Goals

Goals, objectives or targets related to nutrition:

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.

Objectives: 1. To ensure optimal nutrition throughout the life cycle.

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 breastfeeding for 6 months followed by appropriate complementary feeding together with continued breast feeding for 2 years and beyond.

Policy Statement 5.1.4: Pr-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.

To enhance capacity to deliver effective and appropriate interventions.
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. To ensure effective management of adequate nutrition to vulnerable populations.

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 I AIDS (PLWHA). To ensure food and nutrition security for all citizens.

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.

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.

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

**Strategies**

**Strategies and activities related to nutrition:**

These are the Key Action areas [more detail in the strategic plan matrix]

Objective 1. To ensure optimal nutrition throughout the life cycle.

1.1.1 Reducing under nutrition and micronutrient deficiencies among women of reproductive age
1.1.2 Controlling and managing antenatal causes of fetal malnutrition (i.e., infectious disease, PIH)
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
1.3.1 Strengthening Integrated Management of Childhood Illnesses
1.4.1 Create a good nutrition enabling environment in schools
1.4.2 Enhance fora in delivering nutrition services to non-school going adolescents
1.4.3 Regular nutritional status assessment of non-school going adolescents & youth
1.5.1 Regular nutritional status assessment of adults & elderly
1.5.2 Updating and implementing national food-based dietary guidelines
1.5.2 Promoting healthy workplaces

Objective 2. To enhance capacity to deliver effective and appropriate interventions.

2.1.1 Promote behavior 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 Improving infrastructure facilities at all levels
2.1.4 Effect a behaviour surveillance system at all levels

Objective 3. To ensure effective management of adequate nutrition to vulnerable populations.

3.1.1 Ensure targeting of nutritional interventions to underserved areas, plantation community, urban poor and conflict affected areas
3.1.2 Establishing an effective hospital nutrition system

Objective 4. To ensure food and nutrition security for all citizens.

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
4.2.1 Ensuring intake of all macro and micronutrients to prevent deficiency disorders and diet related chronic diseases

Objective 5. To strengthen advocacy, partnerships and networking.

5.1.1 Mainstreaming nutrition in other related national and provincial policies
5.2.1 Establishing an effective coordinating system
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 (UN agencies, bilateral agencies, NGOs/civil societies)
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

Objective 6. To strengthen research, monitoring and evaluation.
## M&E Indicators

### M&E Indicators related to nutrition:

**Outcome Indicators:**

- LBW rate
- Exclusive Breast Feeding Rate at 6 months
- % underweight, % stunting
- Prevalence of iron deficiency anemia among infants at 6-11/12
- % Wasting % Stunting
- % under 5 children with diarrhea
- % Stunting (Adolescents)
- % Overweight (Adolescents)
- % Anemic (School going children)
- % Under-weight (School going children)
- % of reproductive age women under-weight
- % of reproductive age women over-weight
- % of reproductive age women anemic
- % of health workers (PHM, PHI, HENO) reached competency level
- % of BCC plans being implemented with quarterly follow ups
- No of media channels reviewed monthly
- % GSN divisions implement the package
- % of resource centres at MCH clinics & hospitals developed
- No. of communication materials developed
- % of transport available - PHM, PHI, PHNS, MOH, HEO
- % of behaviour surveillance programs conducted annually at community, PHM & MOH level
- Under 5 year wasting and stunting % at District level
- Percentage of hospitals using nutrition guidelines
- Proportion of population below minimum level of dietary energy
- Anemia prevalence (<5yr)
- Total goitre rate
- Prevalence of Vitamin A deficiency
- % of other relevant policies formulated inline with nutrition policy & strategic plan
- Availability of a central management unit
- Availability of an inter-ministerial committee
- % Provincial/local authorities using surveillance data for planing nutrition programs
- No. of behaviour research conducted annually
- Availability of periodical reports
- % completion of the formulated research agenda
Policy topics:

- Low birth weight
- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Underweight in women
- Underweight in adolescent girls
- Anaemia
- Anaemia in adolescent girls
- Anaemia in pregnant women
- Anaemia in women 15-49 yrs
- Iodine deficiency disorders
- Vitamin A deficiency
- Overweight, obesity and diet-related NCDs
- Overweight in children 0-5 yrs
- Overweight in adolescents
- Overweight in school children
- Dietary practice
- Maternal, infant and young child nutrition
- Counselling on healthy diets and nutrition during pregnancy
- Growth monitoring and promotion
- Breastfeeding promotion/counselling
- Baby-friendly Hospital Initiative (BFHI)
- International Code of Marketing of Breast-milk Substitutes
- Monitoring of the Code
- Capacity building for the Code
• Maternity protection
• Complementary feeding promotion/counselling
• Nutrition in schools
• School-based health and nutrition programmes
• Regulation/guidelines on types of foods and beverages available
• Nutrition in the school curriculum
• Promotion of healthy diet and prevention of obesity and diet-related NCDs
• Dietary guidelines
• Food-based dietary guidelines (FBDG)
• Creation of healthy food environment
• Healthy food environment in workplaces
• Healthy food environment in hospitals
• Media campaigns on healthy diets and nutrition
• Nutrition counselling on healthy diets
• Vitamin and mineral nutrition
• Nutrition education
• Acute malnutrition
• Food distribution/supplementation for prevention of acute malnutrition
• Management of moderate acute malnutrition
• Management of severe acute malnutrition
• Nutrition and infectious disease
• HIV/AIDS and nutrition
• Nutrition sensitive actions
• Food security and agriculture
• Health related
• Social protection related
• Food fortification regulations

Links

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27 August 2019 https://extranet.who.int/nutrition/gina/en/node/7974