutrition surveillance system in order to obtain timely information on vulnerable populations					
		3.1.1.3. Build capacities and formulate mechanisms to access resources to target specific nutrition intervention programs to vulnerable communities					
3.2 Quality of life of patients improved through optimum nutrition interventions	3.2.1 Establishing an effective hospital nutrition system	3.2.1.1 Formulate and disseminate nutrition guidelines for in and out patients as well as for patients living with chronic non-communicable diseases including HIV and AIDS	Percentage of hospitals using nutrition guidelines	0%	50 % of each category of hospitals using nutrition guidelines	Provincial health administration	
		3.2.1.2 Ensuring optimal hospital based diet for in patients					
		3.2.1.3 Develop human resource and infrastructure capacities within hospitals from nutrition promotion to palliation					

Policy Objective 4- Ensuring Food and Nutrition Security for all citizens

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Targets	Responsible national Organization	Partners
4.1 Accessibility and consumption of adequate, safe and nutritious foods at the household level improved	4.1.1 Ensure access to adequate, nutritious, safe and quality food at affordable prices throughout the year	4.1.1.1 Implementing skill enhancing training through nutrition education/ behaviour change programmes to related aspects of nutrition through organized sessions about importance of nutrition in relation to dietary diversification, cooking and storage	Proportion of population below minimum level of dietary energy	50.7% (DHS2006/07)	25%	Nutrition Coordination Division, Provincial Health Administration	Other relevant governmental partners, UN Agencies, other NGOs
		4.1.1.2. Support implementation of other related policies eg. agriculture, poverty alleviation, Gamanaguma					
	4.1.2 Ensure provision of safe food	4.1.2.1 Implement 10 steps of food safety policy	Anemia prevalence (<5yr)	29.9% (MRI 2001)	24%		
		4.1.2.2 Mainstream nutrition in food production and importation					
		4.1.2.3 Facilitating access to adequate, nutritious, safe and quality foods (vegetable and fruit home and farm gardens, domestic poultry farming livestock and fisheries)					
	4.2 Ensuring improvement of quality in commonly consumed food through nutrient enhancement (Food fortification)	4.2.1 Ensuring intake of all macro and micronutrients to prevent deficiency disorders and diet related chronic diseases	4.2.1.1 Strengthen Iodine deficiency disorders elimination program	Total goitre rate	3.8% (MRI 2005)		
4.1.1.2 Assess and implement other micronutrient deficiency disorders programs			Prevalence of Vitamin A deficiency	29.3% (6-71 months, MRI 2006)	10% reduction from the current level	Provincial Health Administration	

Policy objective 6: Strengthening Research, Monitoring and Evaluation

Expected Outcomes	Key action areas	Major activities	Outcome indicator/s	Baseline	Targets	Responsible national Organization
6.1 Timely availability of evidences for decision making	6.1.1 Strengthen National Nutrition Surveillance System	6.1.1.1 Expand the National Nutrition surveillance system to the whole Island	% Provincial/local authorities using surveillance data for planing nutrition programs	None	50%	Nutrition Coordination Division, Distric development committee/Agricultural committee, Department of Census & Statistics
		6.1.1.2 Strengthen the utilization of the reports for decision making at National and divisional level				
		6.1.1.3 Effect an appropriate behaviour surveillance mechanism	No. of behaviour research conducted anually	0	2	
	6.1.2 Establish National Nutrition Management Information System	6.1.2.1 Link surveillance data to National Nutrition information system	Availability of periodical reports	None	Periodical reports available	MRI
		6.1.2.2 Consolidate nutrition related data being collected by various organization (i.e. MRI, FHB, NCD etc)				
		6.1.2.3 Generate National Nutrition reports in regular intervals for decision making				
	6.1.3 Strengthen the support for research in nutrition and the use of its outcomes	6.1.3.1 Identifying the gaps in nutrition knowledge and set research priorities leading to formulation of a research agenda	% completion of the formulated research agenda	Not available	75%	MRI
		6.1.3.2 Strengthening the research capabilities of concerned institutions				
		6.1.3.3 Ensure effective utilization of research findings for nutrition program designing and policy and strategy development				
	6.1.4 Strengthen monitoring and evaluation of the impacts of nutrition intervention programmes	6.1.4.1 undertake periodical review and evaluation of the impact and effectiveness of nutrition intervention programs	% Provincial & divisional bodies with laid-down evaluation programs	information not available	75%	Provincial Health Administration
6.1.4.2 Support measures to establish and for the functioning of National, Provincial & deivisional Steering/Coordinating Committees including developing TORs						
6.1.4.3 Capacity building of Provincial health system for planing nutritional programs and support identifying targets relevant to each province/divisions						

Partners

FHB, HEB, Academic
departments,
Department of
Census and Statistics,
Ministry of
Agriculture, UN
agenceis, other NGOs