



Annual Report 2020



Family Health Bureau
Ministry of Health
Sri Lanka



Annual Report of the Family Health Bureau 2020



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Family Health Bureau, Ministry of Health is pleased to present the 30th Annual Report for the year 2020. This report provides a description of the progress made in Reproductive, Maternal, New-born, Child, Adolescent and Youth Health (RMNCAYH) programme, including some details on the special activities carried out by the Family Health Bureau in improving the National RMNCAYH status in 2020, amidst the COVID-19 pandemic situation in Sri Lanka.

Information provided in this report could be utilized for programme redirection at the National, Provincial and District levels and to identify areas that need special attention in order to provide further improvements of quality among the services relevant to National RMNCAYH programme in Sri Lanka.

I take this opportunity to thank all the Medical Officers of Health and their teams, district MCH teams, Consultant Community Physicians and the directorates of district and provincial level for their commitment in maintaining the maternal and child health services during this challenging pandemic.

Dr. Chithramalee de Silva

Director Maternal and Child Health



With the objective of providing feedback to all relevant stakeholders on effectiveness, strengths and weaknesses of RMNCAYH programme, this 30th Annual Report is compiled and published by the Monitoring and Evaluation Unit of the Family Health Bureau. The report includes information on selected indicators regarding input, process, output, outcome and impact indicators relevant to the RMNCAYH programme performance in 2020. This report would reflect upon the progress of RMNCAYH programme in the country and also enlighten on several special activities carried out by Family Health Bureau to improve the national programme.

Medical Officers of Health and their staff members, district and provincial MCH teams continued to work tirelessly during the year 2020 which was a very challenging period due to the global pandemic of COVID-19. I must extend my sincere gratitude for all their hard work and providing all required data on time without which this report would have not been a reality.

Family Health Bureau of the Ministry of Health being the implementer of the national RMNCAYH programme is thankful to all relevant directorates in the Ministry of Health for the support extended to strengthen the national RMNCAYH programme. I must extend my sincere gratitude to the Ministry of Health for the support extended.

I would also like to thank all the Professional Colleges and academic bodies including the Sri Lanka College of Obstetricians and Gynaecologists, College of Community Physicians of Sri Lanka, Sri Lanka College of Paediatricians and Perinatal Society of Sri Lanka for providing valuable technical inputs and involving themselves actively in the national programme during 2020.

I greatly appreciate the technical and financial inputs provided by the World Health Organization, United Nations Children's Fund, United Nations Population Fund and World Bank in strengthening the national programme.

I am extremely thankful to Dr. Chithramalee de Silva, Director Maternal and Child Health and all Consultant Community Physicians in Family Health Bureau for their inputs in compilation of this report. Completion of this document would not have been possible without the support given to me by Dr. Wasana Gunawardena and Mr. Joseph Harriyaram. I greatly appreciate their contribution.

Finally, I must also thank the staff members in the Monitoring and Evaluation Unit, Family Health Bureau for their immense support, commitment and continuous hard work during this challenging year.

Dr. Kaushalya Kasturiaratchi

Consultant Community Physician
Monitoring and Evaluation Unit
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NATIONAL RMNCAYH PROGRAMME

WHO WE ARE



In Sri Lanka, the Health Unit System was introduced in 1926 as an organized effort to provide Maternal and Child Health [MCH] services. The first health unit was established in Kalutara with a Medical Officer of Health [MOH] appointed as the in charge of the unit. By establishing these units, an effort to provide comprehensive maternal and child health services was established which later resulted in demonstrating a drastic improvement in MCH services in the country. In 1965, the Government accepted Family Planning [FP] as a national policy and it was integrated with the already existing MCH services.

Considering/ Recognizing the national importance of providing a comprehensive MCH and FP services, Family Health Bureau [FHB] was established in 1968 within the Ministry of Health in order to implement the programme uniformly island wide. This institution was initially named as the Maternal and Child Health Bureau and was later, in 1972, named as the Family Health Bureau. In 2012, Cabinet

approved the national MCH policy and FHB took the lead in implementing national strategies in collaboration with other national programmes and stakeholders.

FHB: NATIONAL FOCAL AGENCY IN THE MINISTRY OF HEALTH RESPONSIBLE FOR REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT AND YOUTH HEALTH PROGRAMME IN SRI LANKA

As the focal point in the Ministry of Health, FHB is responsible for planning, implementing, monitoring and evaluating the Reproductive, Maternal Newborn, Child, adolescent and youth [RMNCAYH] health programme. FHB provides technical guidance for provincial health care systems in implementing and monitoring the RMNCAYH programme. In addition, FHB advises the Ministry of Health on matters related to policy, finance, infra- structure and other resource requirements relevant to RMNCAYH programme. FHB works in collaboration with many stakeholders in achieving Sustainable Development

Goals [SDG] in 2030. Further, monitoring and evaluation of the RMNCAYH programme also come under the purview of the FHB.

WHERE WE ARE IN THE HEALTH SYSTEM

The administrative and technical guidance relevant to the RMNCAYH programme has been integrated into multi-tier organizational arrangement of the Ministry of Health. FHB functions under the administrative authority of Director, Maternal and Child Health [D/ MCH]. D/ MCH directly reports to the Deputy Director General Public Health Services II [DDG PHSII] and through the DDG PHSII to the Director General of Health Services [DGHS]. Secretary Health is the overall administrative head in the Ministry of Health [figure 1.1].

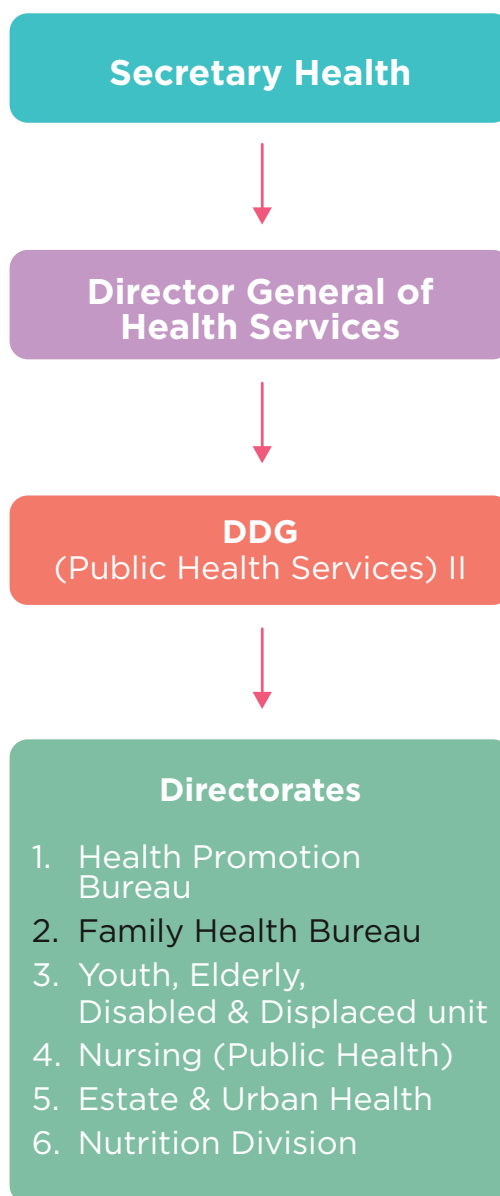


Figure 1.1: Administrative hierarchy in the Ministry of Health

Source: MoH

Following the partial devolution of political power with the 13th amendment to the Sri Lankan constitution, provincial health service became a responsibility of the Provincial Health Ministries. Provincial Director of Health Services [PDHS] is the technical and administrative head in the province responsible for health care provision. Under the PDHS, there are several district directorates of health functioning that correspond to each of the districts in a given province [figure 1.2].

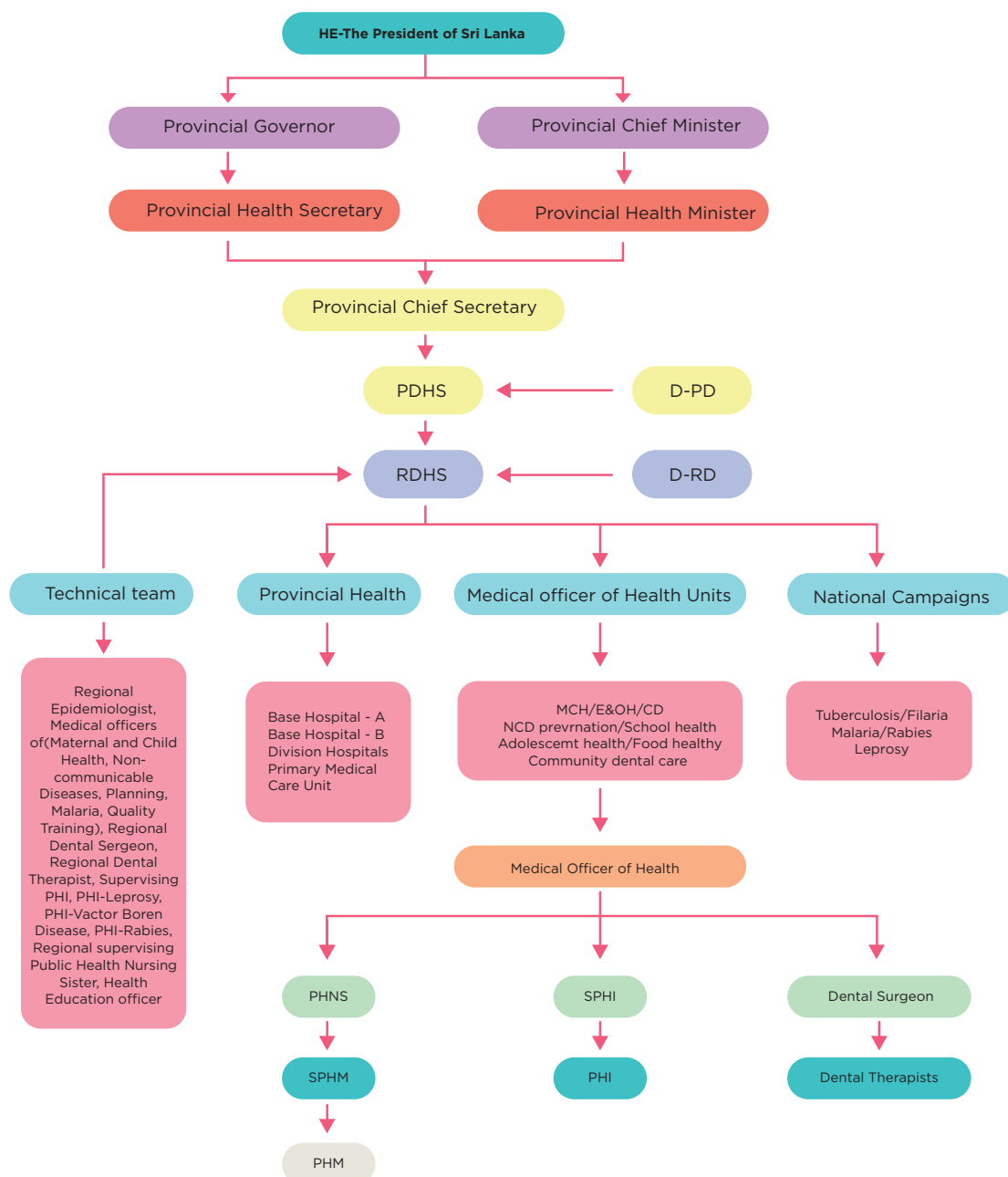


Figure 1.2: Administrative hierarchy of the Provincial health system

Source: MoH

Figure 1.3 summarizes the organizational hierarchy of the National RMNCAYH programme. It also depicts the referral and back referral pathways available for people affected by conditions related to RMNCAY health.

Implementation of the RMNCAYH programme at district level is technically guided and supervised by Provincial and District Consultant Community Physicians and the Medical Officers of Maternal and Child Health [MOMCH] attached to regional [district] directorates. MOMCHs also act as the crucial link between FHB and the provincial system. At the district level, MOMCH is supported by Regional Supervising Public Health Nursing Officer (RSPHNO) and Divisional Supervising Public Health Inspector (SPHID) in monitoring of the RMNCAYH Programme.

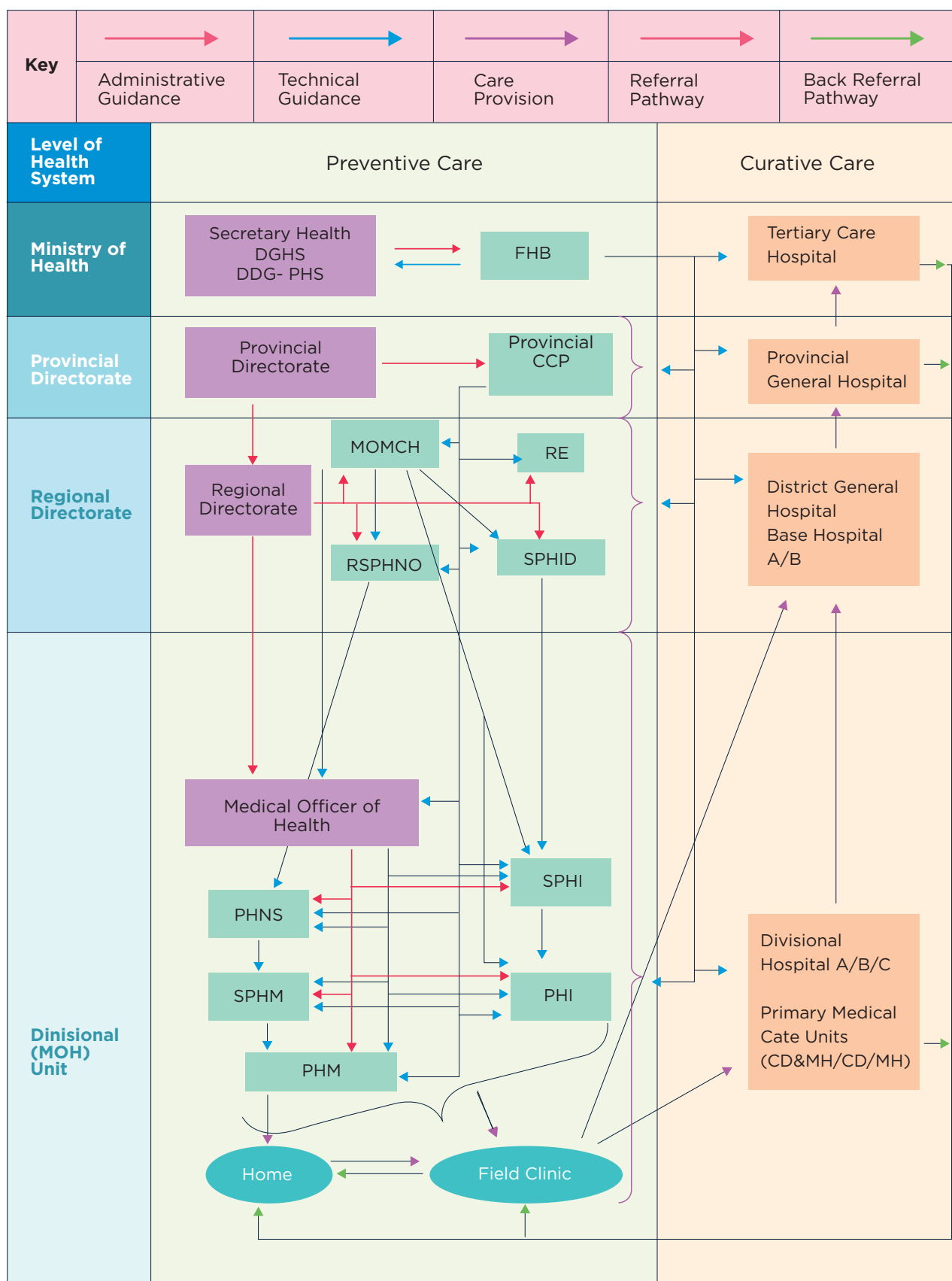


Figure 1.3: Organizational Structure/ Hierarchy of RMNCAYH Programme at Different Levels of Health System

Source: FHB

The Grassroot level implementation of the programme is carried out by the Medical Officers of Health [MOH] teams under the administrative supervision of the Provincial and District Directorates of Health. In Sri Lanka, the 354 MOH areas are distributed within the 26 health districts.



Households
 Primary Care Hospital
 MOH Office
 Field Clinics
 School

MOH Areas	PHM Areas	PHI Areas
354	6851	1649
Clinics	Schools	
4282	10684	

Figure 1.4: Geographical distribution of a MOH area
Source: FHB

In the public health network, the MOH area is the smallest health administrative unit and it consists of a team comprising several categories of staff. MOH is the manager of the MOH team and the technical and the administrative head of the area. . He /She is a MBBS qualified doctor who is given special orientation training on public health activities. At present, most MOHs are assisted by Additional Medical Officers of Health (AMOHs). The Public Health Midwife (PHM) and Public Health Inspector (PHI) are the ultimate grassroots level primary health care workers of the MOH team. On average,

one PHM is appointed for 3000 population while a PHI is appointed for 10,000 population (figure 1.4). While the principal responsibility of the PHM centers around maternal and child health activities, the PHIs are primarily responsible for school and adolescent health programmes, environmental and occupational health activities including control of communicable diseases, ensuring water and food safety, and sanitation related interventions. Several other intermediate level supervisors are available in the MOH team. They assist the MOH in supervision of activities

of grass root level staff. While the Public Health Nursing Sisters (PHNS) are responsible for supervising the PHMs, SPHMs are being supervised by the PHNS. In turn both off these categories are supervised by the MOH. Supervising Public Health Inspectors (SPHI) are the immediate supervisors of PHIs. They are directly responsible to the MOH. MOH team is further supported by Development Assistants/ Programme Planning Assistants/ Development Officers/ Management Assistants, clerical and supporting staff. Distribution of MOH office technical staff categories in 2020 is given in table 1.1

Table 1.1: Distribution of MOH office staff categories according to the population

Source: e-RHMIS, FHB 2020

Staff category	Approved cadre	Cadre in position	Ratio for population	Ratio (Officers /100,000 population)
MOH	367	303	1:72721	1.4
AMOH	430	334	1:65972	1.5
PHNS	425	253	1:87093	1.1
SPHI	348	238	1:92582	1.1
SPHM	411	284	1:77587	1.3
PHM	6714	5742	1:3837	26.1
PHI	1747	1518	1:14516	6.9
SDT	449	315	1:69951	1.4

It is important that all vacant cadres need to be filled for provision of quality public health services in the community.



WHAT WE DO

FHB has sixteen units headed by Consultant Community Physicians (Public Health Specialists), a Consultant Community Dental Surgeon and a Consultant Obstetrician and a gynecologist corresponding to sixteen areas of work. The staff of each unit is responsible for advocacy, policy and strategic analysis, programme development, technical guidance including capacity development, evaluation and supervision related to the respective programme components.

These units are; Maternal Health Unit, Intrapartum and Newborn Care Unit, Maternal Morbidity and Mortality Surveillance Unit, Child Morbidity and Mortality Surveillance Unit, Child Health, Development and Special Needs Unit, Child Nutrition Unit, School Health Unit, Adolescent and Youth Health Unit, Gender and Women's Health Unit, Well Women Unit, Family Planning Unit, Oral Health Unit, Monitoring and Evaluation Unit, Planning and Development Unit, Research Unit and Reproductive Health Center. Reproductive center is functioning under a Consultant Obstetrician and Gynecologist. Under the directorate of Maternal and Child Health, more than 160 staff members are functioning in various capacities



Figure 1.5: Distribution of staff at Family Health Bureau

Source: FHB

There are several advisory bodies for the National RMNAYCH programme including Technical Advisory Committees (TAC) on Newborn and Child Health, Maternal Health and Family Planning, Well Woman programme, Maternal and Child Nutrition and Adolescent Health and Maternal and Child Nutrition Sub Committee (MCNSC) established under either the DGHS or DDG PHS II. All these TACs report to the National Committee on Family Health (NCFH) and MCNSC to the National Steering Committee, which are conducted quarterly and chaired by the Secretary Health.

All strategic decisions are taken at these committees and the directions for action are given by the Director General of Health Services.

With the aim of reaching the SDGs in 2030, national RMNAYCH programme has developed strategic plans covering all programmatic areas. National targets are set for five-year periods and they are being closely monitored.

STRATEGIC DIRECTIONS

MATERNAL AND NEWBORN CARE

With the vision of a “country in which there are no preventable deaths of mothers, fetuses and newborns, where every pregnancy is planned and wanted, every birth celebrated and women, babies and children thrive and reach their full potential”, the national strategic plan on maternal and newborn health 2017-2025 has been formulated. Targets have been set aiming at achieving relevant SDGs in 2030 [table 1.2].



Table 1.2: Targets for MMR, NNMR and SBR for 2020, 2025 and 2030

Source: FHB

	2020	2025	2030
Maternal mortality ratio (per 100,000 live births)	25	15	<10
Neonatal mortality rate (per 1000 live births)	4.2	3.4	<2.2
Still birth rate (per 1000 births)	4.5	3.5	<2

CHILD HEALTH AND NUTRITION

Aiming at availing universal access and ensuring utilization of health care by all children, the national strategic plan on child health in Sri Lanka 2018-2025 had been developed. Nutrition promotion and growth monitoring, childcare development and monitoring children with special needs, prevention of disease and injuries, caring for vulnerable children and children in underserved areas have been incorporated into this strategic plan. In addition to the national strategic plan on child health, national strategy for infant and young child feeding in Sri Lanka 2015 - 2020 was developed targeting improving child nutrition.

ADOLESCENT AND YOUTH HEALTH INCLUDING SCHOOL HEALTH

National strategic plan on adolescent and youth health 2018-2025 has been formulated to ensure adolescent and youth empowerment with knowledge, attitudes, skills and opportunities enabling optimum development in safe, supportive and promotive environment at home, school and community which facilitate healthy transitions into adulthood and provide quality healthcare. Strategic directions aiming at reducing mortality due to accidents and suicides among young persons and reduce prevalence of wasting, overweight/ obesity and anaemia, reducing adolescent fertility rate and new HIV/Sexually Transmitted Infections among the adolescent and youth are included.



WOMEN'S HEALTH AND GENDER

With the vision of empowering Sri Lankan women to live healthy and productive lives and increasing the Well Woman coverage of 35-year cohort to 80% and 45 age cohort to 60% by 2023, the national strategic plan for Well Woman programme 2019-2023 had been formulated. All provincial/ district health managers are expected to strengthen the programme in their respective area by establishing at least one functioning WWC for every 15,000 population.

National action plan for health sector response on prevention and management of Gender-Based Violence (GBV) in Sri Lanka was published in 2020 to ensure holistic health sector response to GBV and with the objectives of improving public awareness on GBV, mainstreaming GBV in to health policy responses, addressing GBV through reproductive health interventions in the curative and public health sectors and managing data. Implementation of proposed activities on GBV and women health need to be monitored closely at each level to achieve the set objectives.

FAMILY PLANNING

Family planning programme of Sri Lanka functions with the vision of enabling all couples to have the desired number of children with optimal spacing whilst preventing unintended pregnancies. Objectives of the programme include ensuring the availability and accessibility to quality modern contraceptive service, addressing the unmet need for contraception to reduce unintended pregnancies and teenage pregnancies, ensuring availability of male & female sterilization services in hospitals, ensuring post-abortion care services, ensuring supplies of contraceptive and strengthening services for sub-fertile couples in the public health sector. Targets set for national programme is given in table 1.3.

Table 1.3: Family Planning targets for Sri Lanka

Source: FHB

#	Indicator	2015	2016	2017	2018	2019	2020	2025	2030
1	CPR (%)	64.6	66.4	66.6	67	66.9	66	66.4	
2	mCPR (%)	53.6	57	57.3	57.9	57.9	57	57.2	
3	UMN (%)	7.5	6.2	6.3	6	5.8	5.7	5.7	
4	Demand satisfied by modern methods (%) *	74.3	78.5	78.6	79.3	79.6	79.5	79.0	81.0
	Source	SLDHS 2016		HMIS		FP 2020		SDG	

NATIONAL PROGRAMME PERFORMANCES

The report includes information on selected indicators regarding input, process, output, outcome and impact relevant to the RMNCAYH programme. During preparation of this report, several sources of information were used

2.1 DATA SOURCES FOR PERFORMANCE MONITORING

1. REGISTRAR GENERAL'S DEPARTMENT

The national population estimates, fertility and mortality rates published by the Registrar General's Department was used as denominators and also for comparisons. In comparison to Registrar General's Department information and information from Department of Education, an attempt is made below [table 2.1] to identify where the national RMNCAYH programme stands in 2020.

Table 2.1: Size of the different target population of RMNCAYH programme in Sri Lanka 2020

Indicator	Estimated/Actual	Reported
Midyear population	21,899,100*	21,899,204
Eligible families	4,055,015	3,897,346
Pregnant mothers	331,876	328,554
Births	301,706*	291,736
Infants under care	350,911**	288 899
1-2 years under care	328,112**	315,193
2-5 years under care	993,222**	920,995
Number of schools < 200	5118***	4541
Number of Schools ≥ 200	5047***	6187
Adolescents	3,503,856	1,841,629
Preconception	218,991	92,827
Total school children under care at the beginning of year	4,061,653***	4,147,219

Notable difference was observed in estimated pregnancies and births vs. reported pregnancies and births. Also, a difference was observed in estimated adolescent population and preconception age population vs reported population

* Births registered by Registrar General's Department

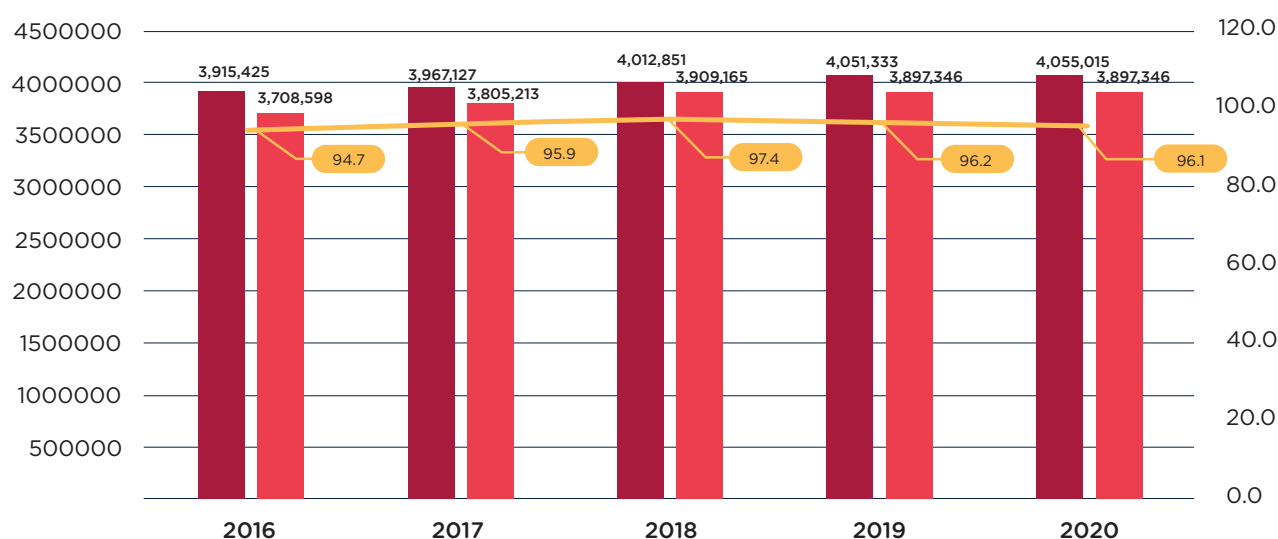
** According to Births reported by Registrar General's Department for relevant years

***As reported by Ministry of Education

Source: FHB

National RMNCAYH programme provides services to a sizable population (around 54% of the total population) in Sri Lanka which includes pregnant mothers, infants, children, adolescents, youth and women in the reproductive ages.

Eligible family registration is the entry point for the national RMNCAYH programme and service provision is planned around the eligible families.



Percentage of eligible family registration was within the national targets in 2020

- Estimated eligible families
 - % of registered eligible families
 - % of eligible families under care
- Comparison of numbers of estimated and registered eligible families
- Source: RGD & FHB, eRHMS 2020

Figure 2.1: Comparison of numbers of estimated and registered eligible families

Source: RGD & FHB, eRHMS 2020

2. Electronic Reproductive Health Management System (eRHMS):

Field level RMNCAYH data is reported to the MOH Office by PHMs in their Monthly Returns [H524] and Monthly Clinic Returns [H527]. With the introduction of web based electronic reproductive health management information system (eRHMS) in 2017, all monthly returns by PHMs and all clinic returns from field clinics were digitalized and entered in to a web-based system. The data elements in this return cover a wide scope. These include information on eligible families, performance of maternal care, child care, well woman clinic and family planning services provided both at field and clinic settings. Several registers, records and returns maintained by PHMs and in field clinics are used to compile PHMs monthly return and field clinic return. Following introduction of the electronic system, data is now available for analysis and visualization by each PHM level and from each field clinic (Figure 2.2).

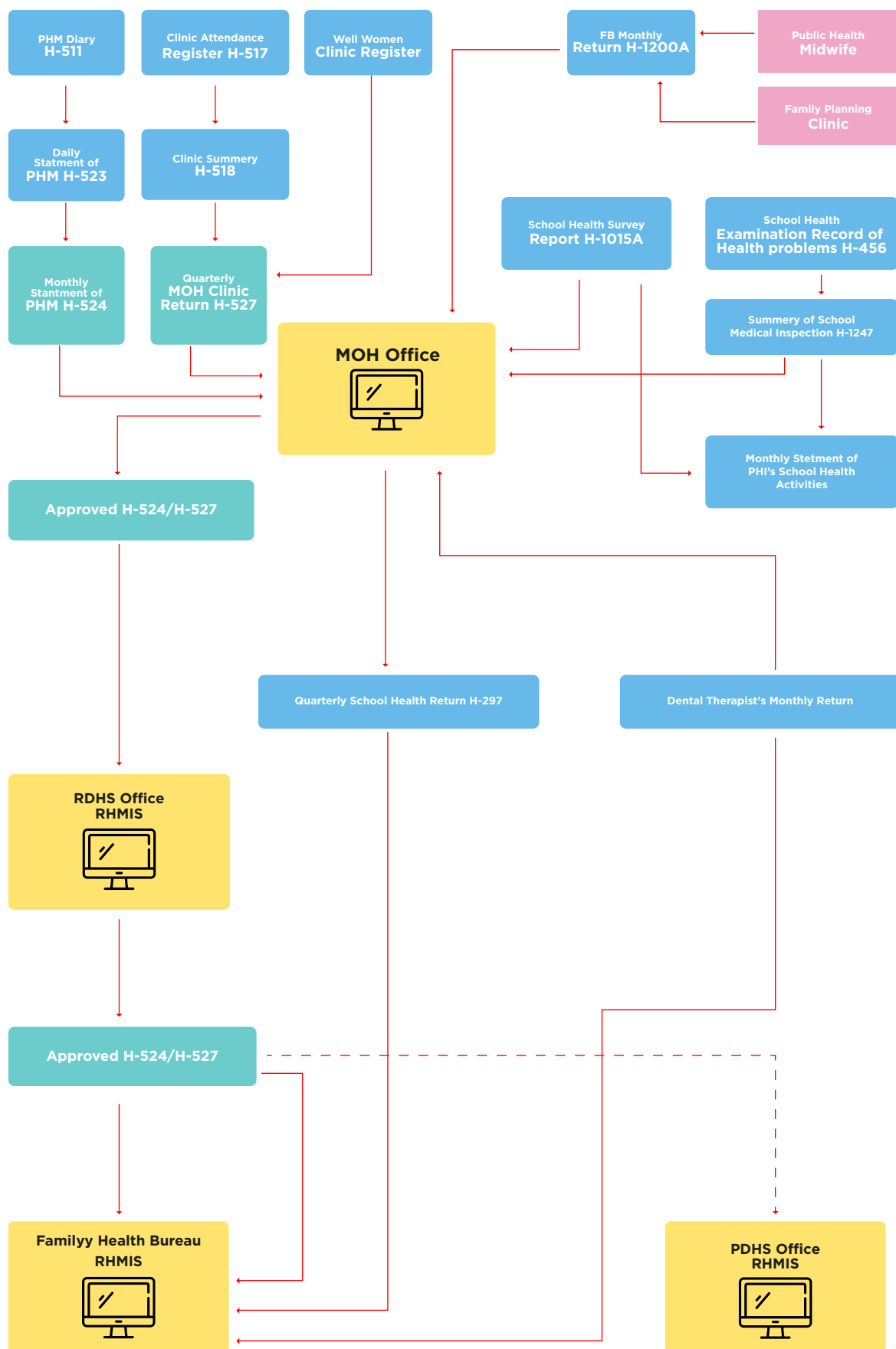


Figure 2.2: Sources & Pathways of Data used in the Annual Report

Source: FHB, 2020

3. Electronic Reproductive Health Management Information System 2 (eRHMS2)

It was evident that the private health sector in Sri Lanka is fast growing and becoming popular among the clients. Private sector contribution in providing MCH specially the maternal and new-born health services are not been identified or reported. To overcome this issue, the FHB introduced eRHMS 2 in mid 2019 as a pilot project in major private hospitals in Colombo. This system was designed to capture individual level maternal and new-born health information and was readily accepted by all leading private hospitals in Colombo. A total of 10,480 live births were reported in 2020 from these major private hospitals in Colombo which includes Asiri Hospital, Durdans Hospital, Hemas Hospital, Lanka Hospital, Nawaloka Hospital and Ninewells Hospital. This contributes to 24.7% of all live births registered in Colombo district by the Registrar General for year 2020.

4. Special surveillances

There are several special surveillance systems functioning under the FHB to gather information on maternal deaths, foeto infant deaths and birth defects [figures 2.4].

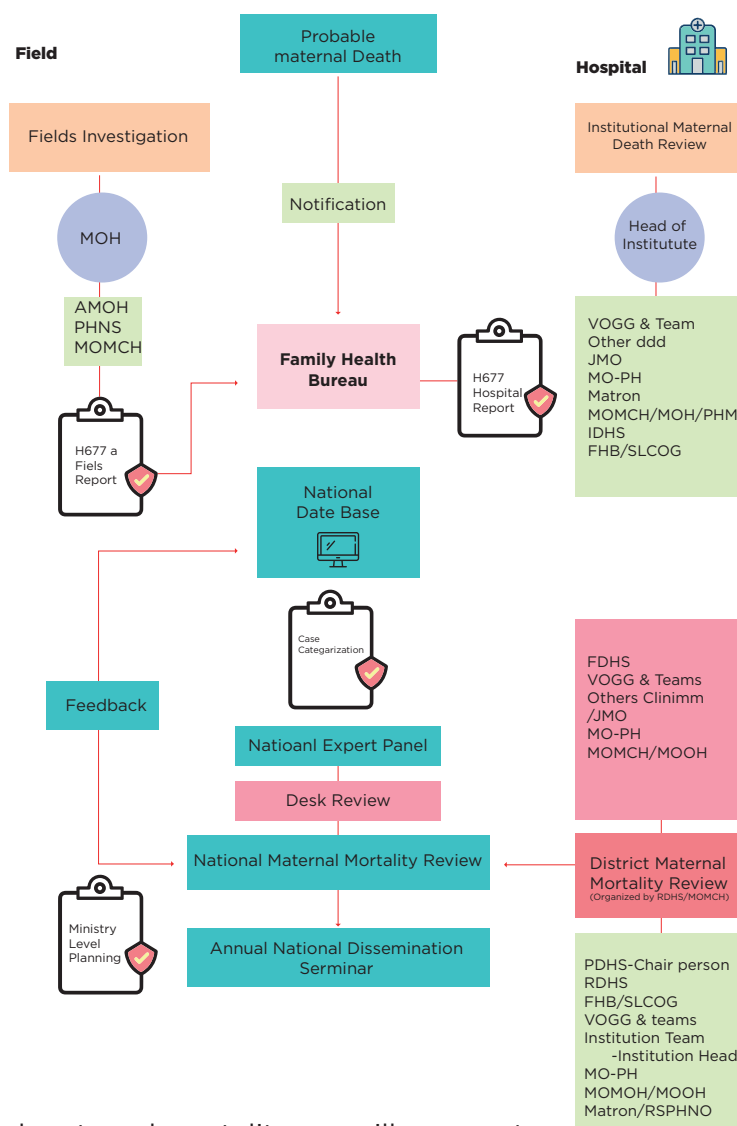


Figure 2.3: National maternal mortality surveillance system

Source: FHB, 2020

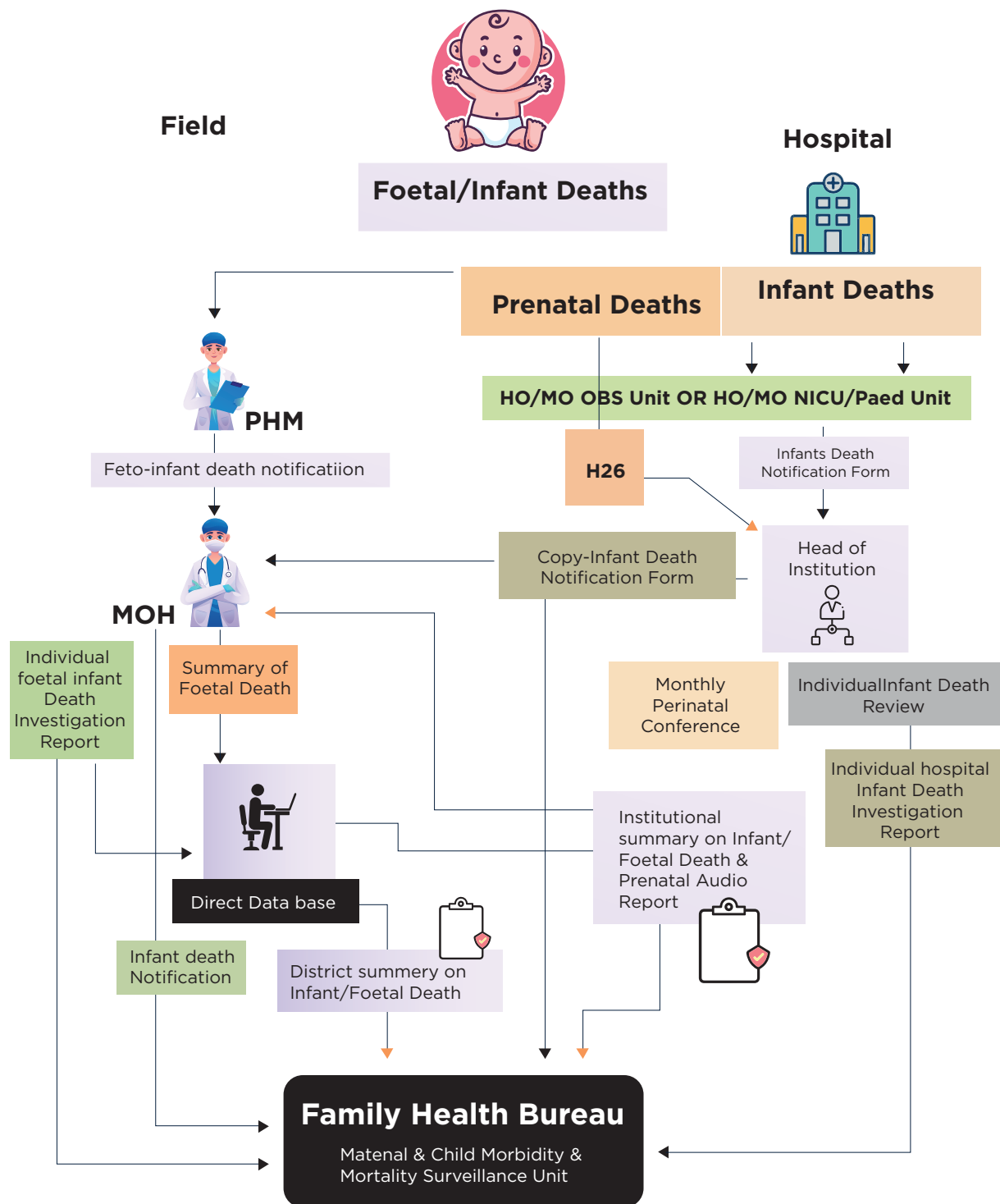


Figure 2.4: National Feto-Infant Mortality Surveillance System

Source: FHB, 2020

2.2 RMNCAYH INDICATORS

All districts in the country except the district of Monaragala provided MCH data with a reporting rate of 100% amidst the COVID-19 pandemic in the country. Medical Officers of Health and their teams need to be appreciated for their hard work and commitment during this challenging period. Data from the district of Monaragala was not submitted due to a trade union action.

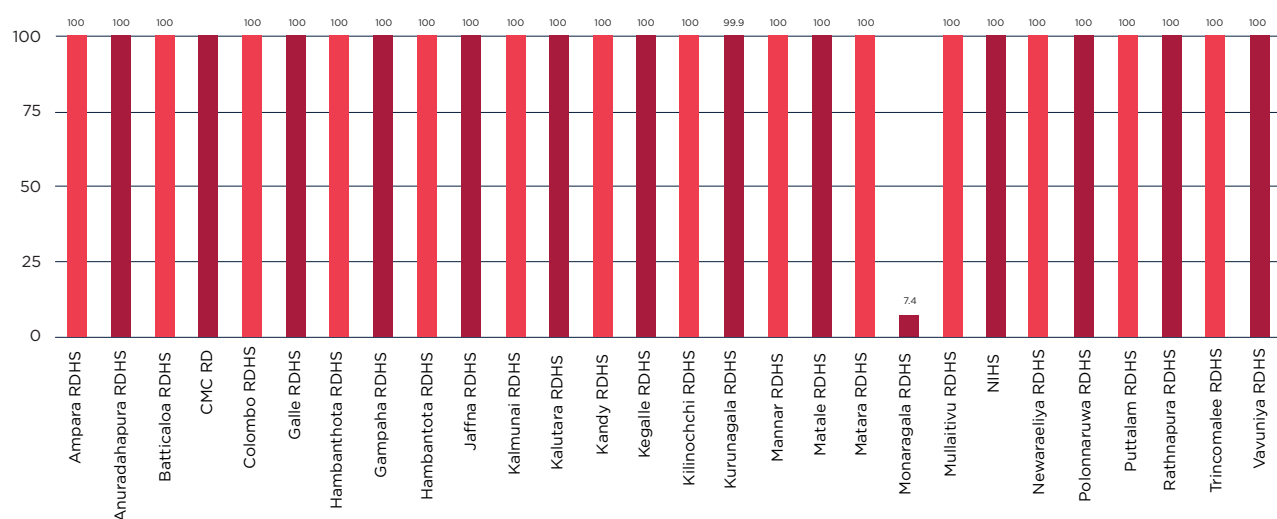


Figure2.5: Reporting Rates of Public Health Midwives' Monthly Return [H524] - 2020

Source: FHB, eRHMS 2020



Figure 2.6: Reporting Rates of MCH Clinic Return [H527] - 2020

Source: FHB, eRHMS 2020



School health services were severely affected due to the COVID-19 pandemic situation. Due to travel restrictions and imposed quarantine curfews, most of the schools were not conducted during the year. However, school health surveys were completed in 91.5 % of schools in the country. Districts in which the pandemic hit hard, many routine activities including school health services were hindered and only 55.8 % School Medical Inspections were completed during 2020.

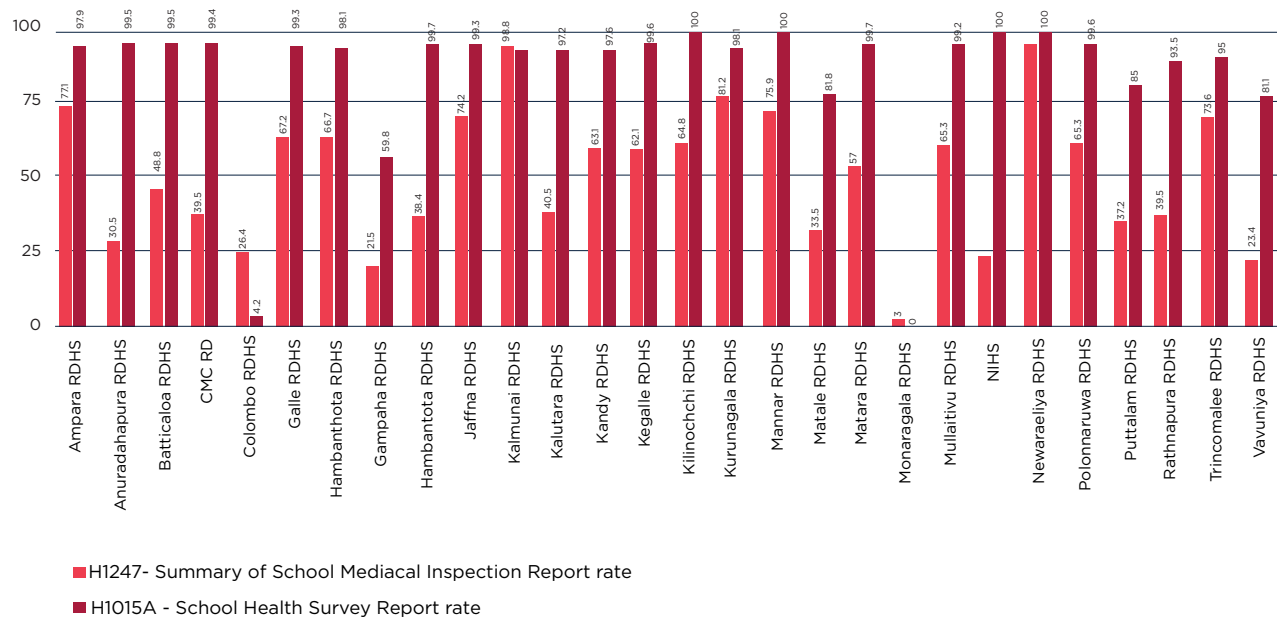


Figure 2.7: Reporting Rate H1247 and H1015 - 2020

Source: FHB, eRHMS 2020

MATERNAL AND NEWBORN HEALTH

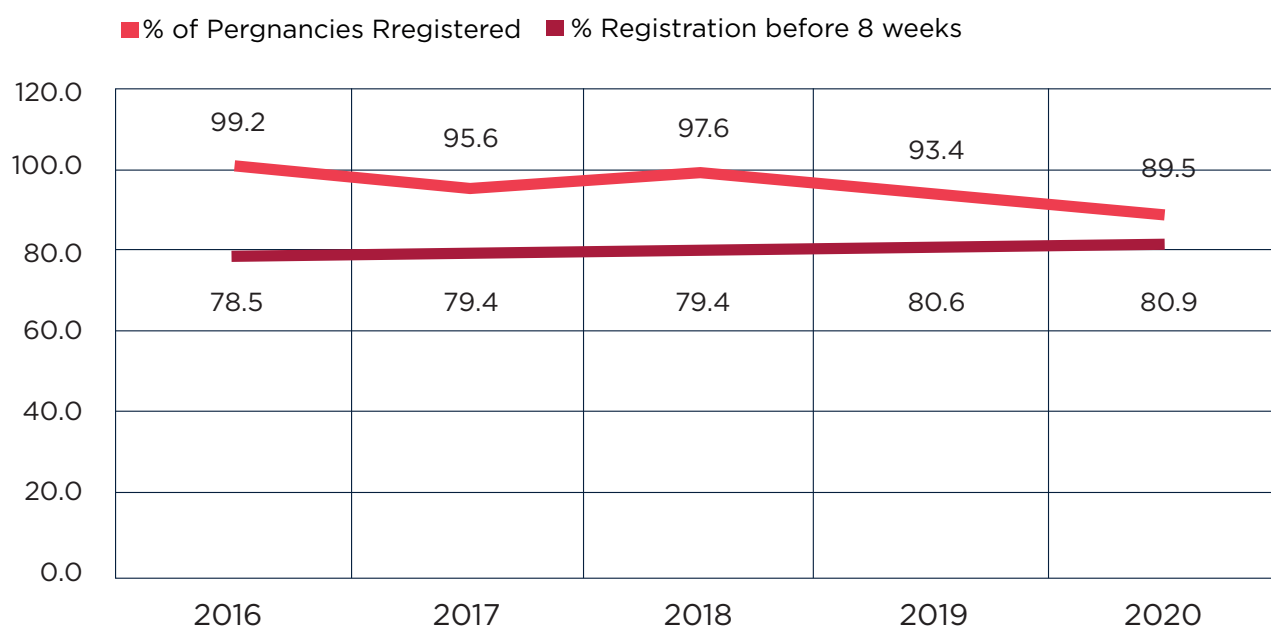


Figure 2.8: Registration of antenatal women and registration before 8 weeks 2016 to 2020

Source: FHB, eRHMS 2020

Over the last 5 years, pregnant mother registration is reducing whereas registration before 8 weeks of pregnancy remained at more than 80% even during the pandemic

Table 2.2: Percentage of antenatal women who were visited at least once and the average number of home visits by PHMM 2016 - 2020

	2016	2017	2018	2019	2020
% of registered pregnant women visited at least once at home by PHM	90.3	90.9	91.9	94.3	94.2
Average number of PHM field visits per pregnant woman	4.1	4.0	4.0	4.0	4.1

It is interesting to note that even during the pandemic situation, field health staff managed to maintain the field healthcare as before

Table 2.3: Percentage of antenatal women visiting field antenatal clinics (at least once) and average number of clinic visits 2016 - 2020

Indicator	2016	2017	2018	2019	2020
% of pregnant women making at least one field clinic visit out of registered pregnancies	94.3	96.3	95.8	95.4	95.6
Average number of clinic visits by pregnant women	6.4	6.4	6.5	6.4	5.7

Average number of clinic visits by a pregnant woman has gone down due to travel restrictions and quarantine curfew imposed due to pandemic.

Table 2.4: Percentage of antenatal women screened at ANC 2016 - 2020

Source: FHB, eRHMS 2020

Indicator	2016	2017	2018	2019	2020
% of antenatal women tested for VDRL at the time of delivery out of estimated deliveries	99.9	98.7	99.1	99.5	99.4
% Antenatal women tested for HIV at field clinic	75.5	79.9	85.1	86.1	84.7
% of antenatal women whose blood is tested for grouping and Rh at the time of delivery out of reported deliveries	100	99.4	99.6	99.7	99.7
% of antenatal women whose BMI is assessed before 12 weeks out of total attending antenatal clinics	89.7	84.1	84.5	83.8	80.3
% of antenatal women screened for Hb at the field clinic out of total attending antenatal clinics	56.0	30.3	35.2	30.8	33.4
% of antenatal women tested for VDRL at field clinic out of total attending antenatal clinics	79.5	79.7	86.3	86.2	85.1
% of antenatal women whose blood Grouping and Rh tested at field antenatal clinic	29.2	29.6	31.4	29.7	28.8

Even though, services received by pregnant women reported at the time of delivery has not been affected much, it was evident that the clinic services were not optimal during the pandemic

Table 2.5: Percentage of antenatal women who had been protected with rubella & tetanus vaccination 2016 - 2020

Source: FHB, eRHMS 2020

Indicator	2016	2017	2018	2019	2020
% of antenatal women protected against rubella out of registered pregnancies	96.5	98.2	98.5	98.5	98.5
% of antenatal women protected against tetanus out of total reported deliveries	100	99.3	99.5	99.6	99.6

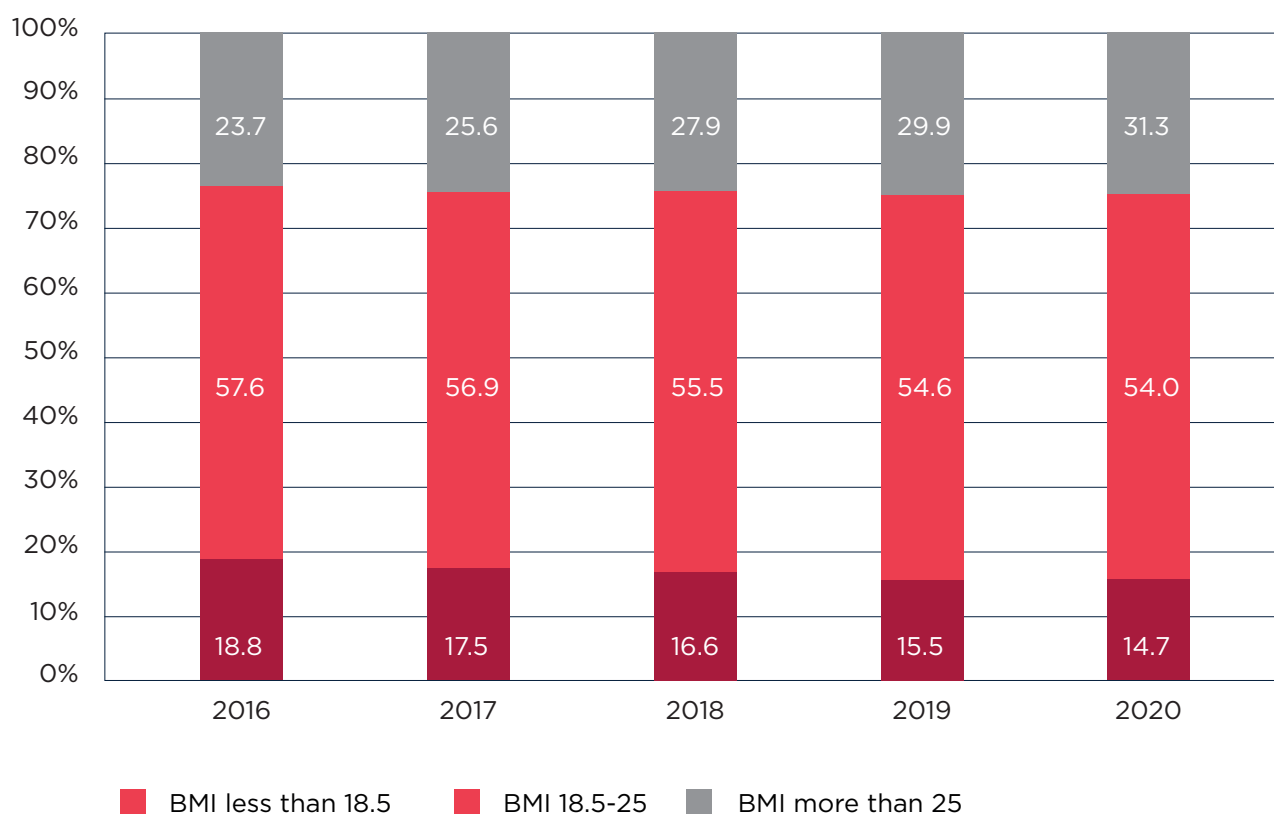


Figure 2.9: Percentage distribution of antenatal women according to their BMI status at booking visit (before 12 weeks) from 2016 - 2020

Source: FHB, eRHMS 2020

Much emphasis should be made for High BMI among pregnant women. BMI more than 25 Kg/m² has increased from 23.7% to 31.3% over a period of 5-years.

Table 2.6: Percentages of antenatal women whose haemoglobin level was tested at field clinic

Source: FHB, eRHMS 2020

Indicator	2016	2017	2018	2019	2020
% of pregnant women tested for Haemoglobin at field clinics	56.1	30.2	17.6	15.4	16.7

Investigations carried out in the field clinics are reducing gradually which need to be considered by the district health authorities.

Table 2.7: Level of haemoglobin among antenatal women reported 2016 to 2020

Source: FHB, eRHMS 2020

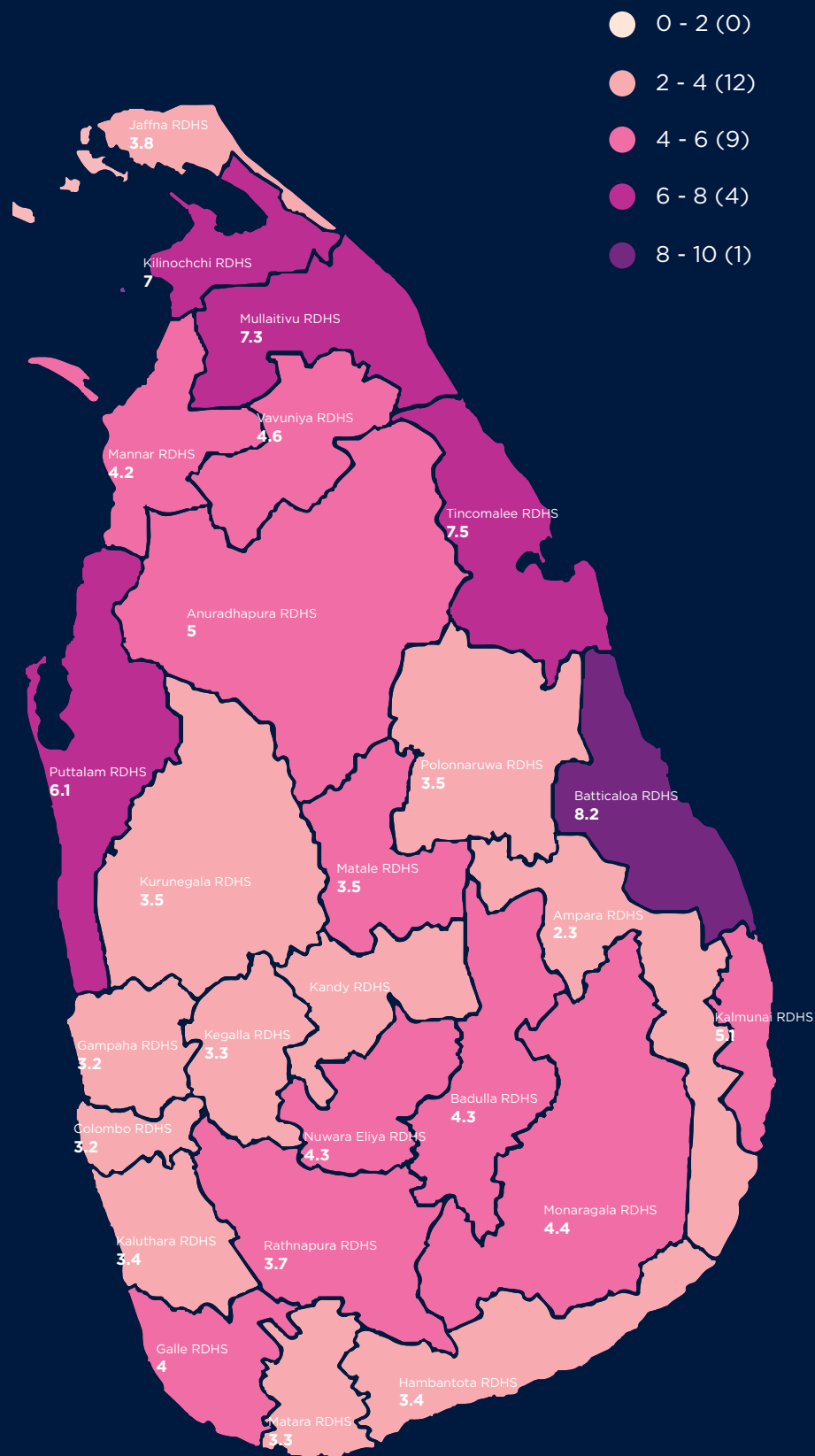
	Hb before 12 weeks			Hb after 12 weeks		
	<7g/dl	7g-11g/dl	>11 g/dl	<7 g/dl	7g-11g/dl	>11 g/dl
2016	0.34	19.41	73.77	0.40	24.58	62.81
2017	0.21	17.85	75.81	0.24	25.99	65.39
2018	0.2	19.2	80.6	0.2	30.1	69.7
2019	0.1	18.2	81.6	0.2	30.5	69.3
2020	0.1	16.7	83.2	0.2	28.1	71.8

Table 2.8: Number and rate of antenatal morbidities reported in 2016 to 2020

Source: FHB, eRHMS 2020

	Number of cases	Cases per 10,000 pregnancy	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancy	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancies
	2016		2017		2018		2019		2020	
Chronic High blood pressure	1,119	37	1,043	35	1,038	29	1043	31	1150	35
Chronic Diabetes	2,526	83	2,691	89	3,358	92	3826	112	4220	128
Heart Diseases	1,823	60	1,581	53	1,679	46	1620	47	1495	46
Gestational Diabetes	11,801	389	13,340	443	16,470	453	18247	534	20608	627
Hypertension	11,488	379	10,140	337	10,093	278	9696	284	10302	314
Anaemia	65,665	2,166	76,330	2,536	89,377	2,460	92,035	2,693	83,351	2,537

Antenatal morbidities such as anaemia and gestational diabetes seem to be increasing over the last 5 years



Teenage pregnancies above 5% were reported from the districts of Puttalam, Batticaloa, Trincomalee, Mullaitivu, Killinochchi and Kalmunai. Lowest teenage pregnancy rate was reported from Ampara district

Figure 2.10: Percentage of teenage pregnancies by district in 2020

Source: FHB, eRHMS 2020

Table 2.9: Pregnancy outcome and postpartum care for mothers registered from 2016-2020

Source: FHB, RHMIS 2020

Indicator	2016	2017	2018	2019	2020
% Pregnancy outcome reported out of registered pregnancies	85.0	86.4	90.5	88.0	85.4
% of deliveries reported out of total live births registered by Registrar General	93.7	92.3	93.5	92.3	95.0
% of deliveries reported out of total estimated pregnancies	91.4*	83.9	85.0	83.7	86.4
% Institutional deliveries out of total reported deliveries	99.9	99.9	99.9	99.9	99.9
Number of home/non institutional deliveries	222	246	248	257	244
% of Home deliveries out of total reported deliveries	0.07	0.08	0.06	0.09	0.09
% of untrained deliveries out of total reported deliveries	0.07	0.06	0.04	0.06	0.05
% Caesarean sections out of total institutional deliveries reported	36.3	37.3	40.8	40.5	41.7
% Postpartum visits 1 - 5 days	-	63.0	66.6	66.0	66.6
% Postpartum mothers receiving at least 1 visit by PHM during 1 st 10 days out of estimated births	76.2	80.8	83.8	85.9	80.9
At least 1 visit during 1st 10 days out of actual birth reported	78.5	85.1	86.8	86.2	89.5
At least 1 visit during 1st 10 days out of reported deliveries	92.8	92.2	92.8	93.3	93.3
Postpartum visits by PHM at or around 42 days out of reported deliveries	79.0	77.5	79.2	83.0	81.3
Average number of home visits during first 10 postpartum days	1.7	1.7	1.8	1.7	1.7
% of PP visits by PHM around 42 days (out of estimated births)	79.0	77.5	76.5	73.5	70.0

Caesarean section rate has increased from 36.3% in 2016 to 41.7% in 2020.

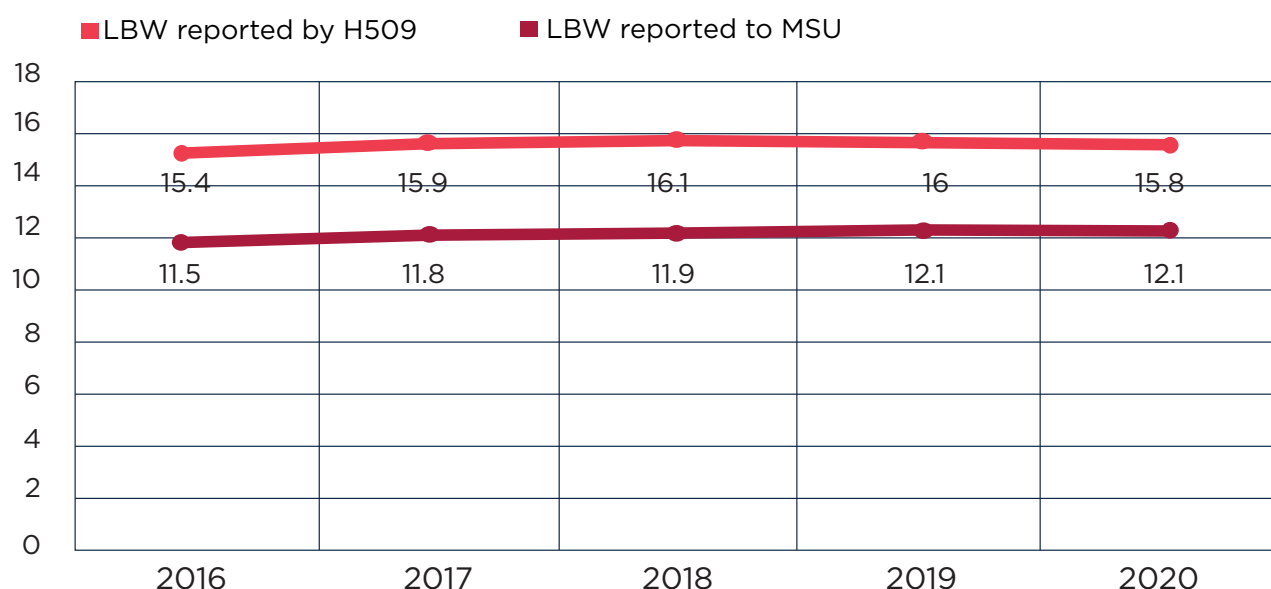


Figure 2.11: Low birth weight percentages among newborns from 2016-2020

Source: FHB, eRHIS 2020

Low birth weight reporting from the field is lower than the value reported from healthcare institutions. As observed, figure is under reported from the field level. derreporting from the field

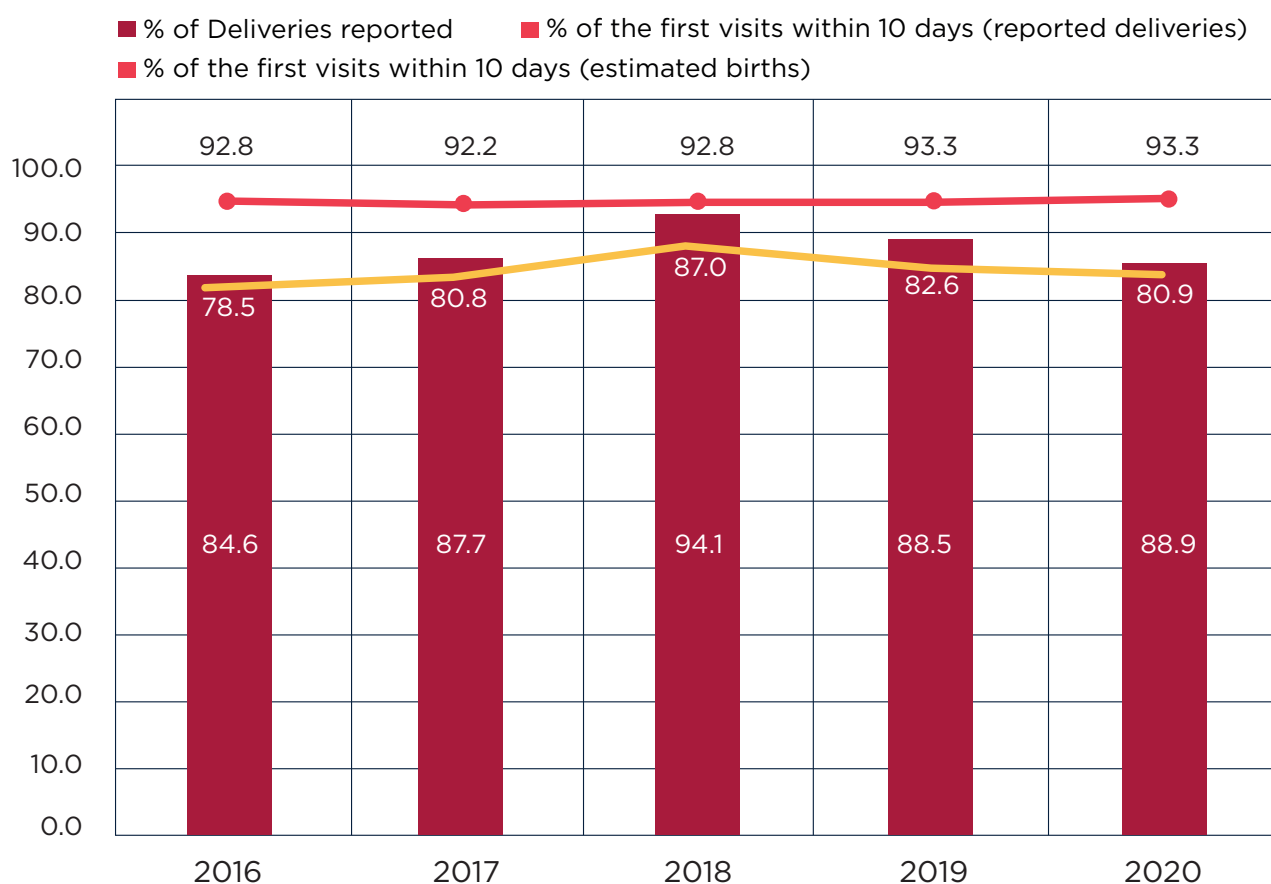


Figure 2.12:

Percentage of estimated births, who were receiving the first post-natal visit within the first 10 days of delivery in 2016-2020

Source: FHB, eRHIS 2020

There is a reduction in the delivery reporting and at least one visit within the first 10 days compared to the previous year.

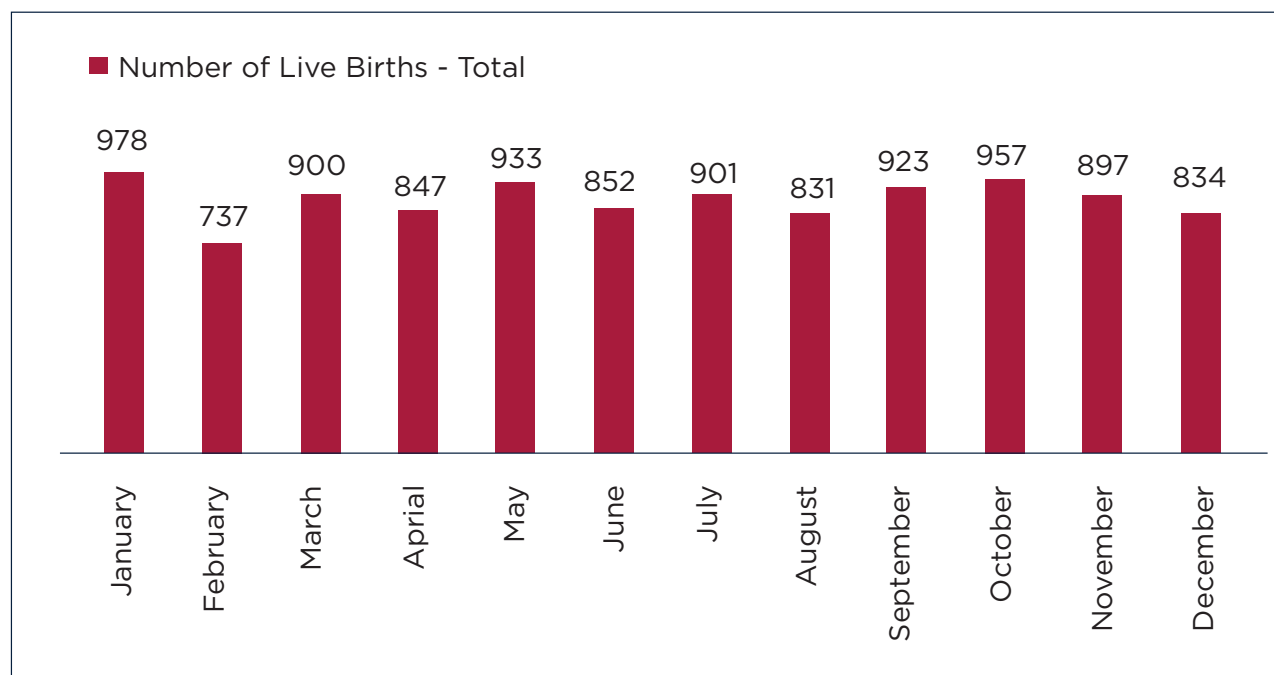
Table 2.10: Number of mothers reported with postpartum morbidities in 2020

Source: FHB, eRHMS 2020

	Number of cases Cases / 10,000 deliveries		Number of cases Cases / 10,000 deliveries		Number Of cases Cases / 10,000 deliveries		Number Of cases Cases / 10,000 deliveries		Number Of cases Cases / 10,000 deliveries	
	2016		2017		2018		2019		2020	
Heart Failure	66	2	72	2	61	2	90	3	72	3
Deep Vein Thrombosis	1 30	4	105	3	87	3	83	3	98	3
Postpartum Depression	357	12	318	11	325	11	403	14	418	15
Foreign Material in vagina	231	8	222	7	197	7	151	5	156	5
Reproductive Tract Infections	439	14	43	1	301	11	270	9	14	0
Postpartum Psychiatric Illness	579	19	637	21	685	21	803	27	788	27
Diabetes Mellitus	746	25	650	22	877	22	847	29	988	34
Breast Abscess	590	19	465	15	394	15	344	12	327	11
Urinary Tract Infection	1497	49	1115	37	1053	37	1050	36	981	34
Cracked Nipple	2340	77	2260	75	2391	75	2529	86	2714	95
Haemorrhage	2184	72	2038	68	2040	68	1773	60	1717	60
Hypertension	2477	82	2341	78	2797	78	3007	102	3191	111
Separated Epis	4268	141	4237	141	4249	141	4174	142	3578	125
Engorged Breast	4657	154	4766	158	5236	158	5301	180	5456	190
Infected LSCS scar	6433	213	5965	198	6409	209	6593	224	6241	218

Further improvement in postpartum morbidity reporting needs to be emphasized.

Private Sector Performances in Maternal and New born Health in Western Province



A total of 10,590 live births were reported from private healthcare institutions in Western Province

Figure 2.13: Number of Live Births by Months in Private sector

Source: FHB, eRH MIS2 2020

Percentages of HIV tests done

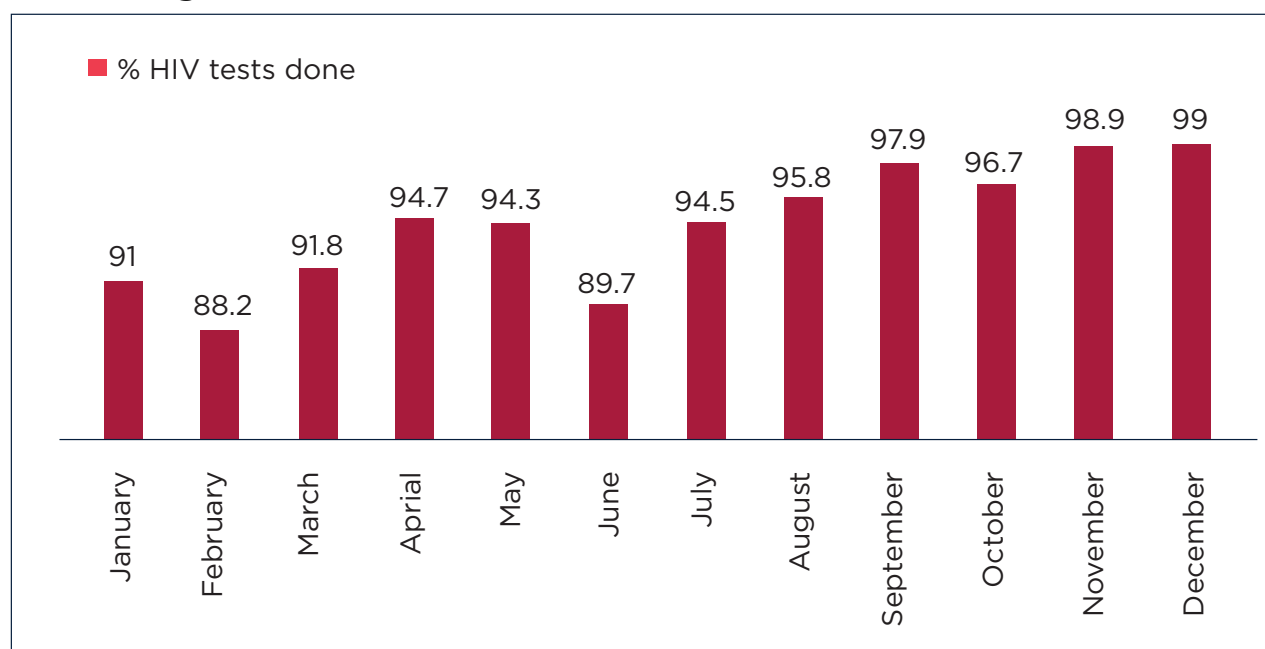


Figure 2.14: Percentages of HIV Tests Done in Private Sector

Source: FHB, eRH MIS2 2020

Percentages VDRL tests done

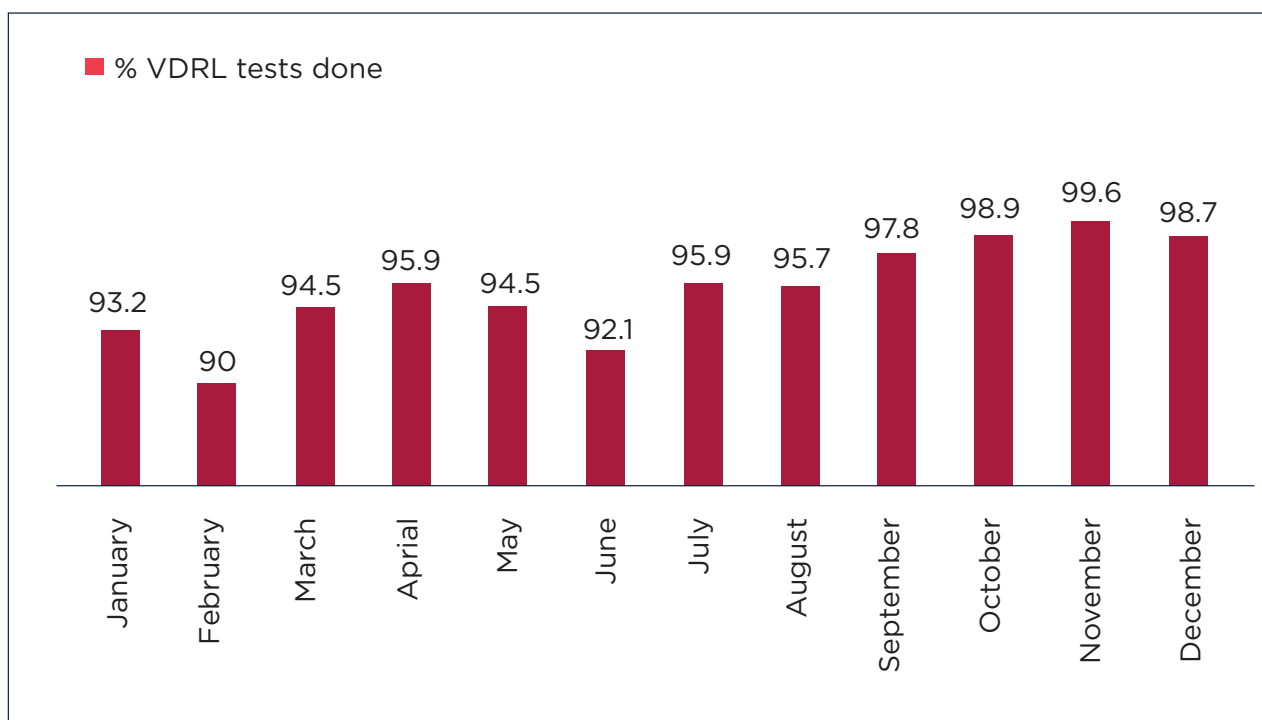


Figure 2.15: VDRL by Months

Source: FHB, eRH MIS2 2020

VDRL and HIV screening coverages were 95.6% and 94.4% respectively

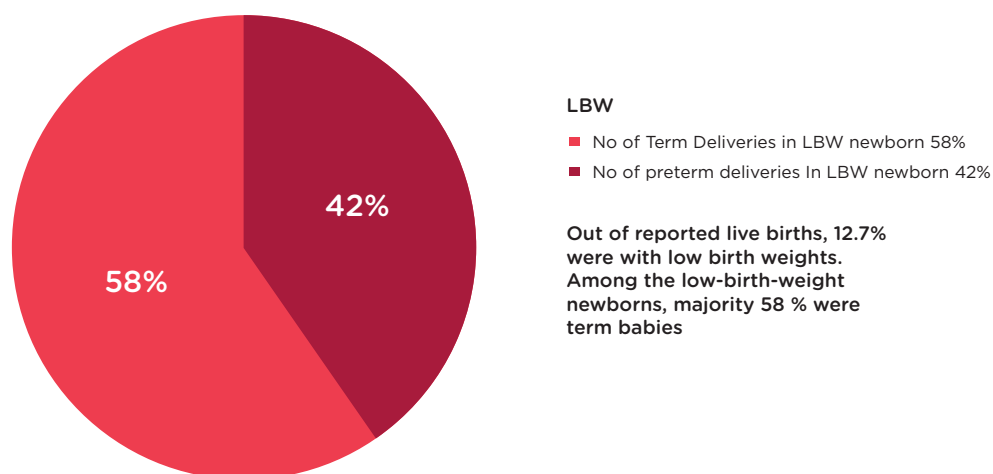


Figure 2.16: Percentages of term and preterm births reported among LBW deliveries in 2020

Source: FHB, eRH MIS2 2020

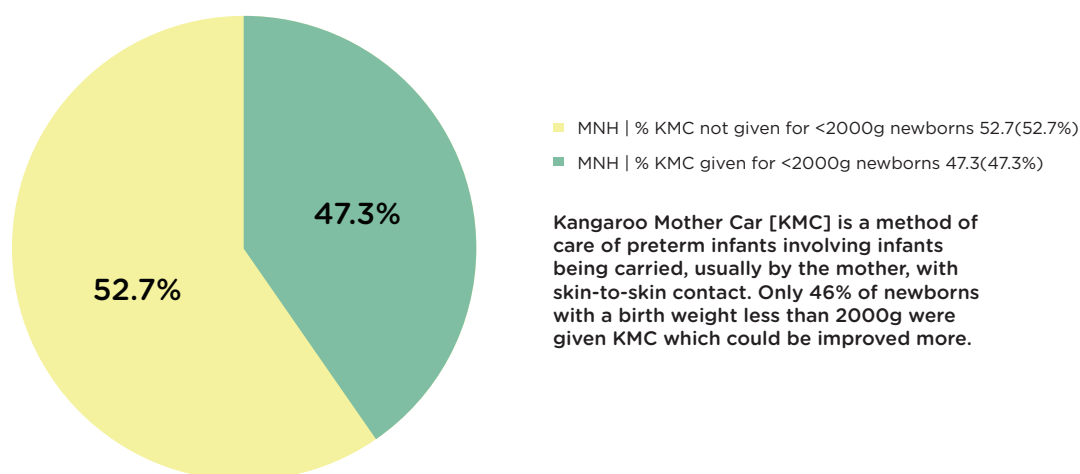


Figure 2.17: Percentage of newborns with birth weight <2000g received Kangaroo Mother Care in Private Sector

Source: FHB, eRH MIS2 2020

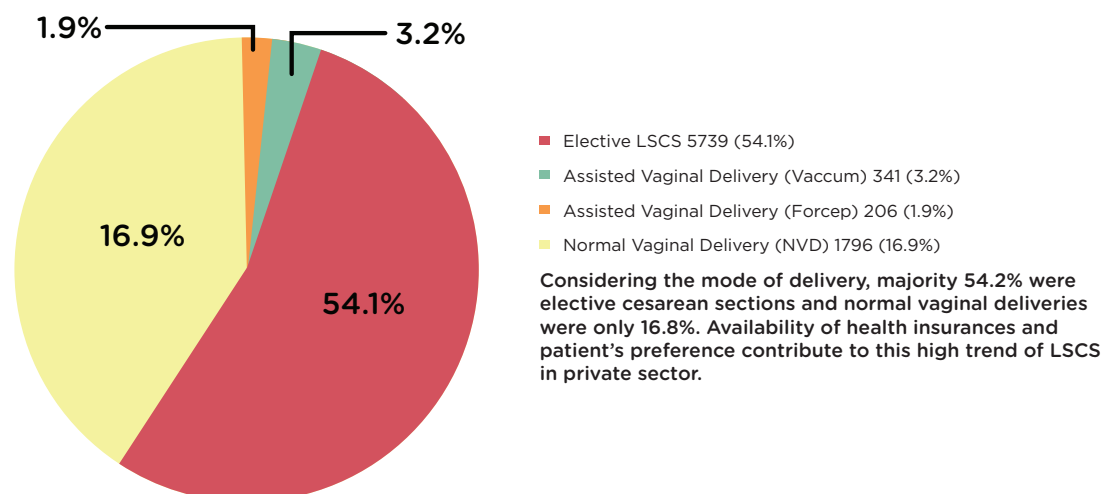


Figure 2.18: Mode of Delivery

Source: FHB, eRH MIS2 2020

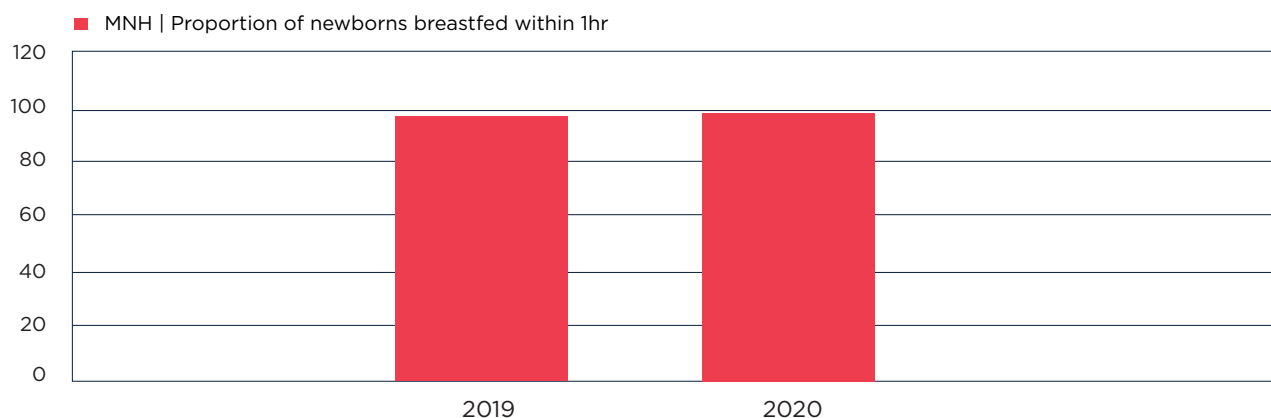


Figure 2.19: Percentage of newborns who received breast feeding within first hour in private sector

Source: FHB, eRH MIS2 2020

It was encouraging to observe that the initiation of breast feeding within first hour in private healthcare institutions were 97.3% in 2020.

INFANT AND CHILD HEALTH

Table 2.11: Number of live births reported by Registrar General Department 2016-2020

	2016	2017	2018	2019	2020
No. of births (RG)	329,630	326,052	328,112	319,010	301,706

Table 2.12 Percentage of infants, young children and preschool children under care out of the registered birth from 2016 to 2020

Source: FHB, eRHMS 2020

	2016	2017	2018	2019	2020
Infants registered by PHMM out of estimated births	95.3	94.1	95.6	93.8	90.8
% Infants under care	94.4	94.3	96.1	93.3	90.6
% Infants having at least 1 home visit after 42 days out of registered infants	53.4	50.3	50.7	51.4	49.1
Average number of home visits per infant	7.2	6.9	7	7.6	7.5
% of infants weighed	88.4	87.5	88.1	90.2	67.8
% of infants making at least one clinic visit (out of registered infants)	100	100	110.4	110	90.4
Average number of clinic attendance for an infant	4.7	4.7	4.9	5.1	5.3
% of estimated infants given Vitamin A megadose at 6 months	80.5	78.7	84.5	78.9	78.6
% of young children under care (1-2 years)	99.4	102.7	97.1	97.6	98.1
% of young children (1-2 years) weighed	79.2	78.7	81.9	83.6	60.9
% of estimated children given Vitamin A megadose at 18 months	80.6	86.1	86.1	78.6	85
% of Preschoolers under care (2 -5year)	95.5	94.8	95.4	93.6	92.8
% of 2 - 5 year old children weighed	80.5	80.3	80.2	81.7	62.3
% of estimated children given Vitamin A megadose at 3 years	90.5	91.2	92.9	83.1	87.1

Infant registration, at least one home visit for an infant, weighing coverages of children under 5 years of age have been affected negatively due to the COVID-19 pandemic situation in the country.

Table 2.13: Percentages of underweight (UW) in infants, young children and preschoolers from 2016 to 2020

Source: FHB, eRH MIS 2020

Indicator	2016	2017	2018	2019	2020
% Moderately Underweight infants	5.4	5.1	5.2	5.3	5.0
% Severely Underweight infants	1.1	1.1	1.1	1.1	1.1
% Moderately Underweight young children (>1-2 years)	11.9	10.8	10.6	10.6	10.2
% Severely Underweight young children (>1-2 years)	2.4	1.9	1.8	1.8	1.7
% Moderately Underweight preschoolers (>2 to 5th year)	18.0	17.5	16.9	16.9	16.4
% Severely Underweight preschoolers (>2 - 5th year)	3.2	3.1	2.9	2.8	2.6

UW gradually increases with age and it is gradually reduced over the years. However, as the assessment coverage is low in 2020, it is difficult to interpret whether this slight reduction seen in 2020 is an actual reduction.

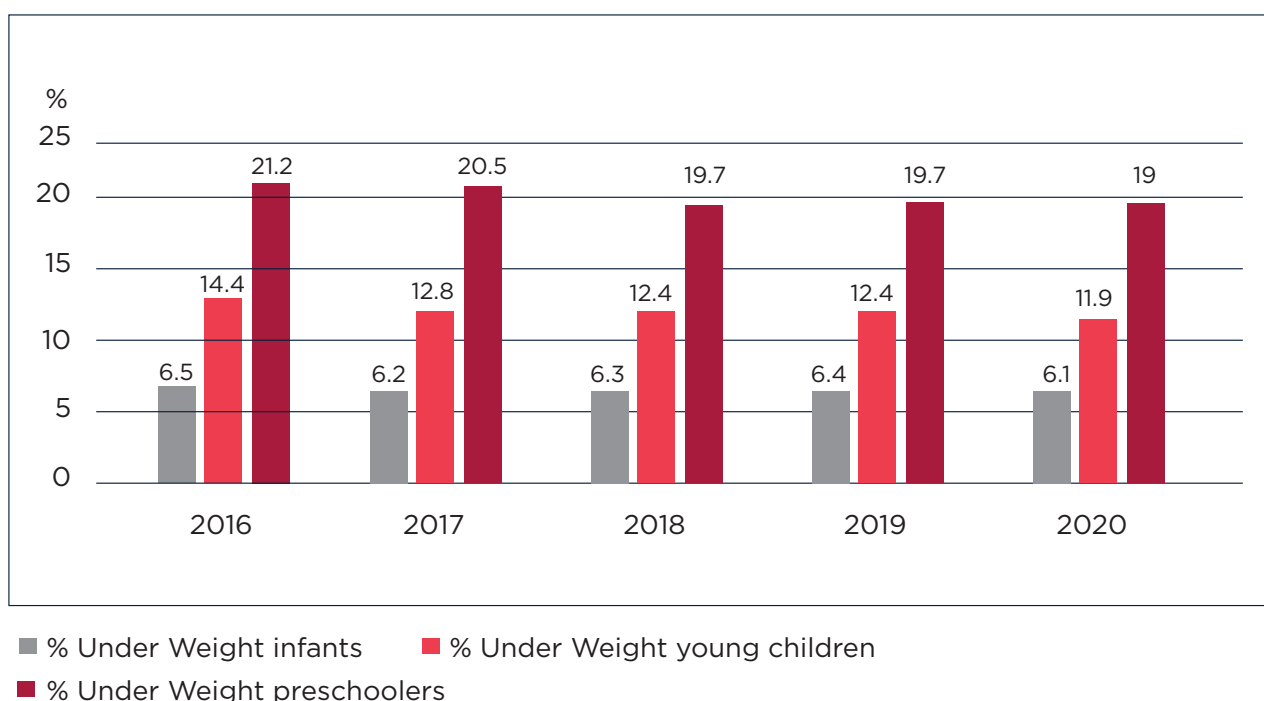


Figure 2.22: Trends in infant, young child and preschool child underweight (moderate and severe) from 2016 -2020

Source: FHB, eRH MIS 2020

NUTRITION MONTH DATA

Nutrition month data reporting rates from all districts were as follows;
Except Monaragala, all other districts have reported 100% or nearly 100% data.

National Nutrition Month - Child Nutrition Reporting rate

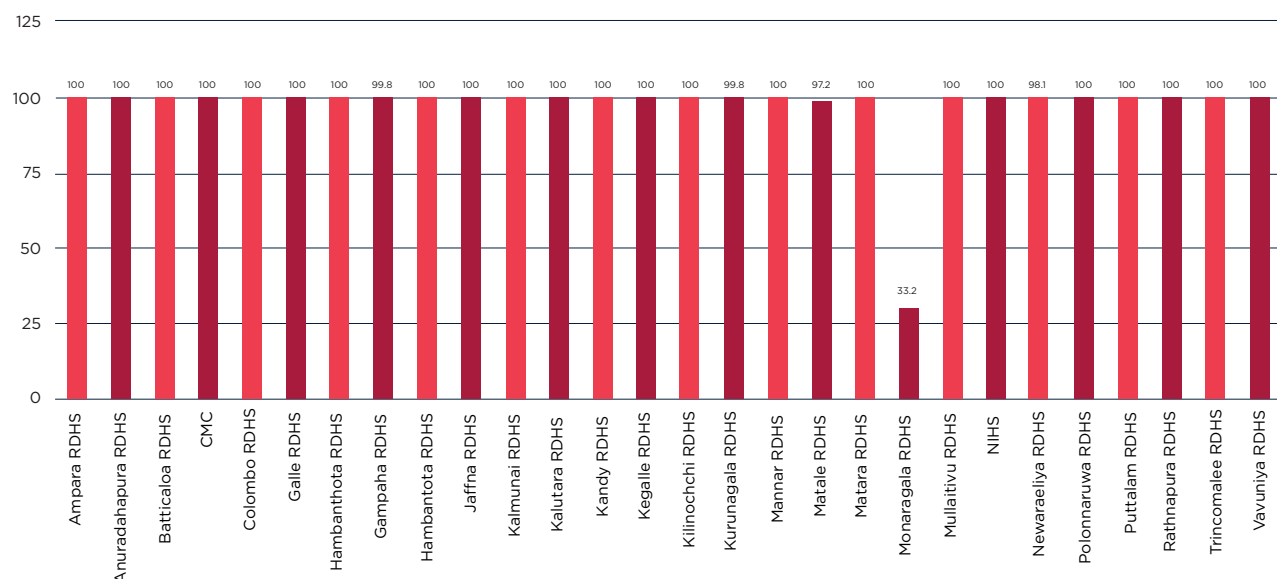


Figure 2.23: Nutrition Month Reporting Rates - 2020

Source: FHB, NM 2020

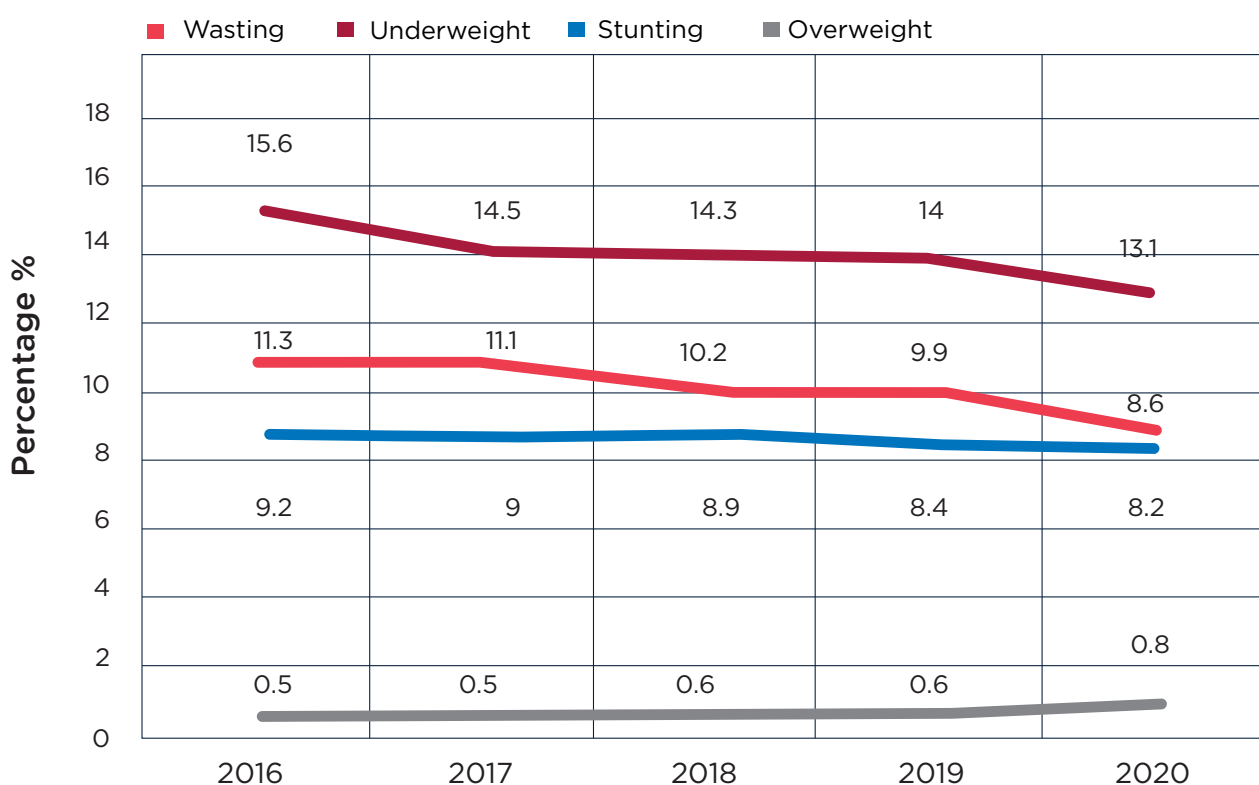


Figure 2.24: Malnutrition among under five children from 2016 to 2020

Source: FHB, NM 2020

According to the National Nutrition Month data, underweight, wasting and stunting have improved compared to the previous years. Overweight has increased by 0.2 % from 2019 to 2020.

MORTALITY STATISTICS OF INFANTS AND UNDER FIVE YEARS CHILDREN

Still Birth Rates 2016 - 2020

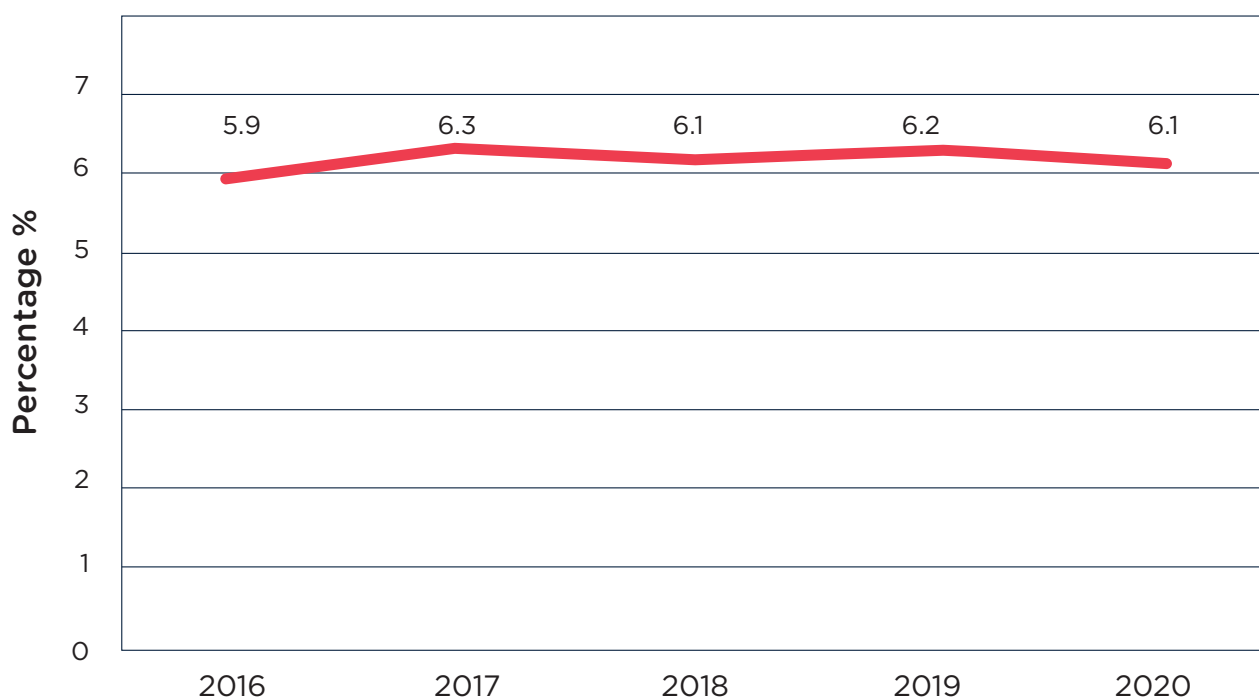


Figure 2.25: Still Birth Rate from 2016 to 2020

Source: FHB, eRH MIS 2020

Neonatal Mortality Rates 2016 - 2020

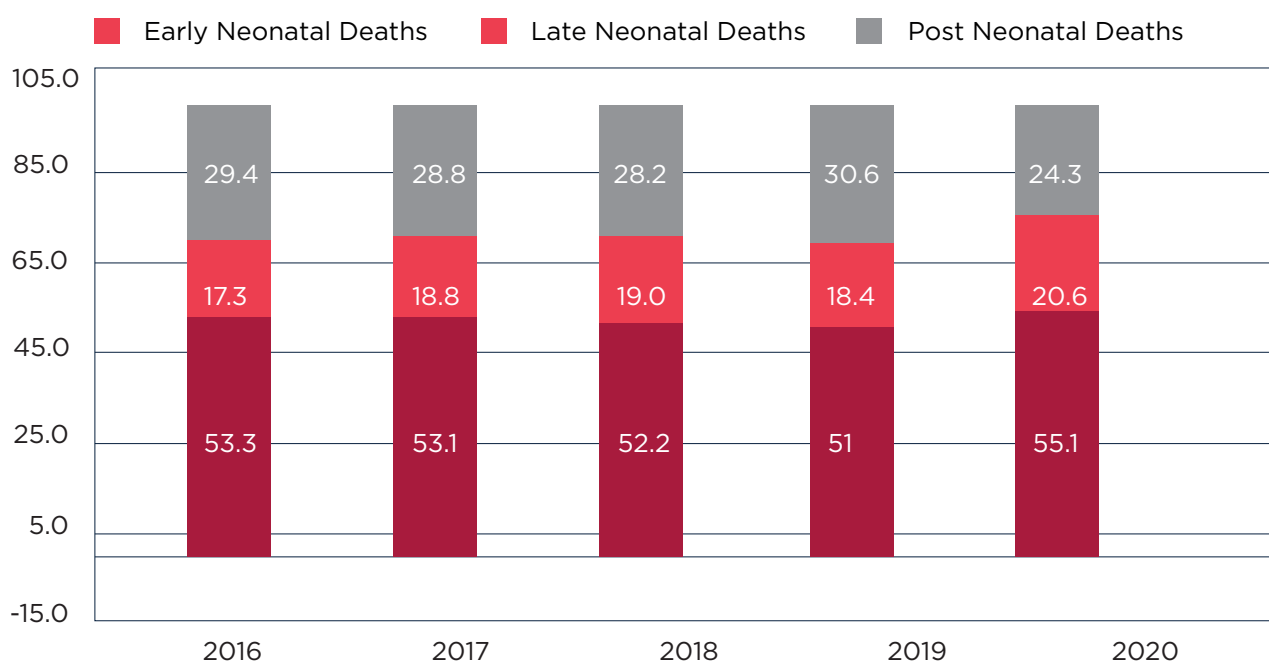


Figure 2.26: Neonatal Deaths from 2016 to 2020

Source: FHB, eRH MIS 2020

Infant Mortality Rates 2016 - 2020



Figure 2.27: Infant Mortality Rates from 2016 to 2020

Source: FHB, eRH MIS 2020

There is a reduction in the infant mortality rate in 2020.

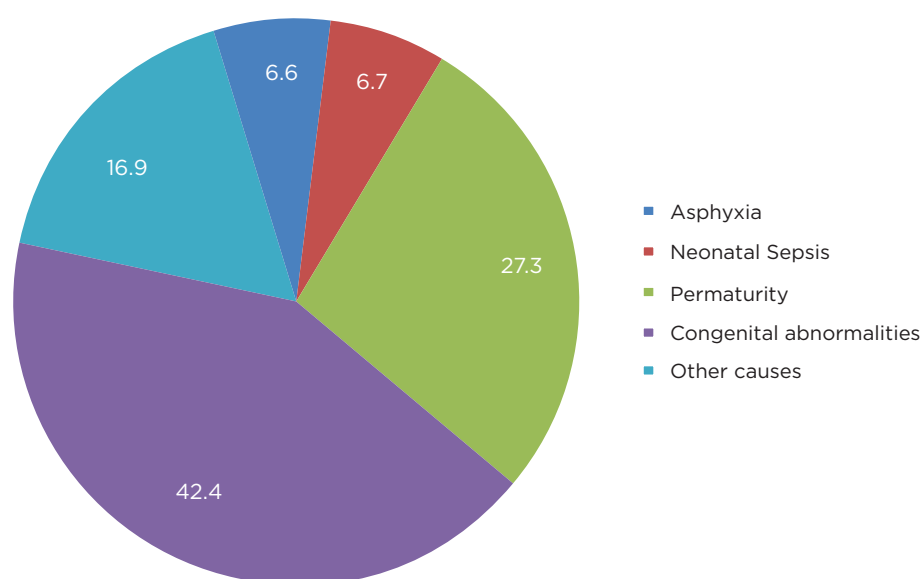


Figure 2.28: Causes of Infant deaths

Source: FHB, eRH MIS 2020

Under 5 years Mortality Rates 2016 - 2020

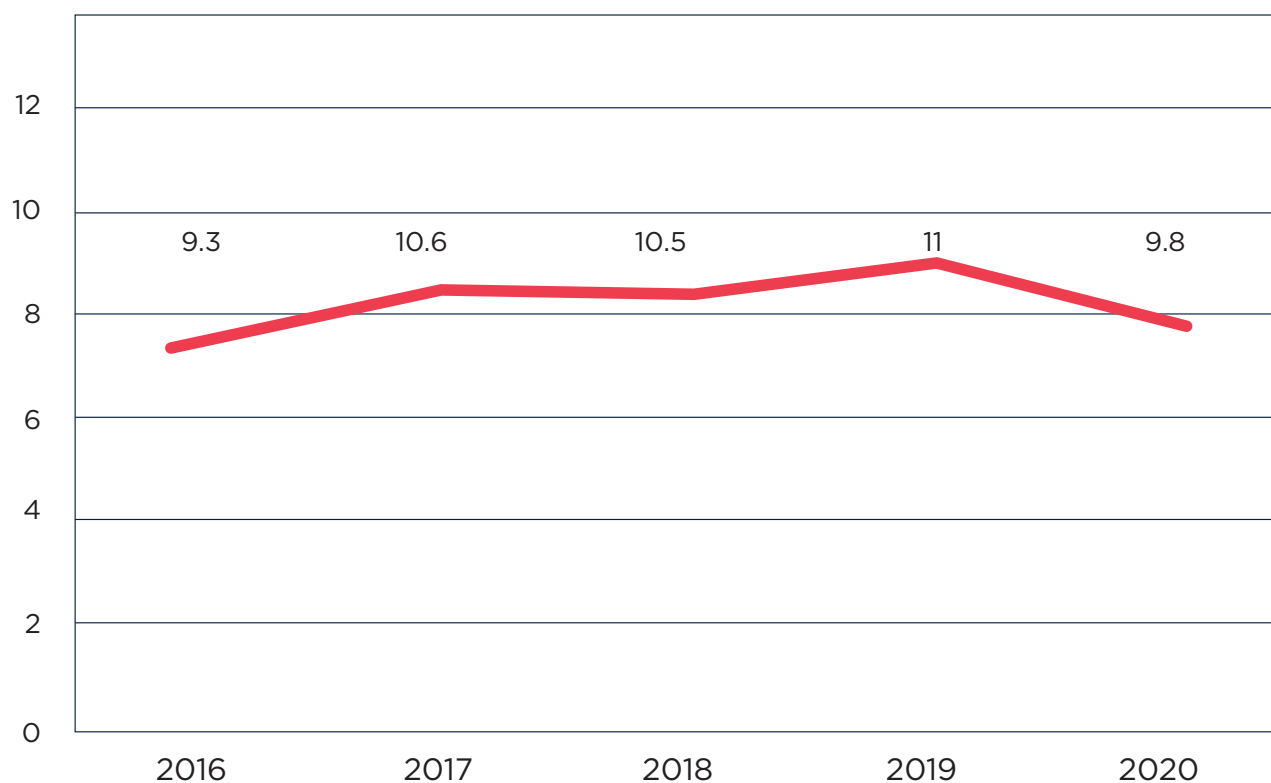
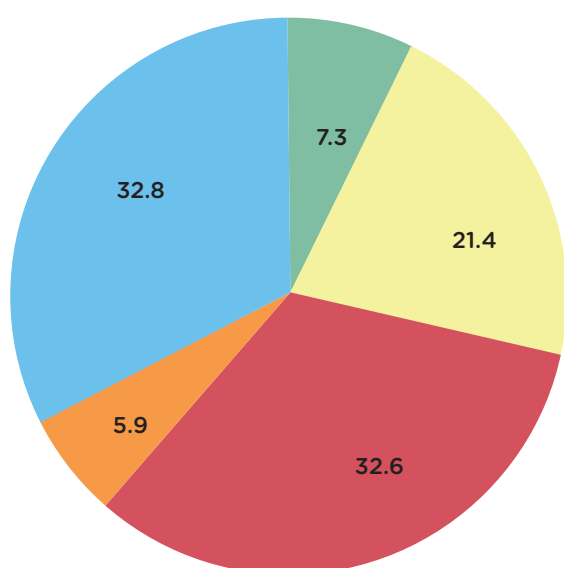


Figure 2.29: Children under 5 years Mortality Rates from 2016 to 2020

Source: FHB, eRH MIS 2020

Reduction is observed in under 5 years death rates as well.



4.1 Infant Mortality in 2020 by causes

- Respiratory diseases
- Accidents
- Congenital abnormalities
- Diarrhoeal diseases
- Other causes

Majority of the under 5 years deaths were again due to congenital abnormalities

Figure 2.30: Cause of death for under 5 years mortality in 2020

Source: FHB, eRH MIS 2020

FAMILY PLANNING

Table 2.15: Percentage of eligible families using all methods 2016 – 2020

Source: FHB, eRHMS 2020

	2016	2017	2018	2019	2020
Modern methods	57.0	57.9	58.4	57.9	57.1
Natural/Traditional	9.4	9.4	9.2	9.0	9.0
All	66.5	67.3	67.7	66.9	66.1

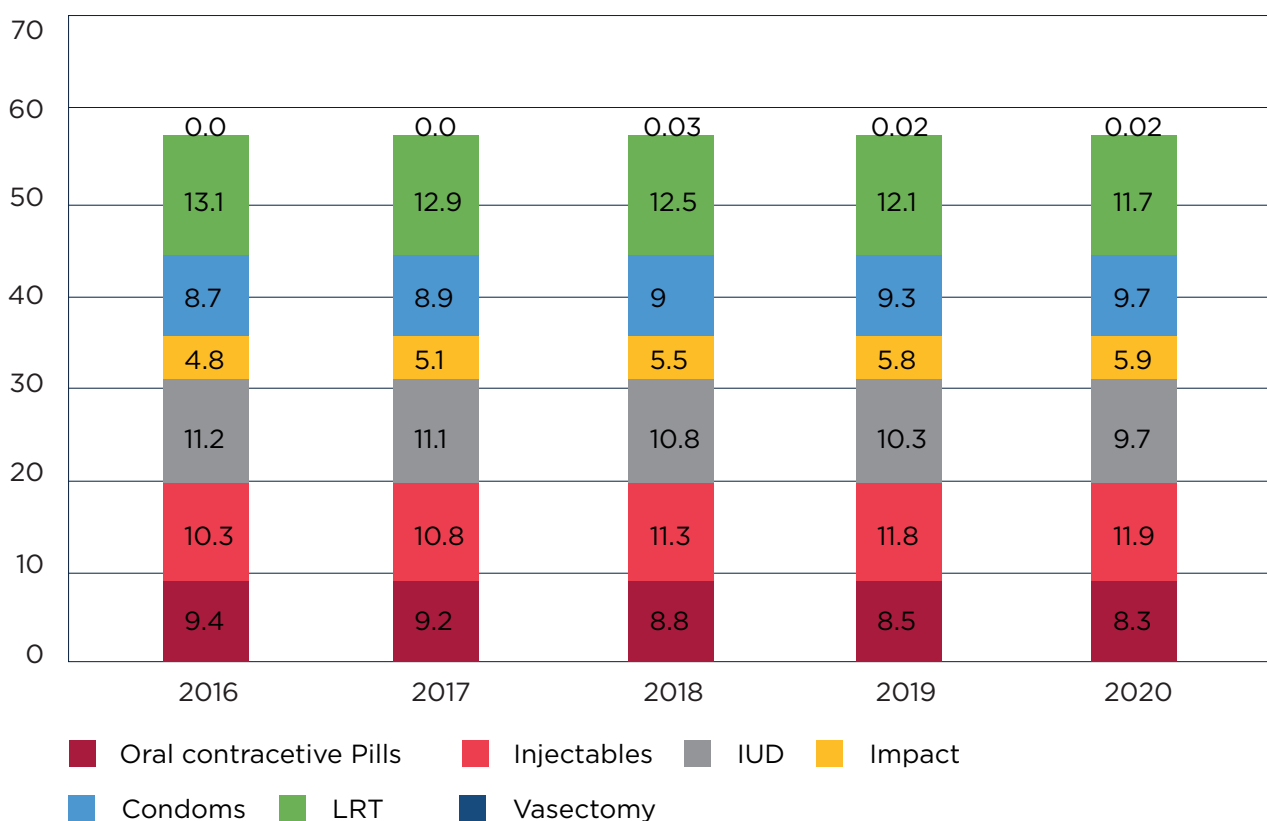


Figure 2.31: Current users of modern family planning methods, from 2016 - 2020

Source: FHB, eRHMS 2020

No significant change in the trends of family planning usage observed over the last 5 years.

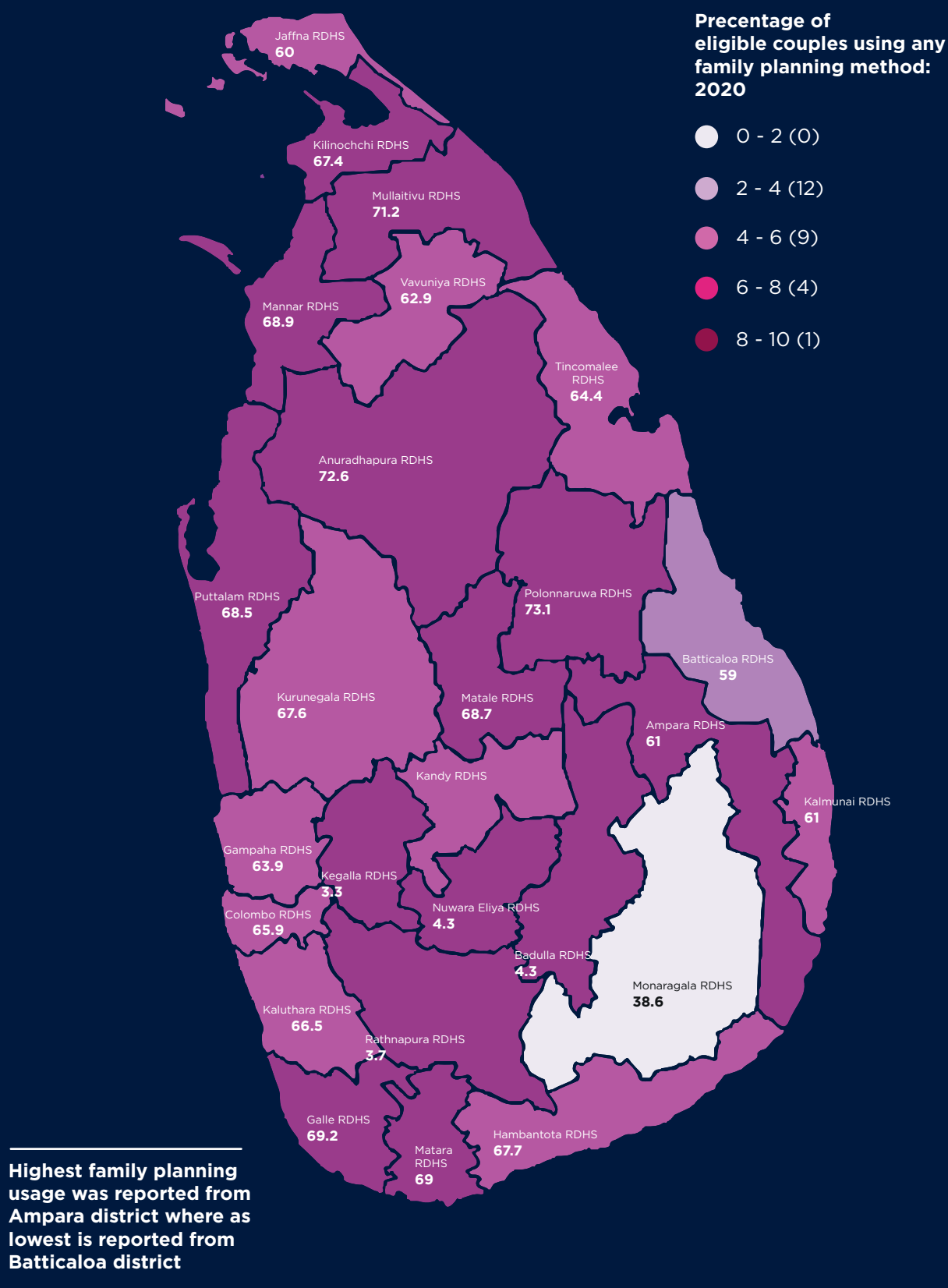


Figure 2.32: Shows the district variation in CPR (All methods) in 2020

Source: FHB, eRHMS 2020 [data for district of Monaragala not available]

Table 2.16: New acceptors of contraceptive method from 2016 - 2020

Source: FHB, eRHMS 2020

	2016	2017	2018	2019	2020
New Acceptors (No.)	157,191	168,120	171,397	152,532	128,799
IUD	37,517	32,986	29,382	24,214	17,320
Oral Pills	27,609	26,080	26,188	22,949	22,902
Sterilizations	14,806	16,106	15,783	13,883	11,212
Injectable	36,322	49,262	53,208	53,131	40,295
Implants	40,937	43,686	46,836	38,355	37,070

In 2020, new acceptors for each family planning method has reduced.

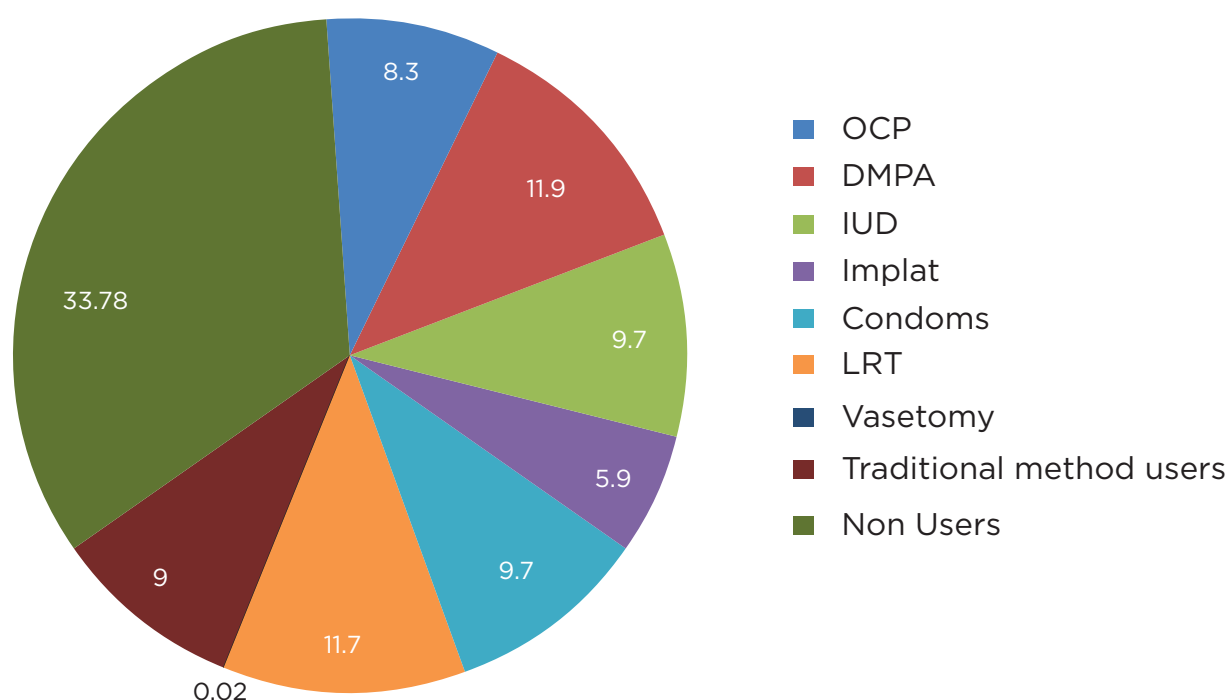


Figure 2.33: Distribution of various contraceptive methods in 2020

Source: FHB, eRHMS 2020

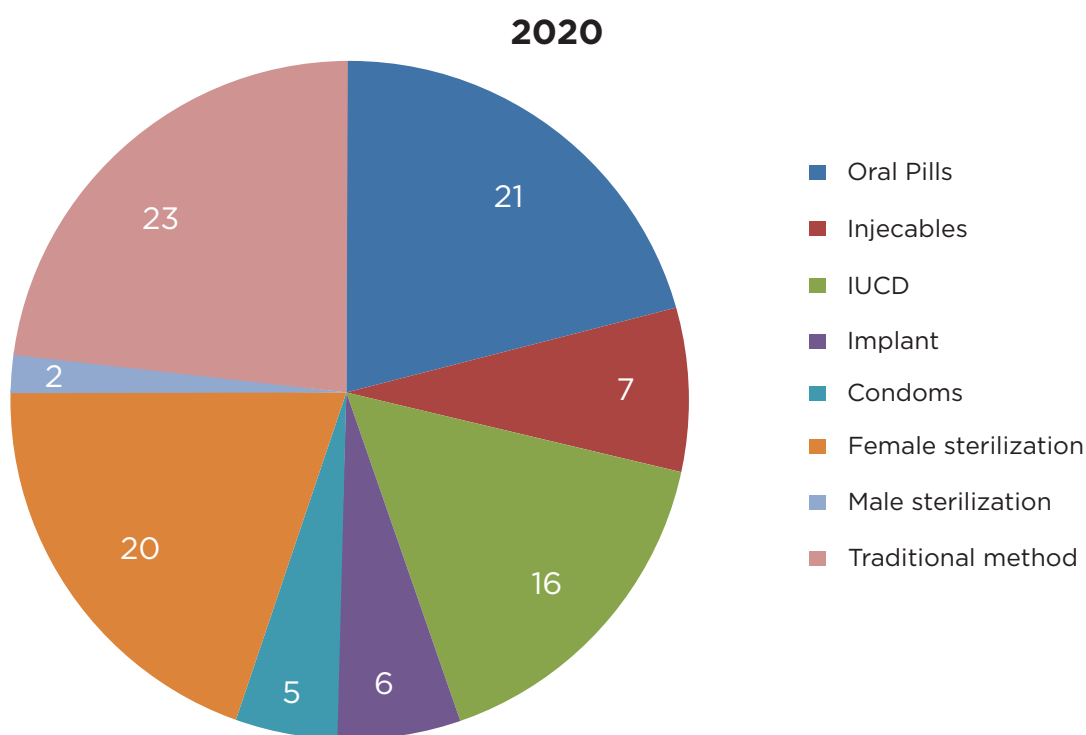


Figure 2.34: Contraceptive failure rate in 2020

Source: FHB, eRH MIS 2020

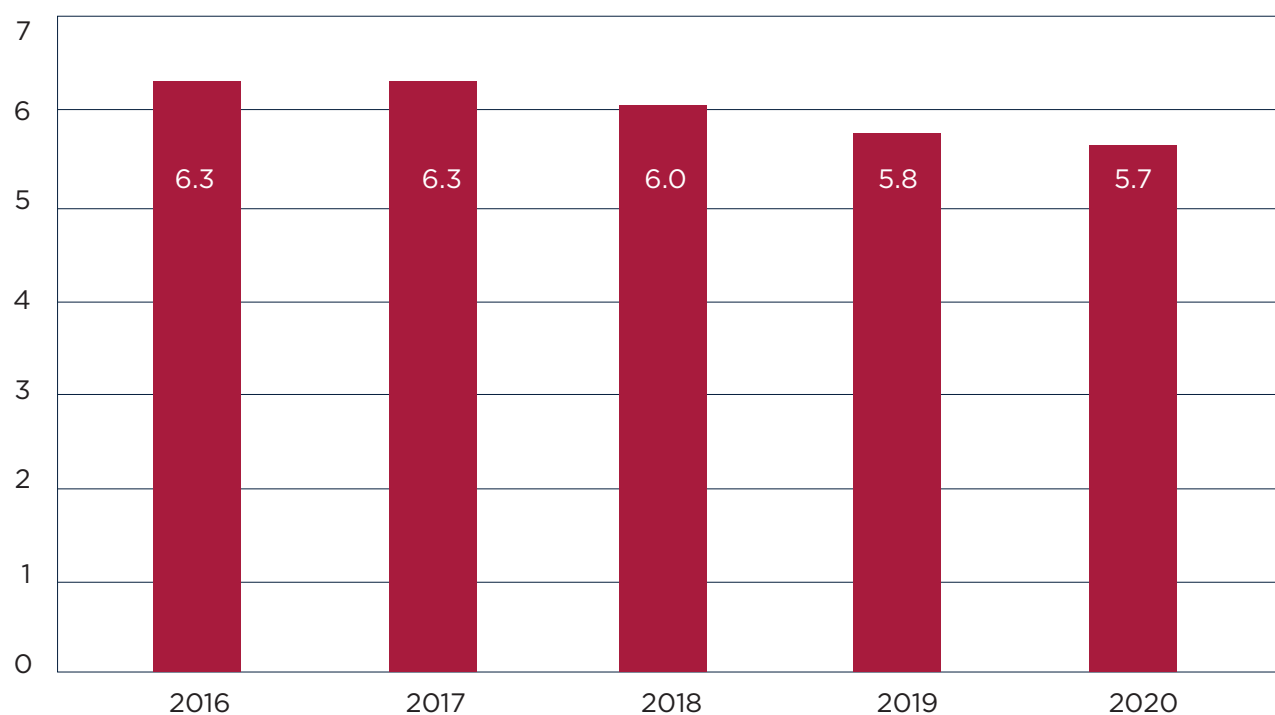


Figure 2.35: Percentage of eligible couples having unmet need for family planning 2016-2020

Source: FHB, eRH MIS 2020

Unmet need seems to be reducing over the years and in 2020, it was 5.7

SCHOOL, ADOLESCENTS AND YOUTH HEALTH

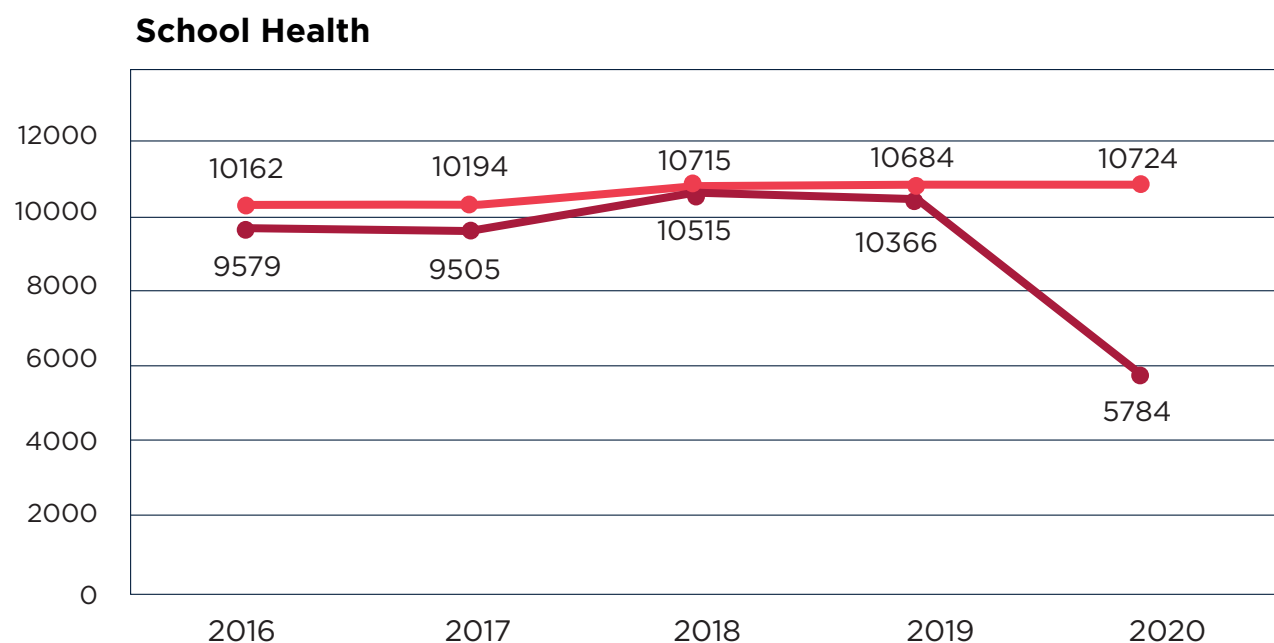


Figure 2.36: Total number of schools versus number of schools where SMI were conducted 2016 to 2020

Source: FHB, eRHMS 2020

* From 2018 data included Government, Pirivenas and some international Schools as well

Due to COVID-19 pandemic situation, schools were not conducted for many months. As a result school health services were affected severely

GENDER AND WOMEN'S HEALTH

Table 2.17: Number of first visits to WWCs from 2016 to 2020 (by age group)

Source: FHB, eRHMS 2020

Data element	2016	2017	2018	2019	2020
35 Years (first visit)	111,798	114,314	132,691	129,321	102,389
45 Years (first visit)			28,655	44,634	36,841
Other ages (first visit)	50,411	46,936	50,469	45,518	22,592
Total	162,209	161,250	211,815	219,473	161,822

In 2020, numbers of first visit in each 35 year cohort and 45 year cohort has been reduced due to the pandemic

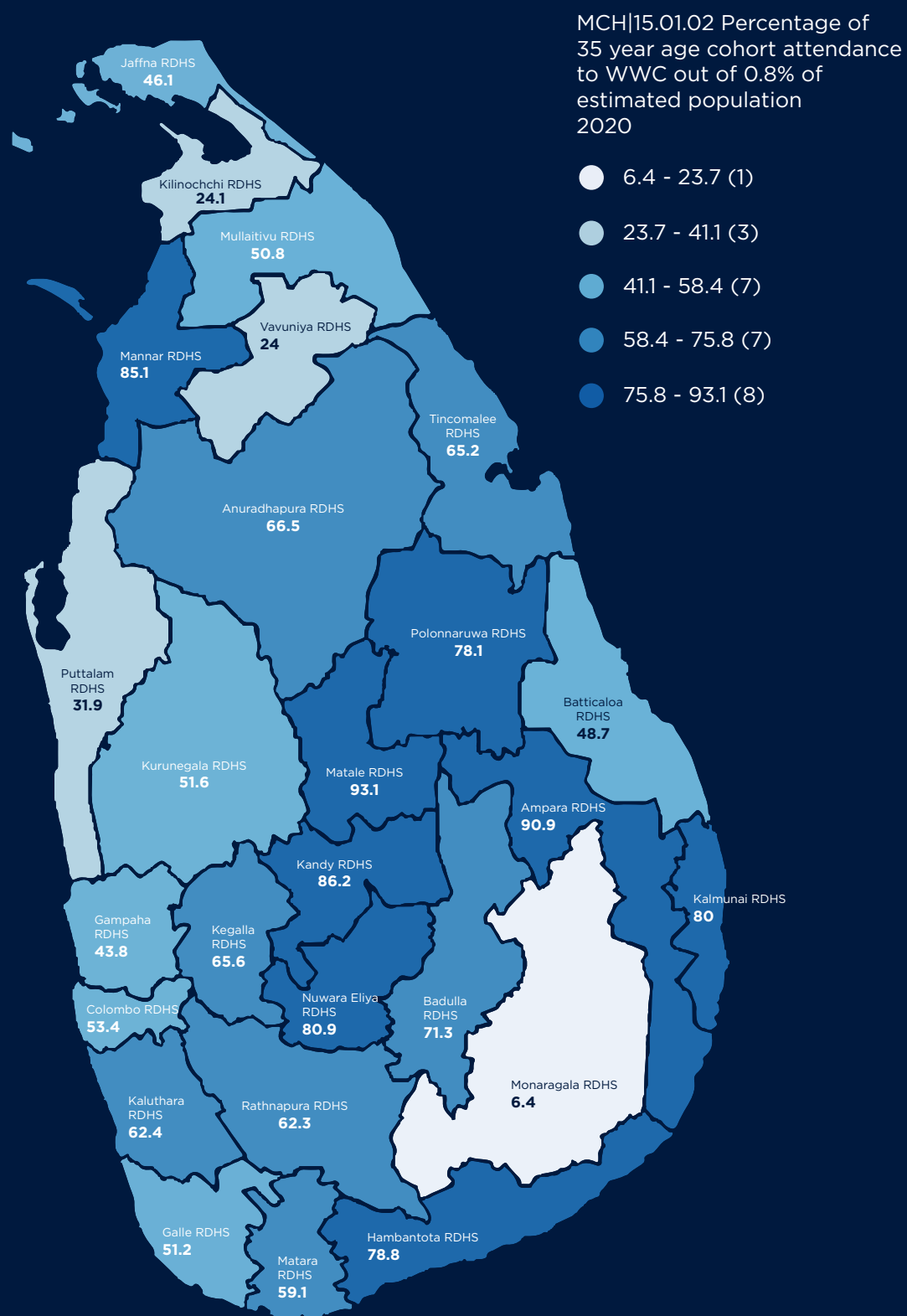
Table 2.18: Well Woman Clinic attendance by women aged 35 years and 45 years (2016-2020)

Source: FHB, eRHMS 2020

Indicator	2016	2017	2018	2019	2020
Percentage of women aged 35 years who attended the WWC	52.8	53.3	61.6	59.1	58.1
Percentage of women aged 45 years who attended the WWC	-	-	16.6	25.5	20.9

To achieve the target of 80% coverage in 35 years age cohort, public health staff need to be focused on Well Woman services in an organized manner

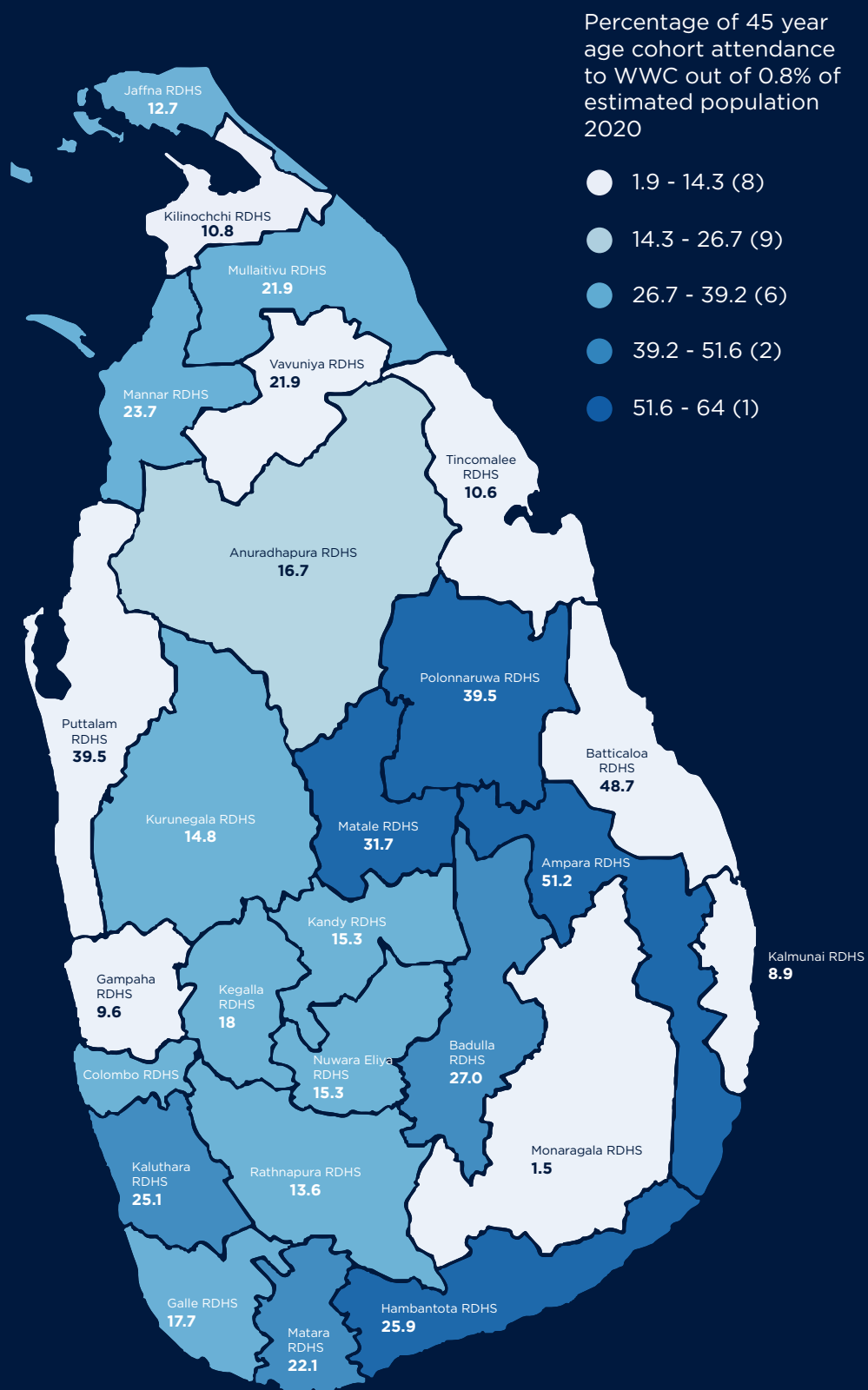




Highest 35 year pap smear coverage was reported from Matale district

Figure 2.37: Pap smear coverage of the 35 years cohort by districts (2020)

Source: FHB, eRHMS 2020



Highest 45-year pap smear coverage was reported from Ampara district

Figure 2.38: Pap smear coverage of the 45 years cohort by districts (2020)

Source: FHB, eRHMS 2020

Table 2.19: Clinic attendance (first visits) and morbidities detected in WWC (2016-2020)

Source: FHB, eRHMS 2020

Activity	2016	2017	2018	2019	2020
Number of 35-year women attending WWC clinics	111,798	114,314	132,691	129321	102,389
Cervical smears reported as high- and low-grade lesions	665	513	520	704	347
Cervical smears reported as malignant (Carcinoma)	44	8	5	34	3
Breast abnormalities detected	2,697	3,807	3,706	3726	2780
Diabetes Mellitus detected	3,741	4,518	4,602	5955	4959
Hypertension detected	6,374	7,778	7,736	7618	6259

Number of 35 year cohort women attendance and morbidities reported were comparatively low in 2020

MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR) SYSTEM

MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR) SYSTEM

Maternal Mortality Metrics

Maternal Deaths	=	91
Live Births	=	301,706*
MMR (Provisional)	=	29.5 (per 100,000 live births)

Figure 1: Calculation of MMR 2020

RGD data

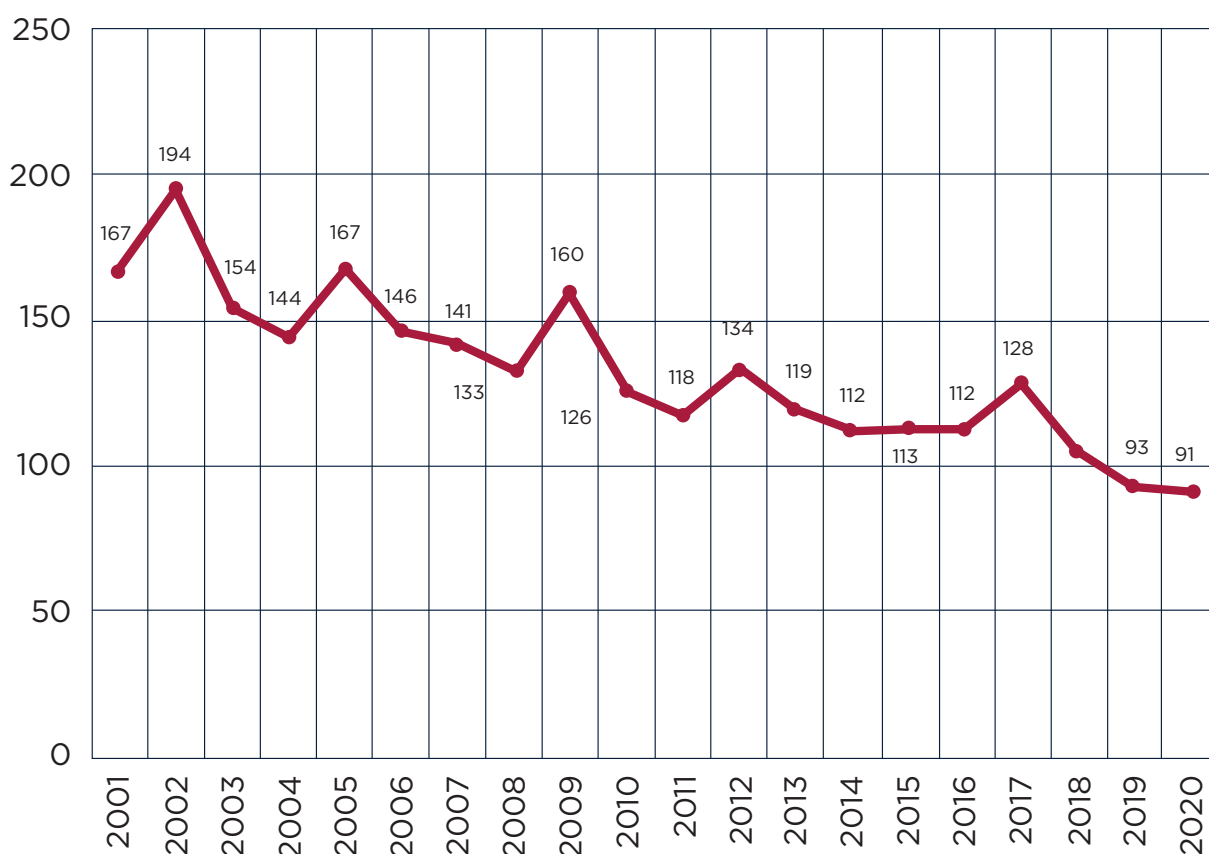


Figure 2.39: Number of maternal deaths (2001 - 2020)

Source: MCMMS Unit - FHB

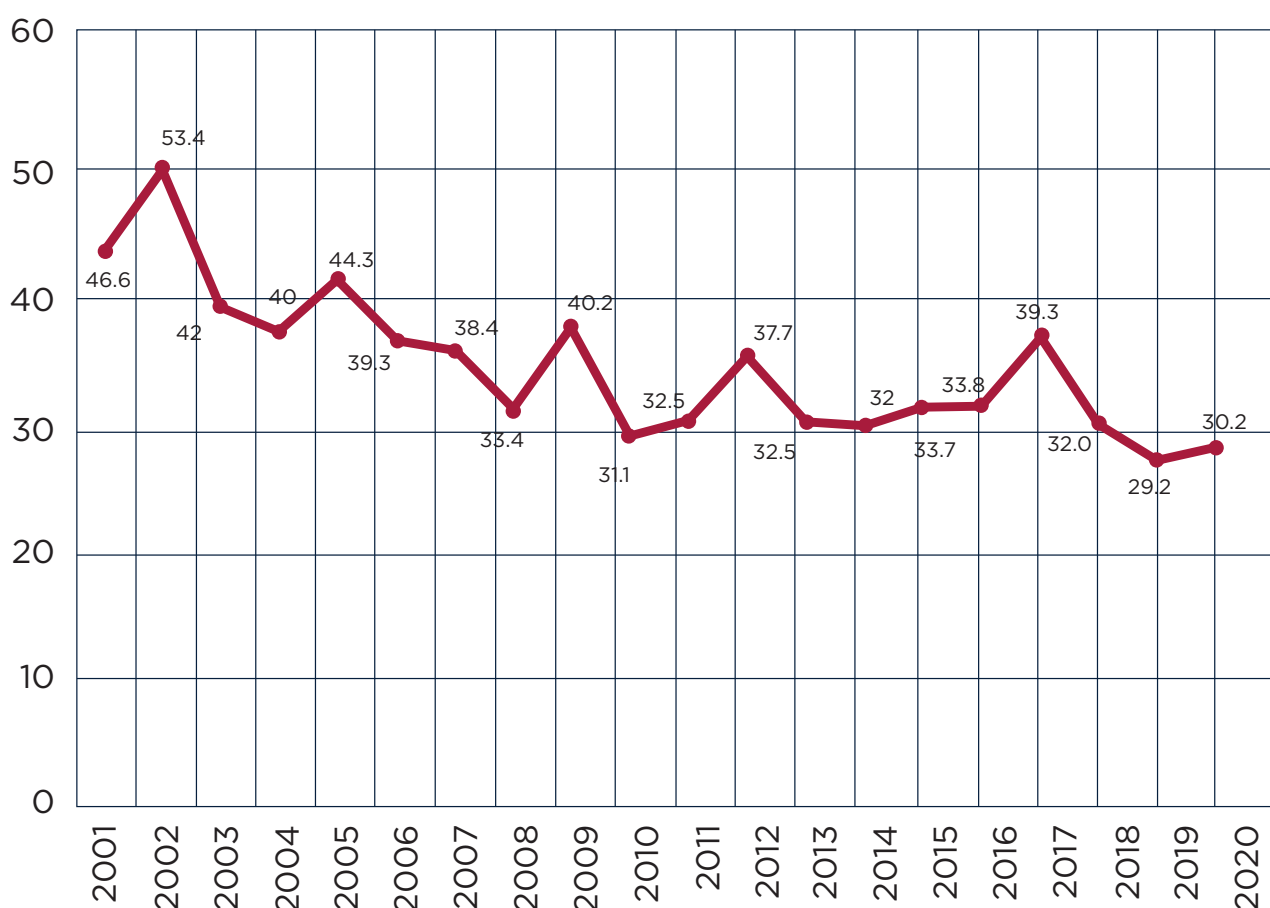
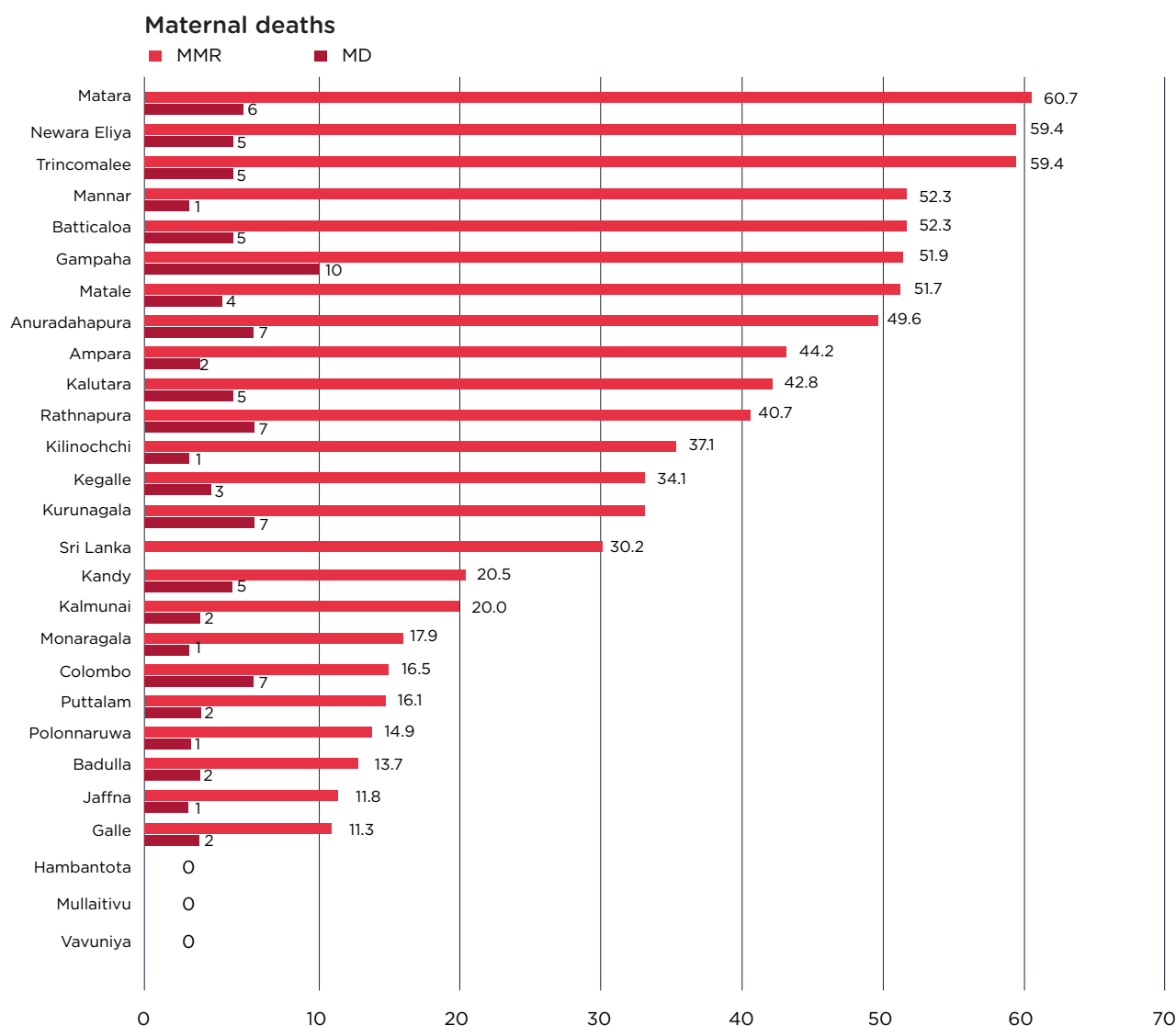


Figure 2.40: Maternal Mortality Ratio from 1995-2020

Source: Maternal & Child Morbidity & Mortality Surveillance Unit - Family Health Bureau

Figure 2.40 shows the trend of MMR from 2001 – 2020. The reduction of the country's Maternal Mortality Ratio (MMR) over the years is impressive. However, a slight increase of MMR is visible in 2020.



Highest MMR was reported from Matara district (60.7 per 100,000 live births). Other leading districts were Nuwara Eliya, Trincomalee, Mannar and Batticaloa. The highest number of maternal deaths was reported from Gampaha (10) district.

Figure 2.41: Maternal Deaths and MMR by District - 2020

Source: MCMMS Unit - FHB

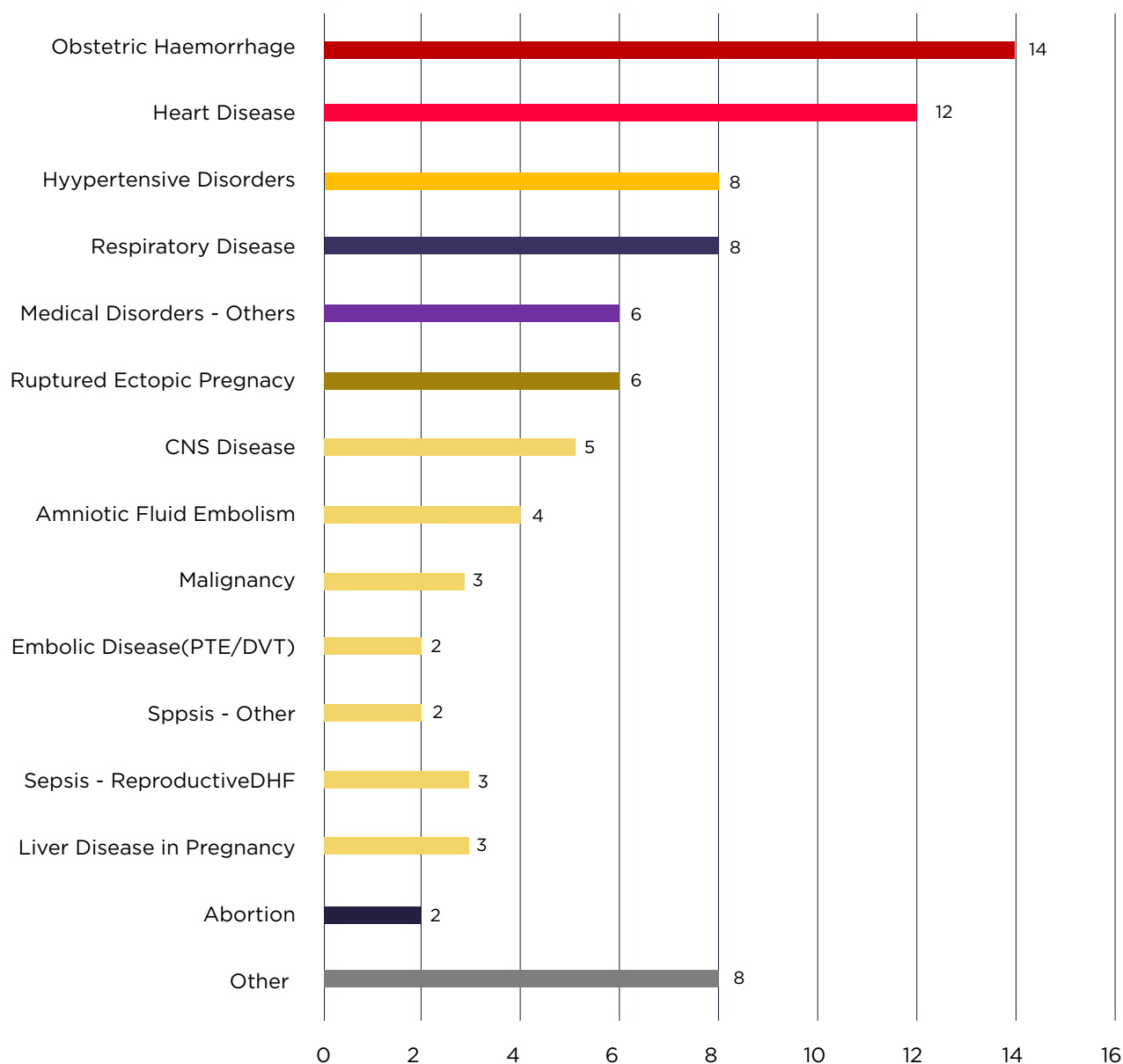
Figure 2.41 shows number of deaths and MMR of each district based on the live births reported by Registrar General's Department.

Deaths were from rural (n=70, 77%), urban (n=19, 21%) and estate (n=2, 2%) sectors. Ethnic composition included; Sinhala (n=60, 66%), Tamil (n=21, 23%) and Muslim (n=10, 11%). Majority were married (n=87, 96%) while 3 (3%) unmarried and 1 (1%) woman was living together. There were three (3) teenage maternal deaths. Majority (n=67, 74%) were in the 20 – 35 year age group. It is highly significant that 21 (23%) women were above 35 years of age.

Maternal deaths are categorized into two groups, direct and indirect. Direct obstetric deaths result from obstetric complications of the pregnant state (pregnancy, labour, and puerperium), from interventions, omissions, incorrect treatment, or from a chain of events resulting from any of the above. Indirect obstetric deaths result from previous existing disease or disease that developed during pregnancy which were not due to direct obstetric causes but aggravated by physiologic effects of pregnancy.

A majority (n=51, 56%) of the deaths were direct maternal deaths while 39 (43%) deaths were categorized as indirect and in one death the category could not be determined.

The causes of maternal deaths reported in 2020 are indicated in figure 2.42. The leading causes were obstetric haemorrhage (n=14, 15%), heart disease (n=12, 13%), hypertensive disorders (n=8, 9%) and respiratory disease (n=8, 9%). There were no deaths due to COVID -19 in 2020.



Leading cause of maternal deaths reported in 2020 was obstetric haemorrhage

Figure 2.42: Causes of maternal deaths - 2020

Source: MCMMS Unit - FHB

More detailed analysis of the maternal deaths will be compiled and presented after completion of all desk reviews.

SPECIAL ACTIVITIES CARRIED OUT DURING 2020

PRECONCEPTION CARE

To improve preconception care and addressing the issues of newly married couples, several special activities were carried out by the Women's Health Unit of the FHB

- An electronic media message to create awareness among the general public on the availability of a service package for 'Newly Married Couples' was developed.



- A short film: Sonduru Kedella/ Happy Family was developed targeting the enhancement of family wellbeing and happiness through violence-free relationships



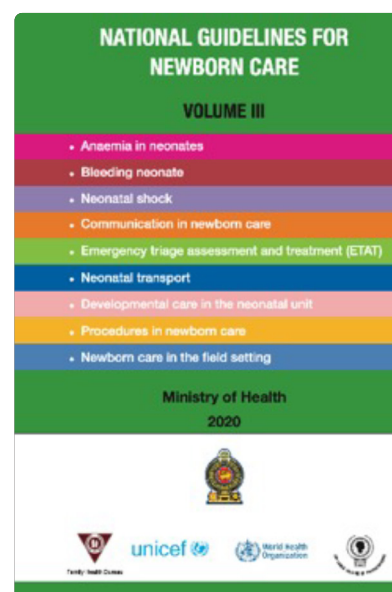
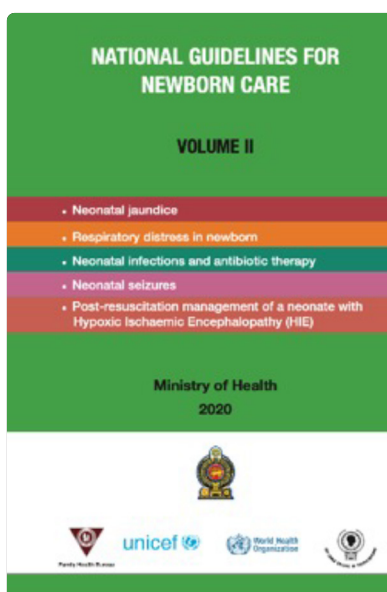
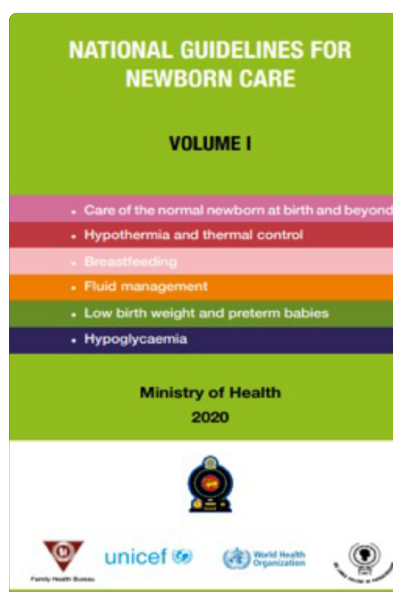
MATERNAL AND NEWBORN CARE

Maternal Care Unit and the Intranatal and Newborn Care Unit of the FHB carried out various activities in uplifting the maternal and newborn health in 2020. Some of these activities include;

- Organizing healthcare for pregnant prison inmates and local area PHM was instructed to visit the prison, register and issue the pregnancy record. Nearest specialist hospital was instructed to provide antenatal and postnatal care.
- Island wide implementation of Obstetric Bed Head Ticket following a pilot test.
- Revision of maternal care package with the support of a consultant commissioned by UNICEF
- Guideline on Gestational Diabetes Mellitus was updated in collaboration with Sri Lanka Diabetes and Cardiovascular Disease Initiative.
- An Emergency Obstetric Care training program for 11 Medical Officers and postgraduate trainees, 20 Nursing Officers and 07 Midwives in obstetric units from 5 hospitals.

Intranatal and Newborn Care Unit engaged in following special activities;

- Publishing the National Guidelines on Newborn Care (volume I, II, III)



- Training of trainers' programme on Breastfeeding Counselling/ Lactation Management for postgraduate trainees in MD Paediatrics.
- Pilot training programme on community based newborn care in selected MOH areas of Colombo RDHS
- Workshops on intrapartum care in collaboration with the Sri Lanka College of Obstetricians and Gynaecologists

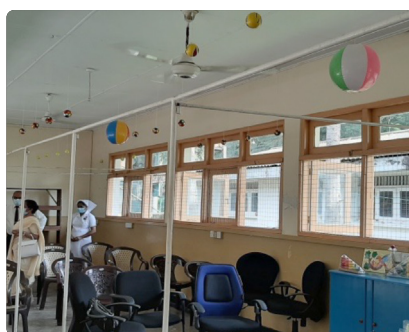
CHILD HEALTH

Child health component is handled by the Child Care, Development and Special Needs Unit, Child Morbidity & Mortality Unit and the Child Nutrition Unit of the FHB.

During 2020, to improve child health care in Sri Lanka following activities were carried out by the Child Health Development and Special Needs Unit;

- Inauguration of the programme "IncluDe"; a pilot project in Colombo District and the opening of the Child Development Intervention Centre at Maligawatta. Although services targeting early childhood development promotion were included in the MCH programme for the past two decades, identifying and providing services for children with disabilities was not a priority until recently. In order to fill this service gap, Family Health Bureau introduced the programme "IncluDe" (Inclusive Early Childhood Development Programme) to the Child Health programme of Sri Lanka. It is a comprehensive package of services which includes development promotion and systematic screening for developmental disabilities for all the children less than 5 years of age, and providing services for the children with developmental disabilities. It is expected that Public Health Midwives (PHMs) perform screening in all the

children under their care using the “child development checklist” at 2, 4, 6, 9, 12, 18, 24, 36, 48 and 60 months of age which enables early identification of children with developmental delays or disabilities. Identified children are referred through the respective MOH to Regional child development Intervention centre (CDICreg) with a multidisciplinary team lead by the community paediatrician.



- First review meeting of the Pilot project of programme “IncluDe” The first ever review meeting of the pilot project in Colombo RDHS area was held after several months of initiation of the pilot with the participation of all stakeholders. Despite the COVID 19 situation of the country, PHMMs of Colombo RDHS area had achieved 61.86% of coverage in screening children within the first month of the pilot project. Further 1.28% of the screened children were found to have a problem related to development. Considering these findings, it is important to scale up this programme island wide with adequate resource allocation and creating awareness.
- The guideline on Child Development Promotion and Development Screening for Primary Health Care workers mainly targeting the Medical Officers of Health (MOH) and the Public Health Midwives (PHMs) which was developed in 2019 was distributed among all the relevant sectors in the country in parallel to the inauguration of the programme “IncluDe” pilot project in Colombo.
- Finalization of the Child Care Package: Development of child care package was initiated in 2019 and successfully completed in 2020. It is expected to distribute this package among the field health care workers in 2021.

- Initiating the process in measuring, monitoring and reporting the SDG indicator 4.2.1: The indicator 4.2.1 of the SDGs measures the proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex. Since the information needed for this indicator reporting is not available through the routine information system, a baseline survey using ECDI2030 instrument need to be conducted. Child care, Development and Special needs unit initiated the processes.

Child Nutrition Unit of the FHB conducted the following activities during the year 2020;

- Formative study on determinants of Infant and Young Child Feeding [IYCF] and child care in rural, estate and urban populations; with the objective of facilitating the development of a social behaviour change communication strategy and streamlining the child nutrition service delivery, qualitative research was conducted with UNICEF support. Components related to Covid - 19 pandemic were also newly added to the project which was initiated in 2019.
- Breastfeeding week was held from 1st August to 7th August under the theme of “Support breastfeeding for a healthier planet” amidst the COVID - 19 pandemic. A special effort was taken to reach the general public via state media and social media including face book.
- Annual child nutrition surveillance along with the National Nutrition Month; Despite obstacles due to COVID-19 pandemic, island wide growth assessment of children under the age of five years was conducted in the latter part of 2020. Collecting sector wise (urban/rural/estate) data and incorporation of nutrition month data in to eRHMS could be highlighted as special actions included in 2020 in to this annual event.
- Streamlining of Nutrition Rehabilitation Programme; In keeping up with the revised guidelines of SAM/MAM management, the relevant registers, referral/treatment cards and feedback forms were introduced with a view of streamlining the management of wasting of under five children in the hospital setting and referrals and follow up in the community.
- Revision of CHDR; the structure of CHDR was changed this year and the content was presented according to subjects in keeping with the recommendations of expert groups with a view to improve the utilization of CHDR by all parties concerned; health staff and parents/ care givers.
- As a measure of continuing capacity development of the health staff on essential routine service provision during the Covid 1-19 outbreaks and the new normal era, development of e - training package on child growth assessment and infant and young child feeding (IYCF) counseling was initiated with UNICEF support.
- Initiated development of short animated video clips on infant and young child feeding with UNICEF support for community education as routine education sessions were disrupted from time to time.

- Printing and distribution of the Complementary Feeding booklet in Sinhala and Tamil with support from WFP and SUNPF to guide caregivers on proper infant and young child feeding practices, considering the intermittent service disruption.

SCHOOL HEALTH

Some of the activities carried out by the School Health Unit of the FHB includes;

- Activities for promoting psycho social health among school children; Due to high prevalence of risk behaviors in adolescents as reported in Global School Health surveys, promotion of psycho social health of school children and adolescents was targeted in two different settings for two different target groups during the period of 2019-2021.
1. Enhance the capacity of health and education officers at school setting
 2. Target parents by developing a parenting guide on parenting practices and disseminate the knowledge among parents using various strategies 'Psychosocial Health Promotion of School Children: Handbook for Teachers' and 'Psychosocial Training Manual' with the contribution of experts from different discipline.
- Two 3-day Master Training Programmes with the participation of 80 public health managers amounting into nearly 300 master trainers throughout the country since 2019. These trainers were able to conduct 3 training programmes for teachers in their respective areas.



- In response to COVID -19 pandemic a series of electronic learning materials to facilitate TOT programmes were developed and conducted series of online trainings for relevant provincial and regional trainers



- Three training of trainer programs were conducted on life skills programmes in peripheries and trained nearly 150 public health staff who work directly with school children.
- Managing nutrition problems among school children; weekly iron supplementation programme was completed for the year 2020 amidst the school closure due to the COVID - 19 outbreak by delivering drugs to homes via public health staff minimizing wastage.
- Two TOT Programmes were conducted for health and educational staff on management of nutritional problems among school children, achieving 100% coverage throughout the country.



3. Advocacy for favorable policy decisions to improve health and wellbeing of school children; a meeting to discuss the minimum age limit of a child for appear in advertisements related to food and beverages was held with the participation of key stake holders. Advocacy done to amend the front of pack labeling system in order to identify unhealthy food items and multiple colour coding system was introduced based on the traffic light system for sugar, salt and fat content for solid, semi-solid food and flavored milk packets which was implemented by the Environment and Occupational Health.

ADOLESCENT AND YOUTH HEALTH UNIT

1. Youth consultations to upgrade AYFHS programme

Adolescents and youth have the right to participate in decisions that affect their lives. The meaningful involvement of them is an integral component of effective adolescent and youth health care (Ambresin A. E. et al., 2012). Therefore, it is essential that their involvement is encouraged and supported. Four youth consultations were conducted to uplift Adolescent and Youth Friendly Health Services (AYFHS) during the first three months of the year. They had identified the gaps and suggested initiatives were incorporated into the AYFHS programs.



2. Youth initiated projects targeting escalated youth participation

According to National Adolescent and Youth Friendly Health Service (AYFSH) standards, adolescents and youth are to involve in planning, monitoring and evaluation of health services and decision making on their own health and wellbeing and in certain appropriate aspects of service provision. Youth initiated projects targeting increased youth participation at Panadura Yowun Piyasa center was organized and implemented by adolescents and youth. This youth participating project was implemented and scheduled to be commenced in 2021 during the Covid 19 lockdown period. As the initial step, youth leaders of Youth Action Network (YAN) were trained on AYFHS and the initial training of youth leaders from the catering area of Panadura Base Hospital.



3. The following activities were done in response to Covid 19 pandemic

- A short survey was done through telephone conversation on need assessment among the adolescents and youth who were confined to their homes during the Covid 19 lock down period on their general wellbeing, physical and mental health as well as reproductive and sexual health issues.
- Developed video clips based on MORA platform (group of students from Department of Textile, University of Moratuwa) on how to spend their leisure time effectively and on how to maintain social distancing and adherence to all Covid 19 preventive measures. In addition, videos were done on ways and means of preventing mobile phone addiction and how to create an environment to get a healthy sleep, targeting adolescents and youth staying at home during the Covid 19 lock down.



4. Training of Health Care Staff on AYFHS conducting 3-day training programs

It is the duty of the Health Care Provider to provide clear, accurate and updated information on the condition and the management options and explicitly take into account the decision of the adolescents and the youth on their preferred option, management and follow-up while working for the best interest of these adolescents and youth. Hence training of Health Care Staff on developmentally appropriate ASRH education and counselling and to inform adolescents and youth about the availability of health care and social services to them is extremely important. To achieve this target three-day AYFHS training programs were conducted to the health care staff during the year 2020.



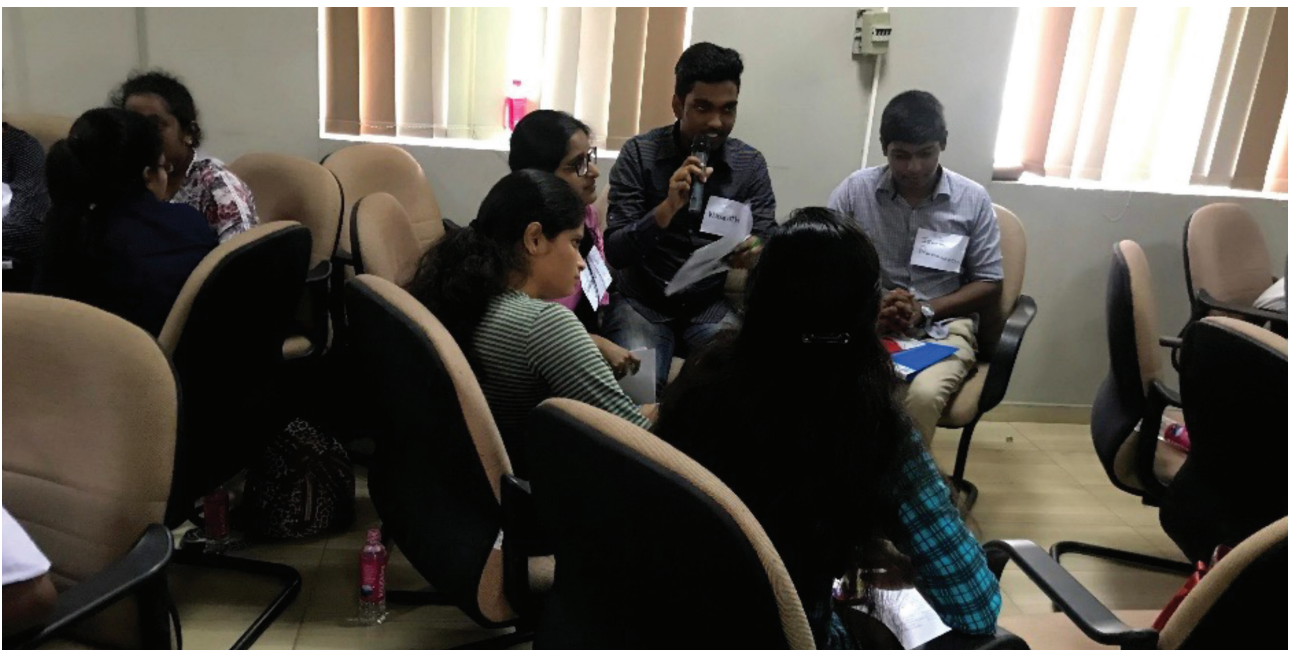
5. Training of youth instructors on adolescent sexual and reproductive health (ASRH) services

Improving technical competencies and capacity building of youth instructors is of utmost importance to provide effective health care services to adolescents and youth. These instructors are being taught how to respect, protect and fulfill the rights of adolescents and youth giving proper information, maintaining privacy and confidentiality while providing services with nondiscrimination and in a nonjudgmental attitude.

To attain these standards on AYFHS ten training programs of one day duration were conducted for Youth Training Instructors of the Vocational training centers on ASRH on virtual platform

6. Training of Trainers (TOT) Programme on adolescent sexual and reproductive health (ASRH) services for officers attached to other ministries

Training of Trainers (TOT) programs on ASRH was done for the officers in other ministries, such as Urban Settlement Development Authority for providing quality services to the adolescents and youth irrespective of their age, sex, marital status, education level, ethnic origin, socio-economic status, sexual orientation and other characteristics. Due to the pandemic almost all training programs were done on virtual platform and was quite successful as all the sessions were done interactively.





8. Developing guidelines for preparedness and response to Covid19 and reopening of vocational training centers and the universities.

Guidelines were developed for vocational/youth training institutions and the universities for preparedness and response for Covid 19 pandemic along with the exit strategy and the plan for reopening of the same following closure.



9. Distribution of furniture and equipment to Yowun Piyasa Centers

The equipment required to provide services to adolescents and youth were distributed to Yowun Piyasa centers at Hospitals and to the Medical Officer of Health Officers that were chosen through the MOMCH of the relevant districts with the support of Promises Project of UNFPA Japanese fund.

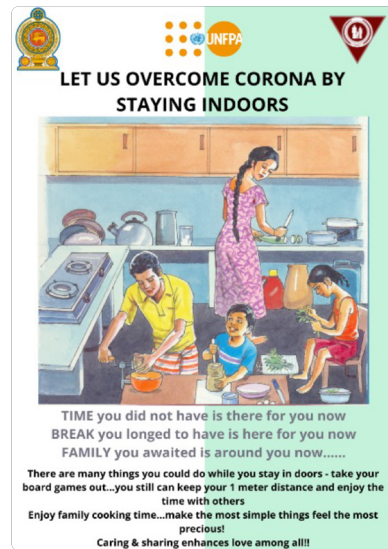
WOMEN'S HEALTH AND GENDER

The activities implemented in 2020 to improve the health sector response to GBV were as follows:

- TOT workshop on prevention & management of GBV for Supervising Public Health staff of North Central Province based on “Health Sector Response to GBV: National Guideline and Standard Operating Procedures for First Contact Health Care Providers in Sri Lanka”.



- The overwhelming need of strengthening the response to prevent domestic violence and to manage survivors of domestic violence during the COVID-19 pandemic was identified and the following activities were carried out.
 - The National Supplementary Guideline was developed for the staff of “Mithuru Piyasa”: hospital-based GBV care centres to be adopted during COVID-19 pandemic and circulated to all the relevant stakeholders.
 - Targeting the general public, positive inspirational posts aiming reinforcement of family wellbeing and encouraging the families who utilize the opportunity of travel restrictions to increase family wellbeing were created and posted through social media.



- An electronic media message regarding the island-wide service availability for domestic violence survivors was developed



- A hot-line service was temporarily established to provide basic emotional support for DV Survivors who could not access services due to mobility restrictions.

FAMILY PLANNING

Family Planning Unit of the FHB involved in following special activities in 2020

- Development of a Logistic Management Information System (LMIS) for field level staff.
- Finalization of the draft 'Human Assisted Reproduction & Genetics Act (HARGA) for sub-fertility management in Sri Lanka' by a committee appointed by the Secretary Health.
- Equipment for family planning clinics in Northern, Eastern, Central and Southern provinces was purchased and distributed under the UNFPA "PROMISES" project.
- On 25th September National Family Planning Day was celebrated under the theme of "A happy family with optimal birth spacing". This was on par with the national programme objective and to commemorate the day, a press conference was held at Health Promotion Bureau. A video on the Intra Uterine Device (IUD) was also launched.



Capacity building activities had to be limited due to the covid 19 pandemic. However;

- A three-day training on reproductive health was conducted to Medical Officers attached to hospitals and MOHs from Western, Sabaragamuwa, Central and North-Western provinces and;
- A two-day training was conducted on family planning for Public Health Nursing Sisters and Nursing Tutors from Central, Western, Southern, Sabaragamuwa and Eastern provinces.
- IEC materials; In addition to IUD Video, the following material were developed to enhance family planning uptake and services; leaflets on family planning methods for clients and service providers with the support of UNFPA and flashcards on reproductive health, family planning & subfertility methods distributed among the field health staff.

- The development of an interactive mobile App on family planning methods was initiated.
- South-South Learning Exchange (SSLE); WHO initiated family planning accelerator project involving 14 countries aiming to improve the access to quality and right-based family planning programme. In this peer-to-peer learning exchange process, Sri Lanka and Nepal were paired and commenced interactive learning exchanges in a stepwise manner. Sri Lanka learned from Nepal on the process to develop a Web-based Logistic Management Information System (e-LMIS) for FP commodities while Sri Lanka shared knowledge and experience on Post-Partum Family Planning (PPFP) practices.

PLANNING, MONITORING AND EVALUATION

During 2020, the Planning Unit of the FHB conducted following special activities;

- Planning workshop for MOMCHs; a quick update on MCH services for plan development for 2021 was conducted for Medical Officers of Maternal and Child Health and Consultant Community Physicians from Districts and Provinces.
- Annual Action plans of different units of FHB were compiled and aligned with the coordination of different units to ensure the effectiveness at the implementation stage. This was vital for the usage of resources effectively and to achieve the desired programme objectives.
- Publication of National COVID -19 response in RMNCAYH; The National COVID-19 response in RMNCAYH activities during the first wave was published in the Journal of College of Community Physicians, Sri Lanka and in multiple government response documentations and in international forums.
- Desk review of the implementation status of the National Maternal & Newborn strategic plan; implementation of the Maternal & Newborn health strategic plan (2018-2025) was reviewed in a series of meetings in collaboration with Maternal Care and Intranatal and Newborn care units.
- Collaborative projects; cost assessment of maintaining field health services and implementation status assessment of obstetric formats were conducted in collaboration with Research Unit and Maternal Care Unit.
- Pre-congress session on Research and Innovation in public Health Practices was organized in Annual academic sessions of college of community physicians in Sri Lanka as a collaborative event.

Monitoring and Evaluation Unit of the FHB conducted several special activities during 2020 which include;

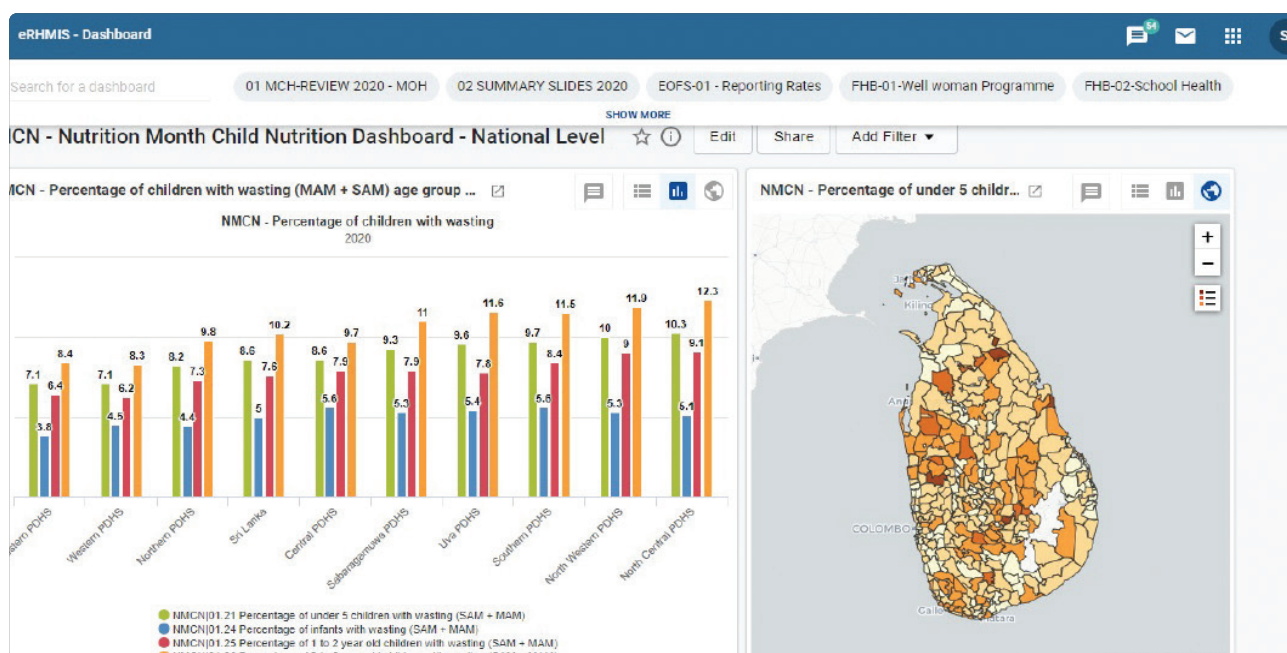
- National MCH Reviews; amidst the COVID-19 pandemic situation, national MCH reviews were conducted covering all 26 health districts within the course of the year using zoom technology with a wider participation of all grassroots level healthcare service providers.



- Capacity building programmes for Public Health Midwives were carried out in Ampara, Hambantota and Nuwaraeliya districts when lockdown and travel restrictions were eased.



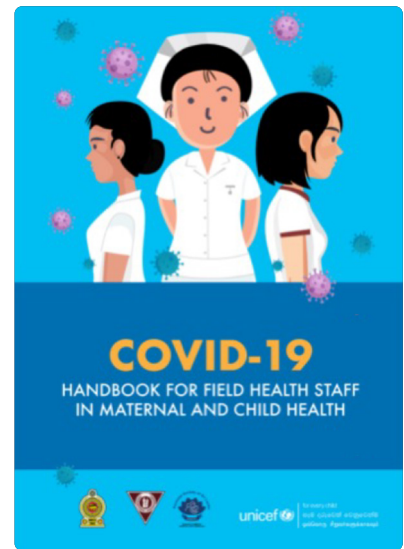
- Electronic information system was developed to capture the Nutrition Month data from all Public Health Midwives and implemented islandwide. Dashboards were also developed for data visualization and analysis at district and regional levels.



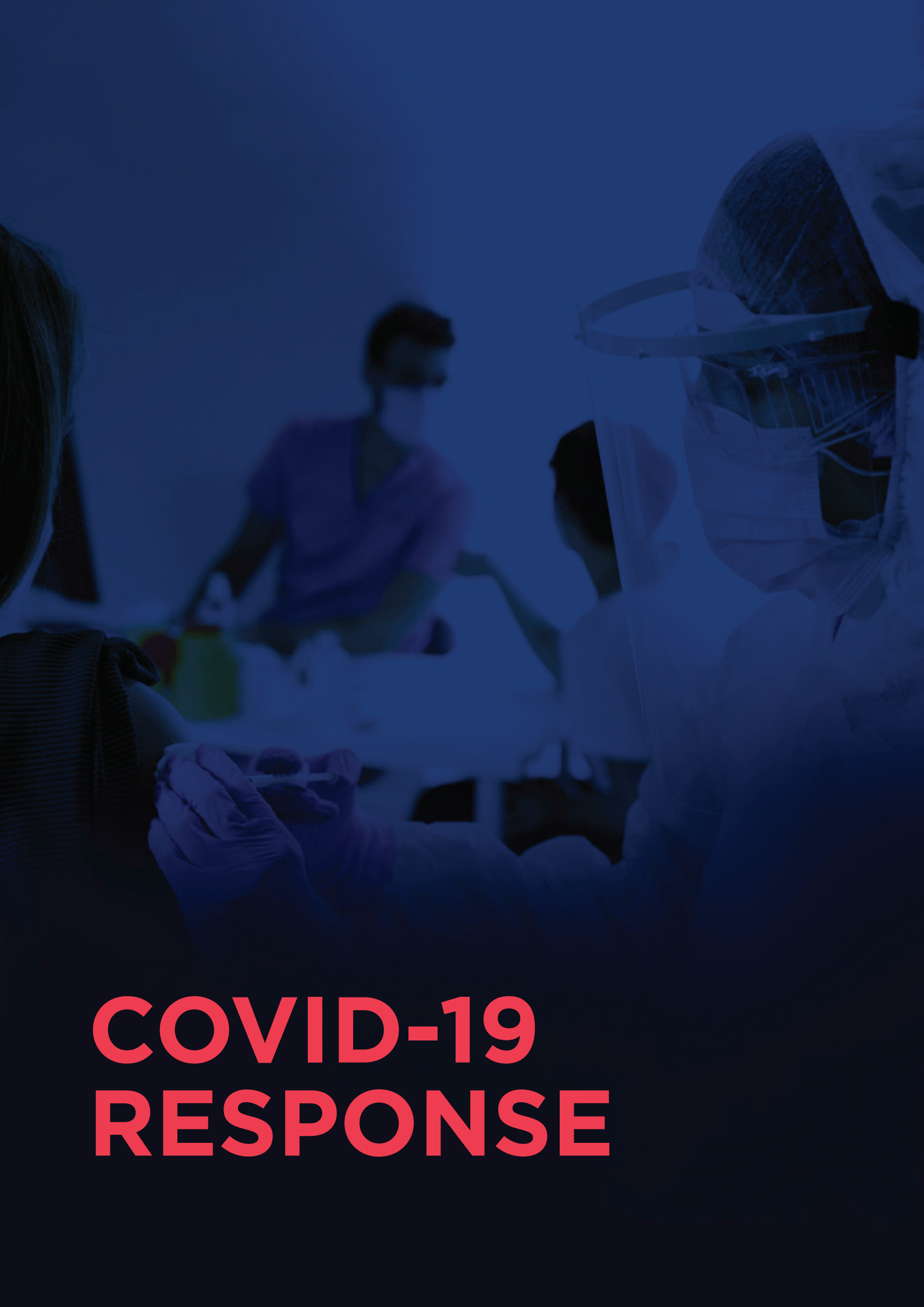
- An electronic information system was developed to capture the data from all School Dental Therapists in the country. Relevant staff categories were trained and implemented the system island wide.



- To maintain the field care services by grassroot level health workers during COVID-19 pandemic, a handbook for field health staff in maternal and child health was developed to educate them on precautions that they should take while attending to routine services



- A rapid assessment of WASH facilities in all districts in the country was carried out. Based on these assessment findings, WHO and the UNICEF supported the districts to improve the WASH facilities in order to combat the COVID-19. Based on the findings, a paper titled “Survey on adequacy of hand hygiene facilities in field clinic centres of Badulla District in response to the preparedness of COVID-19” presented at the College of Community Physicians of Sri Lanka - 25th Annual Academic Sessions
- Mapping of all Grama Niladari Divisions by the PHI and PHM areas was done covering the island which could be useful in allocating resource and shared with the Ministry of Health.
- Paper titled “Filling the gap: establishing the contribution of private health sector for maternal and neonatal health data in Sri Lanka” presented at the Annual Scientific Congress of the Perinatal Society of Sri Lanka



COVID-19 RESPONSE



With the reporting of first local case of COVID-19 in the second week of March 2020, the government of Sri Lanka introduced various sequential measures to combat the pandemic including an island wide curfew.

In response to COVID -19 pandemic, maternal and newborn care provision took the high-risk approach. Pregnancy registration continued throughout the period. Clinic services were continued for pregnant women in the third trimester and women with pre-identified risk factors through the appointment method. The Pregnancy record (H512A) was made to be used as a valid pass to access care during the curfew period. Postpartum home visits were continued with special infection prevention measures to safeguard public health midwives. Family planning services were continued although many polyclinics were not conducted as they used to be. Services for victims of gender-based violence and youth centers were continued although accessibility for services was low.

Hospital-based Intrapartum care and immediate postpartum care was continued. Designated hospitals were identified for managing COVID-19 confirmed pregnant women and their newborn. Two hospitals were modified to manage pregnant mothers and new-borns who would become COVID-19 positive (Colombo East Base Hospital) and suspected cases (Colombo East Teaching Hospital) with the support of Ministry officials.

All hospitals with maternity services were instructed to pre-designate an isolation area for pregnant and postpartum mothers/new-born suspected with COVID -19. Hospitals used a

checklist to triage women on admission as for other patients, this ensured provision of care to every woman despite their COVID-19 status. Both comprehensive and emergency obstetric care were maintained in all hospitals except in few hospitals which were fully dedicated to managing COVID-19 patients.

Guidelines for health care provision were developed at the national level for continuous provision of services in collaboration with professional bodies and Epidemiology Unit. Instructions were issued to relevant regional level health staff on provision of domiciliary care, field clinic care and referral criteria for specialized care, protective measures, managing logistics and creating community awareness through several guidelines at different time periods based on the evolving disease situation in the country. Different service provision strategies were recommended for low risk and high-risk areas. The latter categorization was based on risk of COVID-19 exposure in the community. A checklist on MCH activities was prepared and circulated among the Medical Officers of MCH (MOMCH) to supervise activities at district level.

Procurement of essential equipment including personal protective equipment (PPE) for PHMs was carried out to ensure safety of the health staff as well as the clients. For females in the reproductive age residing in lockdown areas and quarantine centres, 'dignity kits' with sanitary products and 'maternity kits' for pregnant/postpartum mothers were distributed with donor assistance. PHMs were provided with necessary equipment and specific home delivery kits with the assistance of the Medical Supplies Division of the Ministry of Health. Hand sanitizers, face masks, protective face shields and other protective gear including aprons and gowns were procured through government agencies and non-governmental organizations and distributed among districts on priority basis.

Collaborative efforts were initiated with UN organizations to ensure uninterrupted provision of nutrition commodities, logistic support to resume growth assessment and materials to safeguard nutrition of under five children. Family planning program was strengthened by continuous supply of contraceptive commodities across the country.

Health messages targeted at pregnant and postpartum mothers were circulated to the public, liaising with the Health Promotion Bureau and leading media channels. Positive inspirational posts and videos to create awareness among the general public aiming reinforcement of family harmony and well-being were prepared and published in social media. However, there were several incidents of gender-based violence reported over the time period. Therefore, there was a demand created for gender-based violence care centres in hospitals (Mithuru Piyasa/ Natpu Nilayam) and temporary shelters for survivors.

The FHB was involved in re-establishing MCH services following the lifting of curfew and other restrictions. A guideline on preparedness of schools for reopening was formulated and submitted to the Ministry of Education with the aim of prevention of COVID-19.

In terms of surveillance, monitoring & evaluation; a desk review of the maternal deaths reported during the lockdown period was carried out to evaluate the implications of the restrictions on care pathways of the index cases. Details of the foeto-infant deaths reported during the first quarter of 2020 are being collected for comparison, review and meaningful practice change. Monitoring of the services was carried out by establishing a linkage with peripheral MCH teams via conducting online meetings. Online platforms were created to link with the peripheral staff every week online and through the use of social media enabling the grass root level workers to be directly linked with the centre. Furthermore, a mechanism was established to continue the national MCH reviews online. All in all, with an effective and well planned mechanism, FHB was able to continue RMNCAYH services during the pandemic period.

FINANCIAL STATEMENT

In 2020, Family Health Bureau received funding from the treasury (GOSL budget lines), Primary Health Sector Strengthening Project and UN organizations. In addition to direct expenditure from the Family Health Bureau, Medical Supplies Division of Ministry of Health purchased contraceptives, micronutrients for pregnant, lactating mothers and children, reagents and other logistics required for functioning of the Family Health Program.

Description	Allocation (LKR in Mn)	Expenses (LKR in Mn)	% Expenditure
GOSL	70	23	32%
PSSP	163.5	142	87.7%
WHO	4.5	1.9	43.9%
UNICEF	0	0	0
UNFPA	21	20	95.9%

Table 5.1: Capital allocation and expenditure in 2020 for activities in Family Health Bureau
Financial allocation from GOSL budget line reduced over the years. However, financial expenditure increased exceeding the original allocation. The supplementary expenditure was obtained from the Ministry of Health. Despite the allocation in GOSL funds, poor cash flow resulted in less expenditure of funds.

Year	Total Allocation in million	Total Expenditure in million
2018	550.07	406.38
2019	454.74	406.36
2020	331.56	358.41

Table 5.2: Total allocation (including capital and recurrent) from GOSL in 2020

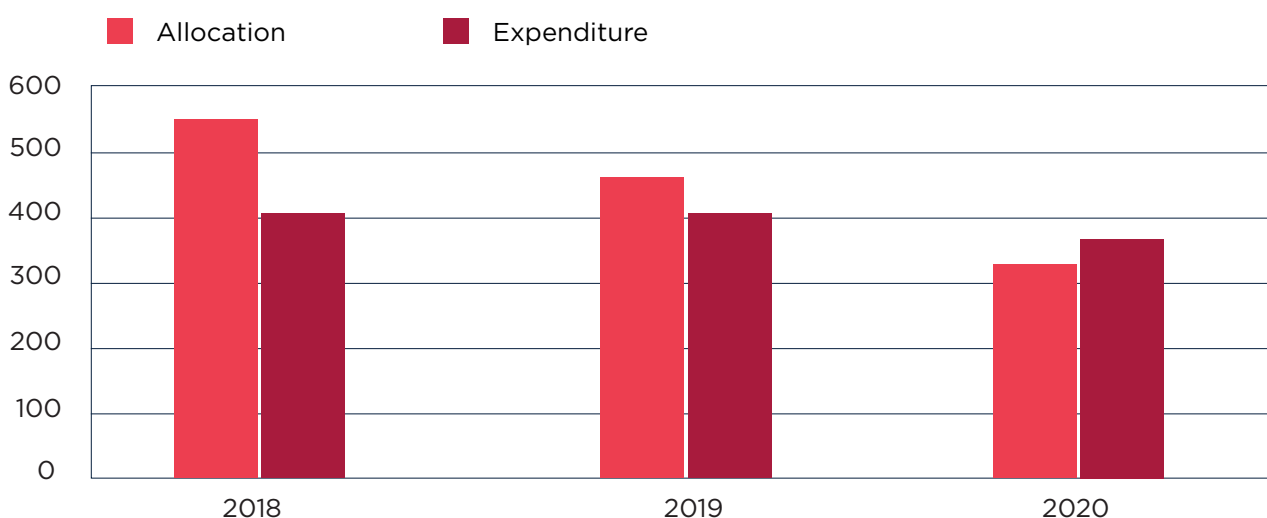


Figure 5.1 : Financial allocation & expenditure from 2018 - 2020

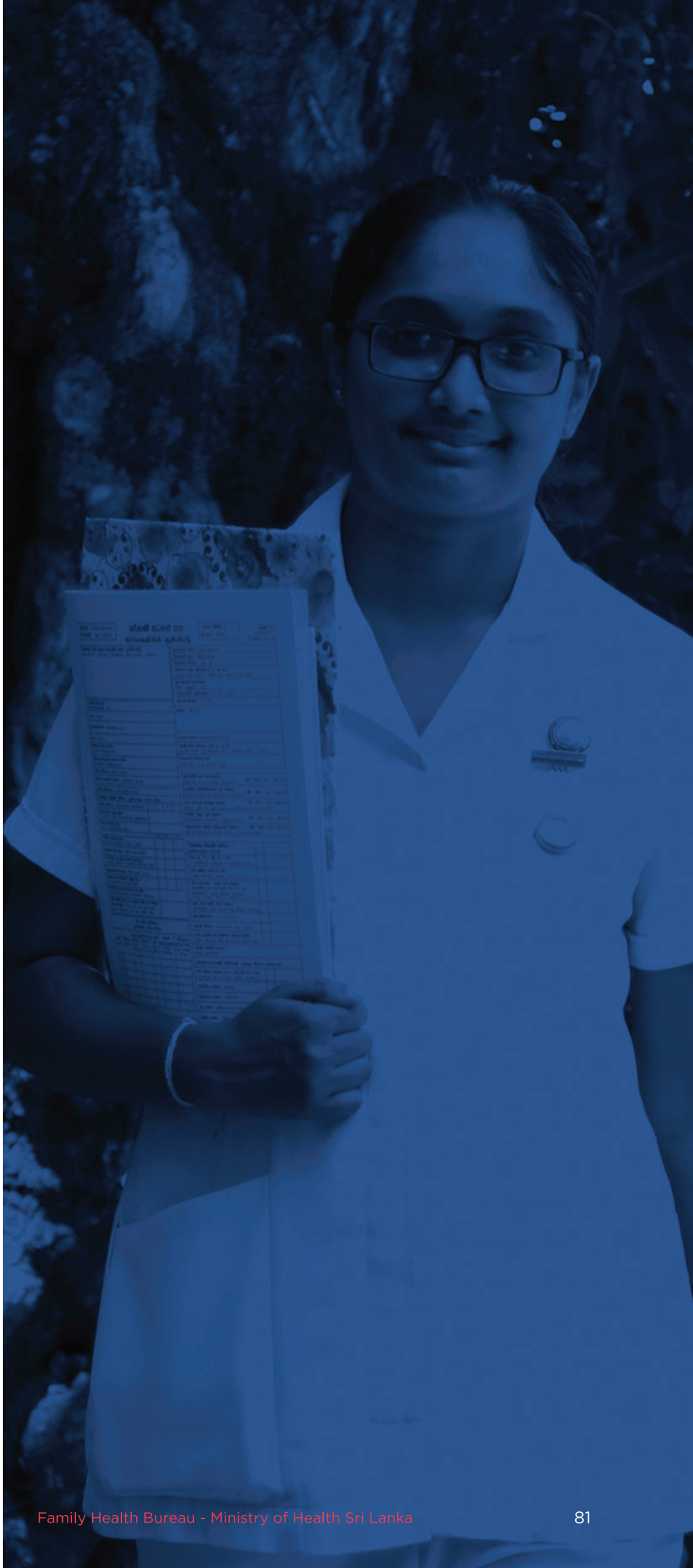
The differences in total allocation and the expenditure in 2018, 2019 and 2020 have been plotted in the graph. The allocated amounts were indicated in rupees millions.

Challenges faced in relation to financial issues

Funding for the RMNCAYH program is mainly by the Ministry of Finance and according to government budget lines. Expenditure for program design, capacity building, commodities and some logistics are from the Ministry of Health and costs incur in implementing the program is born by the Provincial budget.

Despite making multiple costed strategic and implementation plans at the national level, inadequate funding and financial allocation is a major drawback for the program. As a result, innovative and developmental initiatives were delayed and had to look for alternative approaches for funding. Once the budget approvals are made, the actual allocation and cash flow was poor in 2020 to implement many of the planned activities.

RMNCAYH program at the central level receive funds from children action plan, equipment and machinery, school health and nutrition (shared with Nutrition division) budget line. This leads to insufficient fund from each and lack of focus in obtaining adequate funds to implement an activity



ANNEXURES

Annexure 01

Population, birth rate, eligible families, pregnant mothers, and reported number of deliveries 2020

RDHS	Population Estimated (by MOH)	Estimated Eligible Families	Total number of eligible families registered	Total number of pregnant mothers registered	Total number of deliveries	Estimated Births	Birth Rate	Total number of live births reported (regional)
Ampara	284867	52700.4	53532	4661	4092	6267.1	22	3952
Anuradhapura	949801	175713.2	187952	16009	13787	15861.7	16.7	13199
Badulla	889915	164634.3	156529	13992	11958	14416.6	16.2	11639
Batticaloa	585435	108305.5	110276	10851	10318	11064.7	18.9	10275
Colombo MC	596110	110280.4	78473	6305	5438	8107.1	13.6	4470
Colombo	1872325	346380.1	325374	23289	20310	25463.6	13.6	19282
Galle	1140618	211014.3	188520	16171	14338	17793.6	15.6	13756
Gampaha	2435195	450511.1	435547	33228	28551	29222.3	12	27497
Hambantota	670172	123981.8	119441	11416	9991	11392.9	17	9876
Jaffna	622624	115185.4	101127	9473	7881	9588.4	15.4	7558
Kalmunai	457911	84713.5	86963	9488	9262	10074	22	9260
Kalutara	987627	182711	171986	13604	11762	12444.1	12.6	11124
Kandy	1492170	276051.5	263428	22684	20361	23427.1	15.7	19495
Kegalle	894593	165499.7	151491	12560	10892	11808.6	13.2	10336
Kilinochchi	130624	24165.4	23705	2400	1937	2743.1	21	1824
Kurunegala	1736486	321249.9	313689	26136	23046	25700	14.8	22478
Mannar	112185	20754.2	22752	2498	2181	1952	17.4	2026
Matale	527115	97516.3	98591	8586	7529	7854	14.9	7361
Matara	869550	160866.8	146832	12821	11246	11565	13.3	10656
Moneragala	502699	92999.3	22368	1072	882	8495.6	16.9	832
Mullaitivu	97249	17991.1	22192	2107	1701	1079.5	11.1	1603
NIHS	306520	56706.2	52991	4757	4499	3862.2	12.6	4286
NuwaraEliya	774901	143356.7	141531	12297	10234	10926.1	14.1	9706
Polonnaruwa	444948	82315.4	91435	7839	6541	7430.6	16.7	6385
Puttalam	843125	155978.1	162406	14170	11979	14417.4	17.1	11619
Ratnapura	1182870	218831	210500	17864	15138	17506.5	14.8	14685
Trincomalee	435230	80517.6	85489	9218	8271	9749.2	22.4	7877
Vavuniya	191732	35470.4	33689	3058	2511	3604.6	18.8	2264
Sri Lanka	22034597	4076400	3858809	328554	286636	332722.4	15.1	275321

Annexure 02

Antenatal Care 2020

RDHS	Percentage of pregnant mothers registered before 8 weeks	% of total teenage mothers registered	Percent age of primi pregnant mothers registered	Percent age of pregnant mothers with gravida 5 or more	Percent age of pregnant mothers protected for Rubella	Percent age of pregnant mothers with any antenatal morbidities	Percent age of mothers protected for Tetanus at the time of delivery	Percent age of mothers tested for blood group and Rh at the time of delivery	Percent age of pregnant mothers tested for VDRL	Percentage of pregnant mothers tested for blood sugar before 12 weeks of POA	Percentage of pregnant mothers with abnormal blood sugar report before 12 weeks of POA
Ampara	91.3	2.3	26.7	2	99.1	57.3	99.6	99.6	99.7	97.5	3.8
Anuradhapura	82	5	27.8	2.7	99.3	47.2	99.6	99.7	99.4	93	4.2
Badulla	86.9	4.3	29.6	1.8	98	33.8	99.6	99.7	99.5	95.9	3.1
Batticaloa	81.2	8.2	35.1	2.6	99.1	34.2	99.8	99.9	99.7	94.9	6.1
CMC	50.2	4.7	31.9	3.1	90.3	38.5	98.6	99.3	97.7	86.4	4.4
Colombo	72.8	3.2	37.5	1.6	98.2	40	99	99.8	99.3	93.8	5.2
Galle	84.6	4	30.1	2.1	98.2	35.5	99.8	99.7	99.1	93.8	3.5
Gampaha	76	3.2	35	1.7	98.8	42.1	99.4	99.7	99.4	88.2	5.9
Hambantota	90	3.4	27.7	2.7	99.5	42.4	99.8	99.9	99.4	96.9	5.7
Jaffna	88.2	3.8	36.2	1.4	99.6	50.8	99.8	99.9	99.5	96.8	5.9
Kalmunai	85.6	5.1	29.1	5.1	98	44.5	99.9	99.8	99.8	98.7	7.9
Kalutara	81.8	3.4	32.5	2.3	99.3	41.3	99.5	99.6	99.2	93.5	3.7
Kandy	79.8	3.1	28.9	2.7	96	37	99.4	99.4	99.3	93.4	3.5
Kegalle	82	3.3	30.3	2.1	99.3	37.9	99.7	99.7	99.2	93.4	4.6
Kilinochchi	87.1	7	36.7	2.1	98.7	64.3	99.4	99.4	99.2	96	13
Kurunegala	84	3.5	28.2	2.4	99.6	47.9	99.8	99.8	99.7	96.3	3.1
Mannar	79.1	4.2	32.9	3	94.1	42.1	99.7	99.9	99.4	94.9	6.7
Matale	84.9	4	29.1	2.2	99.7	42.9	99.9	100	99.9	96.5	5.8
Matara	85.6	3.3	29	2.7	99.4	39.6	99.9	99.9	99.7	96.3	4.5
Moneragala	87.3	4.4	30.5	2.9	98.8	39.6	99.4	99.5	98.8	95.2	1.8
Mullaitivu	82.8	7.3	35.1	2.1	97.6	41.4	99.5	99.4	99.1	93.1	10.5
NIHS	78.9	4	29.4	3.4	99.5	38.1	99.6	99.7	99.7	89.7	5.2
NuwaraEliya	71.9	4.2	29	1.6	98.5	26.9	99.1	99.2	99.2	87.6	2.5
Polonnaruwa	86.4	3.6	27.7	2.5	99.6	43.9	99.7	99.8	99.7	90.1	5.7
Puttalam	79.9	6.1	30.1	3.1	98.7	44.1	99.7	99.7	99.5	94.2	3.7
Ratnapura	80.8	3.7	29.6	1.9	99.1	40.3	99.6	99.7	99.4	92.8	3.5
Trincomalee	82.8	7.5	29.9	5	98.9	42.8	99.8	99.8	99.7	96.9	10.3
Vavuniya	80.4	4.6	32.1	2.1	97.4	38.7	99.4	99.6	99.6	94.3	2.6
Sri Lanka	80.9	4.1	31	2.4	98.5	41.1	99.6	99.7	99.4	93.6	4.8

Annexure 03

Indicators of clinic care, ante-natal screening and status of BMI among pregnant mothers in 2020

RDHS	Percentage of registered pregnant mothers made at least one clinic visit	Average number of clinic visits per mother	Percentage of pregnant mothers tested for VDRL at field clinic	Percentage of pregnant mothers with reactive VDRL	Percentage of pregnant mothers with Anaemia reported in antenatal morbidities	Percentage of pregnant mothers tested for blood grouping and Rh at field clinic	Percentage of pregnant mothers whose BMI measured	Percentage of pregnant mothers with BMI < 18.5	Percentage of pregnant mothers with BMI >25
Ampara	93.7	6.4	26.8	0.42	49.5	23.4	89.2	16.7	30.2
Anuradhapura	96.2	6.5	88.7	0.15	38.4	25	87.1	14.5	32.8
Badulla	94	7.2	87.2	0	21.5	24.2	84	16.4	26.6
Batticaloa	103.3	5.6	94.8	0.3	22.2	46.4	88.3	16.7	32.7
CMC	98.5	4.4	87.5	0.38	28.4	0	64	9.7	45.2
Colombo	91.3	4.2	89.4	0.1	24.4	15.4	69.1	11	34.5
Galle	93.7	5.5	56.4	0.23	23.6	5.4	79.3	17	27.4
Gampaha	94.2	4.8	90.8	0.08	26.9	4.2	71.7	12.3	34
Hambantota	92.4	5.6	87.6	0.03	29.9	25.4	85.8	16.7	26.8
Jaffna	91.3	6.4	23	0.41	37.5	16.3	85.5	14.2	30.6
Kalmunai	92.2	6.2	103.6	0	33.5	46	85.7	11.6	37.6
Kalutara	94.7	5	96.3	0.17	29.4	38	79.7	13.3	33.9
Kandy	93.6	5.6	98.2	0.2	23.4	24.1	78	13.9	31.5
Kegalle	90.3	5.5	89.8	0.17	27.7	28.7	78.4	15.5	29.3
Kilinochchi	91.5	10.5	40	0.47	51.6	21.1	87.2	17.6	28
Kurunegala	93.4	6.2	101.1	0.2	38	31.2	82.8	14.9	29.2
Mannar	95.9	6.2	0	0	27.4	0.13	85.2	14.9	36.4
Matale	95.9	6	100.2	0.05	31.9	27.9	88.7	16.1	31
Matara	96.7	6.3	75.7	0.02	29.1	28.4	85.5	17.4	26.5
Moneragala	78.3	6.3	102.6	0.11	31.2	57	72.8	18.1	28.3
Mullaitivu	154.2	5.1	56.1	0	23.6	52	83.2	17.5	23.7
NIHS	94.4	5.2	100	0.13	26.9	98.6	77.5	12.1	40.1
NuwaraEliya	121.4	5.6	72.2	0.42	15.4	17.5	77.9	17	23.7
Polonnaruwa	97.3	5.8	103.5	0.05	32.2	102.4	87	14.4	36
Puttalam	94.4	5.7	100.2	0.19	34	50.2	79.3	14	34.5
Ratnapura	94.4	6.3	100	0.06	28.7	52.7	80.7	17.1	25.3
Trincomalee	95.4	6.3	55.8	0.12	30.6	32.8	89.2	13.9	40.1
Vavuniya	91.7	8.7	38.9	0	29.9	31.1	80	16	29.3
Sri Lanka	95.6	5.7	85.1	0.15	29.1	28.8	80.3	14.7	31.3

Annexure 04

Natal Care 2020

RDHS	Total number of deliveries	Percentage of Institutional deliveries	Percentage of home deliveries	Percentage of home deliveries by untrained attendants	Home deliveries by untrained	Percentage of LSCS deliveries	Percentage of deliveries reported for estimated births
Ampara	4092	100	0		0	37.7	65.1
Anuradhapura	13787	99.9	0.06	50	4	34	86.7
Badulla	11958	99.9	0.11	46.2	6	33.5	82.7
Batticaloa	10318	99.9	0.06	83.3	5	34.2	93
CMC	5438	99.9	0.07	50	2	34.6	66.9
Colombo	20310	100	0.05	63.6	7	46.9	79.5
Galle	14338	99.9	0.03	100	4	40.9	80.4
Gampaha	28551	100	0.04	58.3	7	47.9	97.4
Hambantota	9991	100	0.01	100	1	46.4	87.5
Jaffna	7881	100	0.06	40	2	38.9	82
Kalmunai	9262	99.9	0.09	87.5	7	43.7	91.7
Kalutara	11762	99.9	0.04	80	4	45.6	94.3
Kandy	20361	99.8	0.15	45.2	14	43.8	86.7
Kegalle	10892	99.9	0.08	77.8	7	46.5	92
Kilinochchi	1937	99.8	0.15	66.7	2	22.6	70.4
Kurunegala	23046	100	0.04	22.2	2	45.6	89.4
Mannar	2181	99.8	0.18	25	1	34.3	111.4
Matale	7529	99.9	0.08	66.7	4	48.9	95.6
Matara	11246	100	0.04	75	3	48	97
Moneragala	882	99.9	0.11	100	1	38.4	10.4
Mullaitivu	1701	99.9	0.06	100	1	25.3	157.1
NIHS	4499	100	0.02	100	1	42.8	116.2
NuwaraEliya	10234	99.5	0.5	39.2	20	31.1	93.4
Polonnaruwa	6541	99.9	0.09	33.3	2	43.8	87.8
Puttalam	11979	99.9	0.13	56.3	9	41	82.9
Ratnapura	15138	99.9	0.12	66.7	12	40.2	86.2
Trincomalee	8271	100	0.04	66.7	2	28.2	84.6
Vavuniya	2511	99.8	0.16	75	3	37.2	69.5
Sri Lanka	286636	99.9	0.09	54.5	133	41.7	85.9

Annexure 05

Indicators of post-natal care, post-natal visits, Vitamin A supplementation, post-natal complications by districts 2020

RDHS	Percentage of mothers received at least 1 postpartum visit during 1 st 10 days for deliveries reported	Percentage of postpartum visits by PHM around 42 days for deliveries reported	Percentage of Vitamin A coverage in postpartum mothers	Percentage of mothers with postpartum morbidities	Percentage of pregnant mothers with Hb less than 11g/dl before 12 weeks of POA	Percentage of pregnant mothers with abnormal Hb between 7 to 10.9 g/dl in 26-28 weeks of POA (before 2022)	Percentage of pregnant mothers with abnormal Hb less than 7 g/dl in 26-28 weeks of POA	Percentage of babies with low birth weight - National	Percentage of babies with low birth weight (Permanent) - Regional
Ampara	94.6	94.9	96.3	11.1	23.1	46	0.05	13.2	13.5
Anuradhapura	95.2	83.2	96.6	12.3	19.6	37	0.09	11.8	11.9
Badulla	97.8	95.5	96.3	8.8	11.9	19.1	0.13	15.5	15.8
Batticaloa	96.5	88	99.2	6.4	11.9	22.1	0.27	14	14.1
CMC	49.7	32.4	92.8	5.2	21.5	28.6	0.42	11.5	11.5
Colombo	89.1	74.2	91.2	16	13.6	21.8	0.1	10.3	10.4
Galle	98.9	93	79.8	21	14.6	22.9	0.19	10.9	11.2
Gampaha	91.6	62.9	93.1	13.3	14.1	27.6	0.12	11.3	11.5
Hambantota	98.3	96.1	95.2	14.7	15.4	28.1	0.2	11.6	11.8
Jaffna	97.3	83	99.1	7.8	29.8	35.2	0.15	11.3	11.6
Kalmunai	96.3	87.9	98.4	10.3	19.3	36	0.08	9.7	9.7
Kalutara	92.4	77.9	90.7	9.8	13.9	27.3	0.07	11.9	11.8
Kandy	95.8	87.3	82.8	15.3	14.8	20.1	0.09	12.1	12.5
Kegalle	96.2	75.8	84.4	8.4	16.8	27.9	0.11	13.1	13.1
Kilinochchi	99	90.3	102.1	6.3	31.4	48.1	0.16	10.4	10.6
Kurunegala	94.3	79.2	86.2	10.9	23.7	36.1	0.26	11.6	12
Mannar	93.3	95.9	95.2	5.9	17.1	26.1	0.14	9.4	9.4
Matale	95.9	85.5	97.1	13.1	16.9	28.4	0.09	12.8	12.8
Matara	97.5	90.2	99.3	13.2	15	26.3	0.17	10.6	10.6
Moneragala	91.4	82.7	100.8	14.3	16.2	29.6	0.12	15.4	15.9
Mullaitivu	93.5	87.1	97.3	5.9	23.6	37.6	0.12	10.8	10.7
NIHS	91.4	70.9	95.5	6.4	11.6	26.1	0.07	10.1	10.2
NuwaraEliya	94.6	83.2	96	10.5	12.5	14.6	0.31	19	19.6
Polonnaruwa	100.7	94.9	98.9	12	20.1	31.8	0.11	13	13.2
Puttalam	95	79.3	91.5	7.1	23.2	35.9	0.15	10.6	10.8
Ratnapura	97.9	82.3	92	14.9	15.1	28.8	0.22	13.9	14.3
Trincomalee	92.4	86.3	98.2	5.3	12.4	29.5	0.07	12.9	13.3
Vavuniya	93.3	65.4	99.3	6.3	18.6	26.4	0.08	10.2	10.7
Sri Lanka	94.2	81.3	92.4	11.8	16.8	28.1	0.15	12.1	12.3

Annexure 06

Indicators of child care service provision: Infant registration, field visits and vitamin A supplementation 2020

RDHS	Percentage of infants registered	Average number of home visits per infants	Percentage of Vitamin A coverage in infants at 6 months (at clinic + field)	Percentage of Vitamin A coverage in young children at 18 months (at clinic + field)	Percentage of Vitamin A coverage in preschoolers at 3 years (at clinic + field)
Ampara	66.8	5.7	63.9	71.8	70.1
Anuradhapura	89.6	6.5	82.6	96.6	99.0
Badulla	87.3	9.8	85.2	88.6	92.9
Batticaloa	94.5	8.6	93.9	102.6	95.6
Colombo MC	65.3	3.9	55	52.1	55.1
Colombo	85.9	5.3	62.5	68.2	74.9
Galle	86.1	7.7	37	38.2	40.3
Gampaha	101.7	5.9	78.1	86.9	92.4
Hambantota	89.7	7.9	83.5	89.4	87.0
Jaffna	90.3	14.1	83	90.5	77.4
Kalmunai	98.3	8.3	102	106.0	96.2
Kalutara	103.2	7.2	78	86.2	90.5
Kandy	92.3	8.6	79.5	82.0	88.3
Kegalle	107.1	7.6	72.3	79.7	81.7
Kilinochchi	87.1	9.1	73.8	81.1	78.0
Kurunegala	89.1	6.7	82.4	93.2	95.9
Mannar	124.7	28.6	115.4	113.5	110.6
Matale	101.2	8.4	95.2	102.6	106.9
Matara	103.9	6.7	99	104.2	106.1
Moneragala	11.6	5.5	8.1	9.4	9.2
Mullaitivu	164.4	17.6	166.7	203.1	181.5
NIHS	124.1	5.3	104.5	112.1	113.7
NuwaraEliya	101.8	10.6	96.1	97.8	107.5
Polonnaruwa	94.2	6.6	86.5	98.3	101.9
Puttalam	84.0	6.3	88.3	98.9	106.0
Ratnapura	91.4	7.1	86.8	94.3	96.5
Trincomalee	83.9	7.3	83.4	89.9	84.8
Vavuniya	80.2	11.3	72.7	80.4	79.9
Sri Lanka	90.8	7.5	78.6	85.0	87.1

Annexure 07

Weighing coverage of children under 5 years 2016 - 2020 | Nutrition Month

	2016	2017	2018	2019	2020
Colombo	82.2	82.5	84.2	88.3	88.1
CMC	67.1	66.8	71.6	71.5	62
Gampaha	92.3	90.9	90.2	90.4	86
Kalutara	93.0	93.5	94.6	95.2	94.2
NIHS	96.5	93.5	91.7	91.8	93.3
Anuradapura	93.4	92.4	93	94.3	95.5
Polonnaruwa	96.8	97.8	98.4	98.9	99.4
Badulla	97.3	97.9	98.7	98.5	99.4
Monaragala	98.9	98.8	98.8	No data	No data
Galle	94.1	95.4	95.1	95.6	94.2
Matara	96.9	98.4	98.5	98.7	98.6
Hambantota	97.3	97.6	97.9	99.2	99.2
Kandy	93.2	91.2	91.9	94.8	95.6
Matale	97.0	97.4	97.9	97.8	98.8
Nuwara Eliya	94.3	94.6	95.2	96.7	98.3
Kegalle	97.3	96.6	97	98	96.2
Ratnapura	97.4	96.6	97.2	98.1	98.4
Kurunagala	94.4	94.5	94.4	93	93.2
Puttalam	96.5	95.7	95.1	95	94.2
Ampara	99.0	99.7	99.8	100	100
Kalmunai	98.2	97.5	97.4	97.9	98.4
Batticaloa	95.7	95.7	96.5	96.1	95.2
Trincomalee	98.4	98.9	98.7	99.4	98.7
Jaffna	99.6	99.2	99.6	99.7	98.5
Killinochchi	99.2	99.2	99.9	99.9	99.7
Mullaitivu	96.5	95.4	93.8	97.2	98
Vavuniya	98.1	95.9	95.9	95.6	97.6
Mannar	94.5	97.0	97.6	99	98.9
Sri Lanka	94.0	93.8	94.3	94.8	94.4

Annexure 08

Nutritional status of infants 2016 – 2020 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Colombo	7	6.3	6.2	6.0	5.8	3.7	3.9	3.6	3.1	3.1	4.8	4.6	3.9	3.8	3.6
CMC	9.8	9.9	10.8	10.2	9.4	5.4	7.2	5.5	5.8	5.3	2.6	8.2	7.7	7.4	5.2
Gampaha	7.3	7.0	7.0	7.6	6.8	4.2	4.2	4.3	4.5	3.8	6.0	6.3	5.5	5.7	4.8
Kalutara	8.0	7.3	7.7	7.5	7.3	4.7	4.2	4.5	4.4	4.0	5.9	6.3	5.4	4.9	4.7
NIHS	8.6	7.6	8.1	8.5	7.6	4.6	4.0	4.4	4.8	4.2	7.1	6.7	5.5	6.4	6.1
Anuradapura	8.5	8.2	8.4	9.5	7.1	4.9	4.8	5.1	5.3	4.3	9.2	8.9	7.5	7.4	5.2
Polonnaruwa	9.1	9.6	8.8	9.7	7.4	4.9	5.7	5.6	5.8	4.2	7.5	8.3	6.8	7.4	5.0
Badulla	10.6	9.9	10.8	10.1	9.2	7.4	7.1	7.4	7.1	6.0	9.1	9.0	7.9	6.8	5.6
Monaragala	6.9	6.6	7.3	NO DATA	NO DATA	4.0	4.6	4.9	NO DATA	NO DATA	5.5	5.9	5.2	NO DATA	NO DATA
Galle	8.1	7.1	7.6	7.2	7.5	4.6	4.6	4.6	4.3	4.0	6.7	6.7	6.5	6.2	5.8
Matara	8.3	7.8	7.9	8.6	8.2	4.2	4.5	5.0	4.5	3.8	8.6	7.8	6.8	7.5	6.4
Hambantota	7.5	6.8	6.3	6.3	5.9	4.5	4.4	3.9	3.7	3.8	6.3	5.6	5.2	4.7	4.5
Kandy	9.0	8.5	8.7	9.1	8.3	5.4	5.7	6.0	5.9	5.2	6.2	6.7	6.7	6.0	4.9
Matale	8.2	7.4	8.3	8.5	7	4.2	4.5	5.5	5.6	4.7	5.8	5.5	5.6	5.0	4.4
NuwaraEliya	14.7	14.6	15.7	13.0	13.4	11.6	14.1	13.3	11.8	11.6	11.1	11.3	10.2	8.7	7.9
Kegalle	9.4	9.2	10.2	9.5	8.1	4.8	5.0	6.0	5.0	4.5	7.9	7.3	6.7	6.0	4.6
Ratnapura	9.1	8.9	9.9	9.5	8.8	5.6	5.7	7.2	6.1	5.9	6.9	7.1	7.3	6.3	5.7
Kurunagala	6.2	6.9	7.7	8.2	7.1	4.4	4.4	5.1	5.5	5.1	6.0	6.7	7.1	6.9	5.7
Puttalam	7.6	7.1	6.7	7.4	6.1	4.2	3.7	3.7	4.1	3.5	6.2	6.8	5.9	5.8	4.5
Ampara	9.9	8.9	8.3	8.8	7.9	5.7	4.7	5.0	5.3	5.2	7.3	5.7	5.2	5.1	5.1
Kalmunai	5.7	5.6	5.5	5.8	5.5	4.5	4.3	3.8	4.0	4.0	5.2	4.6	4.5	3.7	3.8
Batticaloa	6.1	4.9	5.2	5.3	5.1	4.0	4.0	4.1	3.7	4.8	4.5	3.9	3.8	3.7	3.6
Trincomalee	7.6	8.1	8.3	8.8	6.5	4.8	5.3	6.1	5.5	5.2	7.5	6.5	5.2	5.6	3.6
Jaffna	7.2	6.6	7.0	7.4	6.8	4.0	3.7	4.2	4.4	4.4	4.9	4.9	5.3	5.7	5.5
Killinochchi	4.6	4.8	4.7	5.5	3.8	2.7	2.8	3.3	3.1	2.1	2.2	2.1	2.4	2.6	1.5
Mullaitivue	6.1	5.7	5.6	6.6	6.5	4.2	3.1	3.3	2.6	4.3	2.8	3.0	1.5	3.1	4.0
Vavuniya	8.4	8.0	7.3	8.2	7.1	5.5	4.9	4.3	5.8	4.7	6.9	6.0	5.4	6.1	3.6
Mannar	6.0	4.8	5.1	4.5	4.5	3.1	3.0	3.5	2.5	4.4	3.8	3.2	3.5	3.9	4.3
Sri Lanka	8.2	7.8	8.1	8.1	7.4	4.9	5.1	5.3	5.0	4.7	6.6	6.7	6.1	5.8	5.0

Annexure 09

Nutritional status of young children (1 – 2 years) 2016 – 2020 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Colombo	10.6	9.4	8.7	8.2	7.8	6.8	6.3	5.7	5.5	5.2	7	6.4	5.5	5.3	4.8
CMC	13.3	12.3	12.6	12.5	10.6	10.3	10.2	9.2	7.8	8.4	2.4	9.9	9.9	8.8	6.2
Gampaha	11.8	11.0	10.7	10.7	9.2	8.1	7.6	7.5	7.6	6.2	9.0	9.3	8.5	8.6	6.8
Kalutara	13.8	11.7	11.2	11.2	9.8	8.9	8.0	7.9	8.4	7.4	10.7	9.0	8.4	7.3	6.4
NIHS	12.6	11.7	13.3	12.4	10	7.8	7.9	8.1	9.3	6.6	10.3	10.1	7.4	9.0	7.2
Anuradapura	15.3	15.0	14.8	16.6	14.1	10.1	9.8	9.4	10.5	9.5	12.8	12.9	11.9	11.9	9.2
Polonnaruwa	16.5	15.7	15.6	16.4	12.8	10.2	11.1	9.5	10.5	8.6	12.9	12.1	12.4	11.4	8.9
Badulla	17.7	16.1	16.6	15.7	13.7	15.8	15.3	14.6	14.0	11.9	13.6	11.5	11.0	10.1	8
Monaragala	13.0	12.2	12.6	No Data	No Data	8.9	8.8	9.9	No Data	No Data	10.6	9.4	9.0	No Data	No Data
Galle	13.7	11.9	12.2	12.6	11.1	8.8	8.5	8.7	8.4	7.9	11.4	10.3	10.2	10.0	8.5
Matara	15.9	12.5	12.1	14.1	12.7	10.1	9.6	9.4	9.5	7.7	13.0	10.9	9.8	10.0	9
Hambantota	13.1	12.1	11.4	11.8	10.3	8.0	8.0	7.8	6.7	7.1	11.3	10.7	10.0	9.0	7.6
Kandy	15.2	13.6	13.4	14.2	12.3	11.7	11.2	11.1	11.7	10.7	6.9	9.8	9.1	9.0	7.2
Matale	13.5	13.4	13.5	14.7	11.8	9.4	9.6	10.3	10.9	8.7	11.2	9.5	9.3	9.2	7.7
Nuwara Eliya	21.9	20.4	21.1	19.1	18.9	22.2	23.3	25.0	20.8	23.3	15.3	14.3	12.6	11.1	9.5
Kegalle	16.4	15.1	15.4	14.3	12	10.5	9.9	10.8	9.4	8.5	11.8	10.4	9.9	9.7	7.2
Ratnapura	15.6	14.8	15.2	14.7	13.2	11.3	11.8	12.6	11.7	10.9	11.0	10.5	10.3	9.5	8.5
Kurunagala	13.0	12.7	13.1	13.9	12.2	8.7	8.8	8.2	9.2	9.6	10.4	11.3	11.4	12.1	9.6
Puttalam	13.9	12.5	11.6	12.5	12	8.7	8.8	8.2	8.7	8.4	9.8	10.6	9.0	9.4	8
Ampara	17.0	14.5	15.1	16.2	12.8	10.4	9.6	10.5	10.4	8.7	13.6	9.5	9.7	9.5	7.9
Kalmunai	10.5	10.2	9.1	9.7	9.3	8.7	8.8	8.0	7.5	7.7	8.2	6.1	5.4	6.1	5.1
Batticaloa	12.6	10.3	9.3	10.3	8.8	10.0	7.8	7.4	7.9	7.6	7.8	6.4	5.5	6.4	6
Trincomalee	18.3	15.5	15.8	17.0	13.9	12.3	11.6	12.2	12.2	11.1	13.6	11.1	10.1	9.9	7.5
Jaffna	13.5	12.4	12.4	12.0	10	9.1	8.1	8.9	8.6	8.2	10.2	9.5	9.1	8.4	7.6
Killinochchi	12.9	12.5	9.5	10.0	9.6	8.9	10.2	7.3	8.0	7.8	8.7	7.0	5.5	6.9	5.3
Mullaitivu	14.9	13.7	13.7	15.5	12.1	10.1	10.4	6.5	7.9	8.9	8.0	6.4	6.7	7.3	7.5
Vavuniya	16.4	15.9	13.6	16.9	13.3	11.6	12.9	9.9	12.2	10.0	12.3	10.3	7.5	9.7	7.8
Mannar	12.9	12.1	10.1	11.1	9.5	9.0	7.4	7.8	7.6	9.0	6.6	8.4	7.6	7.3	7.1
Sri Lanka	14.3	13.1	12.9	13.1	11.6	10.1	9.9	9.8	9.6	9.0	10.6	10.0	9.4	9.2	7.6

Annexure 10

Nutritional status of pre-school children 2016 - 2020 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Colombo	12.6	11.5	10.2	9.7	9.3	6.6	6.4	5.6	5.1	5.0	9.2	8	7.1	6.6	6.1
CMC	17.3	16.3	15	14.1	13.5	9.5	10	9.7	7.7	6.9	11.1	12.4	11.2	10.1	8.1
Gampaha	14.0	13.3	12.8	13.3	12.2	7.1	6.7	6.4	6.4	5.9	10.8	12.0	11.2	11.4	10
Kalutara	15.7	15.2	14.6	14.1	12.9	8.2	8.2	8.1	7.8	7.0	11.8	12.1	10.9	10.3	8.6
NIHS	15.2	13.6	13.7	14.1	12.3	7.5	7.7	8.0	7.6	6.6	12.3	11.0	9.3	10.2	7.8
Anuradapura	20.5	19.8	19.7	20.3	18.2	10.4	10.0	10.3	10.6	9.3	16.1	16.0	14.3	14.5	12
Polonnaruwa	20.1	20.9	19.8	19.6	17.3	10.5	10.8	9.6	9.5	8.8	16.2	15.8	14.8	15.5	12.9
Badulla	23.7	22.1	21.8	20.8	19.9	14.8	13.8	14.2	12.7	12.1	17.6	16.1	14.8	14.1	12.2
Monaragala	18.1	17.2	16.7	NA	NA	9.0	8.8	9.6	NA	NA	13.2	12.6	11.7	No Data	No Data
Galle	18.1	15.9	15.7	15.3	15.4	9.0	8.4	8.2	7.8	7.8	14.1	13.9	13.2	13.0	12.3
Matara	20.3	17.3	16.2	16.3	16.2	10.4	9.5	8.9	8.6	8.6	16.4	14.5	11.9	12.8	11.2
Hambantota	18.3	16.1	14.8	15.7	14.5	9.0	8.5	7.1	7.6	7.8	13.6	12.9	11.3	11.4	11
Kandy	19.0	17.7	17.0	17.2	15.3	11.8	11.5	11.4	11.2	10.1	11.7	11.9	11.3	10.7	8.7
Matale	19.1	17.4	18.0	17.8	16.8	10.6	10.7	10.7	10.2	9.5	12.2	11.4	11.2	11.6	11
Nuwara Eliya	25.9	23.9	26.5	23.8	23	21.8	20.1	23.4	20.5	21.2	16.5	15.0	13.3	11.9	10.7
Kegalle	21.1	20.3	19.3	18.2	16	10.3	9.7	9.4	9.0	9.0	15.2	15.7	14.4	13.3	10.3
Ratnapura	21.0	20.5	20.7	19.1	17.4	12.0	11.9	12.5	10.8	10.8	14.7	14.2	14.0	12.6	11.5
Kurunagala	16.7	16.5	17.1	17.1	15.9	8.1	8.5	8.8	8.5	8.7	12.8	13.7	14.1	14.1	12.7
Puttalam	17.6	16.1	16.2	16.5	15.1	9.3	8.9	9.1	8.5	9.2	12.1	12.4	11.3	12.0	10.5
Ampara	22.0	21.3	19.7	20.7	18.1	10.8	10.6	10.3	10.5	8.9	15.9	14.6	13.2	13.5	12.4
Kalmunai	13.0	12.7	12.6	11.5	12.3	8.2	8.5	8.6	7.8	8.2	7.7	7.3	6.7	6.6	6.2
Batticaloa	21.0	15.1	13.9	13.5	13.4	10.5	8.8	8.1	8.0	8.5	8.8	8.2	7.3	7.6	7.1
Trincomalee	23.0	21.2	20.8	20.8	19.3	13.8	13.3	12.3	13.0	12.1	15.6	13.3	12.2	11.7	10.1
Jaffna	17.1	16.1	15.8	15.0	13.9	9.9	9.9	10.0	8.9	8.9	12.2	11.2	10.9	9.9	9.3
Killinochchi	19.4	19.3	18.4	18.0	16.3	13.0	12.8	11.0	11.3	11.3	10.9	11.3	10.1	9.0	9.8
Mullaitivu	21.5	21.7	21.3	19.5	19.3	14.2	11.6	10.9	9.6	11.1	11.5	10.2	10.5	10.3	11.6
Vavuniya	21.0	20.4	18.2	19.9	19	12.4	13.1	11.4	10.7	10.5	14.3	12.7	11.5	12.7	10.9
Mannar	16.6	16.1	15.2	13.9	13.8	10.9	9.5	8.7	8.2	9.0	8.6	8.6	9.8	8.6	9.2
Sri Lanka	18.5	17.2	16.9	16.4	15.5	10.3	9.9	9.8	9.2	9.1	13.2	12.8	11.9	11.6	10.2

Annexure 11

Children under the age of 5 years from 2016 - 2020 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Colombo	10.9	9.9	7.7	8.6	8.2	6	5.8	6.6	4.8	4.6	7.7	6.9	6.1	5.7	5.3
CMC	14.5	13.8	13.5	12.8	11.8	8.7	9.4	8.6	7.3	6.9	7.2	10.8	10.1	9.2	7
Gampaha	12.2	11.5	11.2	11.5	10.4	6.7	6.4	6.2	6.2	5.5	9.4	10.2	9.4	9.6	8.2
Kalutara	13.8	12.9	12.5	12.2	11.2	7.6	7.4	7.3	7.3	6.5	10.4	10.3	9.3	8.6	7.4
NIHS	13.4	12.1	12.5	12.6	10.9	7.0	7.1	7.3	7.4	6.1	10.9	10.0	8.2	9.2	7.4
Anuradhapura	17.1	16.6	16.5	17.4	15.3	9.3	8.9	9.1	9.6	8.4	14.1	14.0	12.5	12.6	10.1
Polonnaruwa	17.2	17.7	16.8	17.0	14.5	9.3	9.8	8.8	9.0	7.9	13.8	16.9	12.7	13.1	10.6
Badulla	19.8	18.5	18.7	17.8	16.6	13.5	12.8	13.0	11.8	10.9	15.1	13.8	12.7	11.9	10.1
Monaragala	14.9	14.2	14.1			8.0	8.0	8.7			11.2	10.7	9.9		
Galle	15.2	13.4	13.4	13.1	12.9	8.1	7.7	7.6	7.2	7.1	12.1	11.7	11.2	11.0	10.2
Matara	17.1	14.6	13.8	14.3	14.0	9.1	8.6	8.3	7.9	7.5	14.2	12.5	10.5	11.2	9.8
Hambantota	15.2	13.5	12.6	13.1	12.0	7.9	7.6	6.6	6.7	6.9	11.7	11.0	9.9	9.6	9.1
Kandy	16.2	15.0	14.6	15.0	13.3	10.5	10.3	10.3	10.2	9.3	9.4	10.5	10.0	9.5	7.6
Matale	15.9	14.7	15.2	15.3	14.0	9.2	9.3	9.6	9.4	8.5	10.8	9.9	9.7	9.8	9.1
Nuwara Eliya	23.0	21.5	23.5	20.8	20.4	20.0	19.6	21.8	18.9	19.8	15.3	14.2	12.6	11.1	9.9
Kegalle	18.0	17.1	16.8	15.8	13.7	9.3	8.9	9.0	8.3	8.0	13.2	13.0	12.1	11.2	8.6
Ratnapura	17.6	17.2	17.5	16.3	14.9	10.6	10.7	11.5	10.1	9.9	12.5	12.1	12.0	10.7	9.8
Kurunagala	13.8	13.8	14.5	14.6	13.4	7.4	7.8	8.1	8.0	8.2	11.0	11.8	12.1	12.2	10.7
Puttalam	14.8	13.6	13.4	13.8	12.7	8.2	7.9	7.8	7.6	7.9	10.5	10.9	9.8	10.1	8.8
Ampara	18.7	17.6	16.7	17.5	15.1	9.8	9.3	9.3	9.5	8.2	13.8	11.9	11.0	11.1	10.1
Kalmunai	11.0	10.7	10.3	9.8	10.2	7.6	7.7	7.4	6.9	7.2	7.3	6.5	5.9	5.8	5.5
Batticaloa	15.8	12.1	11.1	10.9	10.6	9.2	7.7	7.1	7.0	7.5	7.8	7.1	6.2	6.5	6.2
Trincomalee	19.0	17.4	17.1	17.4	15.6	11.7	11.4	11.0	11.2	10.5	13.6	11.5	10.3	10.0	8.2
Jaffna	14.6	13.6	13.4	12.7	11.6	8.7	8.4	8.6	7.9	7.8	10.5	9.7	9.4	8.7	8.1
Killinochchi	15.7	15.2	13.8	13.4	12.3	10.6	10.4	8.7	8.7	8.6	9.0	8.7	7.6	7.0	7.1
Mullaitivu	17.6	17.5	16.8	15.9	15.1	11.7	9.9	8.6	7.7	9.3	9.3	8.3	8.0	8.1	9.2
Vavuniya	17.8	17.0	14.9	16.7	15.4	11.0	11.4	9.6	9.9	9.2	12.6	10.8	9.4	10.7	8.8
Mannar	13.8	13.1	12.2	11.3	11.0	9.0	7.8	7.5	6.9	8.0	7.3	7.5	8.1	7.4	7.7
Sri Lanka	15.6	14.5	14.3	14.0	13.1	9.2	9.0	8.9	8.4	8.2	11.3	11.1	10.2	9.9	8.6

Annexure 12

Nutritional status of infants and children (e RHMIS) 2020

RDHS	Percentage of babies with low birth weight (Permanent) - Regional	Percentage of babies with low birth weight - National	Percentage of infants weighed	Percentage of young children (1-2 years) weighed	Percentage of preschoolers (2-5 years) weighed	Percentage of moderately underweight (-2SD to -3SD) infants	Percentage of severely underweight (<-3SD) infants	Percentage of moderately underweight (-2SD to -3SD) young children (1-2 years)	Percentage of severely underweight (<-3SD) young children (1-2 years)	Percentage of moderately underweight (-2SD to -3SD) preschoolers (2-5 years)	Percentage of severely underweight (<-3SD) preschoolers (2-5 years)
NuwaraEliya	19.6	19	65.1	66.8	83.4	9.5	2.9	15.5	3.7	20.5	4.2
Badulla	15.8	15.5	79	75.1	78.7	6.3	1.5	11.7	2.1	19	3.2
Moneragala	15.9	15.4	77.9	70.4	70	4.5	0.9	9.8	1.3	17.5	2.2
Batticaloa	14.1	14	75.1	70.5	60.9	3.8	0.89	7.5	1.5	15.8	3.1
Ratnapura	14.3	13.9	72.7	68.1	75.1	6.2	1.2	11.5	1.8	18.1	2.8
Ampara	13.5	13.2	79.8	72.3	79.7	5.1	1.2	10.4	1.6	18.5	2.8
Kegalle	13.1	13.1	62.1	55.2	59.4	5.5	1.1	11.6	1.6	17.7	2.4
Polonnaruwa	13.2	13	76.5	72.5	73.1	5.4	1.2	10.9	1.8	19.3	2.8
Trincomalee	13.3	12.9	80.1	74.3	75.2	4.9	1.1	12.2	2.3	20.7	3.5
Matale	12.8	12.8	76.1	71.9	71.7	5.1	1.1	9.6	1.4	17.6	2.6
Kandy	12.5	12.1	69	62.6	62.3	5.5	1.3	10.7	1.8	15.7	2.8
Kalutara	11.8	11.9	65.4	56.8	53.3	4.3	0.73	9.2	1.1	13.8	1.8
Anuradhapura	11.9	11.8	66.8	61.7	66.9	4.8	0.99	11.9	1.7	18.8	2.5
Hambantota	11.8	11.6	75.5	73.9	69.7	4.1	0.83	8.7	1.4	16.7	2.3
Kurunegala	12	11.6	66.6	53.9	70.7	4.7	0.89	10.3	1.5	14.2	2.2
CMC	11.5	11.5	36.5	28.1	27.3	6.1	1.4	9.7	1.8	12.8	2.2
Gampaha	11.5	11.3	53.3	43	40.8	4	0.7	9.2	1.3	12.4	2
Jaffna	11.6	11.3	78.4	76.1	56	5.8	1.1	9.8	1.2	24.1	2.9
Galle	11.2	10.9	70.3	62.6	60.6	4.9	0.86	9.9	1.4	15.7	2.5
Mullaitivu	10.7	10.8	78.4	74.2	92.4	4.3	0.93	11.6	1.8	17.5	3.2
Matara	10.6	10.6	75.4	65.1	65.9	5.2	1	10.9	1.5	16.6	2.4
Puttalam	10.8	10.6	65.7	55.3	56	4.3	0.81	10.5	1.7	15.7	2.6
Kilinochchi	10.6	10.4	76.1	74.6	68.8	3.1	0.51	8.8	1.4	23.7	2.9
Colombo	10.4	10.3	58.8	51.2	43.3	3.8	0.72	7.1	0.97	9.9	1.6
Vavuniya	10.7	10.2	74.8	69	76.6	5	1.6	11.7	2.4	19.8	3.1
NIHS	10.2	10.1	54.2	42.2	66.2	4.6	0.94	8.8	1.1	9	1.2
Kalmunai	9.7	9.7	74	71.6	56.9	4	0.96	7.6	1.7	14.4	2.6
Mannar	9.4	9.4	87.5	81.1	103.9	2.9	0.73	8.1	1.2	12.3	1.9
Sri Lanka	12.3	12.1	67.8	60.9	62.3	5	1.1	10.2	1.7	16.4	2.6

Annexure 13

Family Planning Performance 2020

RDHS	Percentage of eligible couples using modern family planning methods	Percentage of eligible couples using traditional family planning methods	Percentage of eligible couples using any family planning method	Percentage of eligible couples with unmet need of family planning	Percentage of eligible couples with subfertility	Gap in Family planning	Percentage of couples with family planning method failure
CMC	54.4	11.7	66.1	9.7	2.3	12863.9	0.34
Vavuniya	52	12.5	64.6	8.7	1.6	6331.2	0.01
Gampaha	52	12.2	64.2	8.1	4.4	79792.8	0.05
NuwaraEliya	66.4	5.3	71.6	6.7	2	19187.3	0.19
Kandy	58	8.9	66.9	6.6	2.6	47752.5	0.19
Colombo	55.3	10.9	66.3	6.5	4.6	59019	0.02
Matara	60.4	8.7	69	6.3	3.8	22246	0.09
Puttalam	58.5	10.7	69.1	6.3	2.6	26256.7	0.27
NIHS	54.5	12.6	67.1	6.2	4.5	8721.2	0.04
Kegalle	60.1	9.2	69.3	6	3.3	23307.4	0.15
Ratnapura	58.3	10.4	68.7	6	3.2	34976.3	0.09
Galle	59.6	9.6	69.2	5.7	3.6	29946.1	0.21
Kalmunai	50.3	11.3	61.6	5.7	3.7	18422	0.07
Hambantota	61.2	6.9	68.2	5.5	4.2	18918	0.18
Kalutara	57	10.2	67.2	5.5	4.1	30784.7	0.1
Mannar	55.4	15.2	70.6	5.5	2.7	3122.3	0.29
Kurunegala	59.1	9.2	68.3	5.4	3.6	53309.7	0.31
Batticaloa	51.6	7.5	59.1	5.3	2.1	29544.8	0.05
Mathale	62.2	7.1	69.2	4.8	2.7	17182.3	0.08
Badulla	70.9	5.1	76	4.6	2.6	17101.4	0.13
Trincomalee	56.4	8.8	65.2	4.2	2.2	18037.7	0.08
Anuradhapura	65	7.3	72.4	4	2.5	29330.9	0.19
Polonnaruwa	66.7	6.3	73.1	3.5	3.4	13253.2	0.13
Mullaitivu	67.7	4.1	71.7	3.2	1.7	3886.8	0.06
Jaffna	53.8	7.6	61.4	3.1	4.2	25207.8	0.11
Ampara	70.3	4.9	75.2	2.4	3.3	7222.1	0.07
Moneragala	34.9	3.9	38.8	2.3	1.5	12102.3	0.06
Kilinochchi	65.3	3.7	69	1.8	3.2	4537.1	0.08
Sri Lanka	58.0	9.1	67.1	5.8	3.3	701,048	0.14

Annexure 14

Family Planning Performance 2020

RDHS	Percentage of eligible couples using OCP	Percentage of eligible couples using DMPA (Injectables)	Percentage of eligible couples using IUCD	Percentage of eligible couples using Implants	Percentage of eligible couples using Condoms	Percentage of eligible couples using female sterilization	Percentage of eligible couples using male sterilization
Ampara	7.6	26	9.4	9.5	4.6	13.3	0.01
Anuradhapura	10.4	21.2	11.2	6.5	6	9.7	0.01
Badulla	7.8	14.6	13.6	9.3	5.9	19.6	0.01
Batticaloa	6.1	22	3.4	3.8	6.7	9.5	0.05
CMC	5.1	7.3	7.5	11	14	9.4	0.01
Colombo	7.7	6.2	12	6.4	14	9	0.03
Galle	10.1	10.7	12	5	11	10.9	0.03
Gampaha	8.8	7.7	9.7	4.6	12.1	9.2	0.02
Hambantota	9.1	10	16.5	5.6	9.4	10.6	0.01
Jaffna	6.3	8.2	4.1	4	10.2	21	0.01
Kalmunai	6.2	15.8	3.5	3.3	10.1	11.4	0
Kalutara	7.4	9.2	11.4	4.7	11.8	12.5	0.02
Kandy	8.7	9.4	8.8	6.5	12.1	12.4	0.03
Kegalle	10	14.1	8.7	6.5	8.6	12.2	0.02
Kilinochchi	4.5	15.5	13.3	6.8	5.6	19.6	0.01
Kurunegala	9	11.1	14	5.1	11.1	8.8	0.01
Mannar	6.8	12.9	3.1	4.4	9.8	18.4	0.01
Matale	10.6	12.5	11.7	5.1	9.4	12.8	0.01
Matara	10.4	10.5	11.9	5.9	11.9	9.7	0.04
Moneragala	4.7	7.7	7.4	4.9	3.6	6.8	0
Mullaitivu	8.7	19.3	6.6	14	4.1	14.9	0.02
NIHS	7.9	6.8	8	4.1	13.5	14.1	0.02
NuwaraEliya	6.3	9.8	8.3	10.3	5	26.7	0.02
Polonnaruwa	10.3	24.4	10	6.8	5.4	9.8	0.01
Puttalam	9.4	15.3	7.6	7.3	7.7	11.2	0
Ratnapura	9.9	12.8	9.6	5.2	8.4	12.3	0.01
Trincomalee	6.3	24.3	2.2	6.3	7.7	9.6	0
Vavuniya	7.3	11.8	2.2	6.2	6.7	17.8	0.01
Sri Lanka	8.5	12.1	10	6	9.9	11.9	0.02

Annexure 15

Infant & Child mortality

RDHS	Early neonatal mortality rate (regional)	Early neonatal mortality rate (national)	Neonatal mortality rate (regional)	Neonatal mortality rate (national)	Infant mortality rate (regional)	Infant mortality rate (national)	Under 5 Child Mortality Rate (regional)	Under 5 Child Mortality Rate (national)	Still birth rate - Regional	Still birth rate (National)
Ampara	4.3	4	6.8	6.4	9.1	8.5	10.4	9.7	7	6.6
Anuradhapura	5.2	4.8	6.5	6	8.8	8.1	9.5	8.7	6.9	6.4
Badulla	5.4	4.9	7.4	6.7	8.8	8	9.8	8.8	6.2	5.6
Batticaloa	6.4	6.4	7.8	7.8	10.1	10.2	11.1	11.1	5.9	5.9
CMC	6.9	7	8.9	9	11.6	11.7	14.3	14.4	7.3	7.4
Colombo	3.8	3.7	5.2	5.1	6.4	6.2	7.2	7	4.7	4.6
Galle	3.8	3.4	6	5.4	7.2	6.5	8.9	8.1	5.2	4.7
Gampaha	4.2	4	5.7	5.5	7.3	7	8.1	7.8	5.8	5.5
Hambantota	2.6	2.5	4.5	4.2	6.5	6.2	9.2	8.8	5.2	5
Jaffna	4.5	4.2	6.7	6.3	10.5	9.8	12	11.3	6.3	5.9
Kalmunai	3.7	3.7	5.4	5.4	8.2	8.2	9.5	9.5	6.9	6.8
Kalutara	4.6	4.3	6.7	6.2	8.5	8	9.8	9.2	5.8	5.4
Kandy	5.5	5	8.1	7.4	9.9	9.1	11.6	10.7	8.6	8
Kegalle	4.6	4.2	6.4	5.8	8.8	8	10.3	9.3	6.4	5.8
Kilinochchi	7.7	6.9	9.3	8.4	11	9.9	11	9.9	7.6	6.9
Kurunegala	5.6	5.4	8.2	7.9	10.4	10	12	11.5	6.3	6
Mannar	6.4	6.1	6.9	6.5	9.9	9.3	16.3	15.4	6.9	6.5
Matale	6	5.8	6.7	6.4	9.4	9.1	10.5	10.1	5.1	5
Matara	2.9	2.7	4.4	4	6.8	6.2	8.2	7.5	5	4.6
Moneragala	3.6	3.4	3.6	3.4	7.2	6.9	12	11.5	4.8	4.6
Mullaitivu	6.9	6.7	8.1	7.9	9.4	9.1	11.9	11.5	6.2	6
NIHS	5.8	5.5	7.9	7.5	10.5	9.9	12.1	11.5	7	6.6
NuwaraEliya	5.3	4.7	7.7	7	10.8	9.7	12.4	11.1	7.4	6.6
Polonnaruwa	5.6	5.1	6.7	6.1	10.6	9.7	13.3	12.1	6.4	5.8
Puttalam	6.3	5.9	8.4	7.9	10.8	10.1	12	11.3	8.9	8.3
Ratnapura	5	4.7	6.9	6.4	9.5	8.8	10.8	10	7.1	6.6
Trincomalee	6.6	6.4	8.3	8	10.8	10.5	11.9	11.6	8.4	8.2
Vavuniya	7.1	6.1	8.8	7.6	12.8	11.1	14.6	12.6	7	6.1
Sri Lanka	4.9	4.6	6.8	6.4	8.9	8.4	10.4	9.8	6.4	6.1

Annexure 15

Well Woman Clinic performance

RDHS	Percentage of 35 year age cohort attendance to WWC out of 0.8% of estimated population	Percentage of 35 year age cohort coverage who had undergone Papsmear screening out of 0.8% of the population	Percentage of unsatisfactory Papsmear specimens	WWC pap smears taken 35y	WWC pap referred	WWC identified breast abnormalities	WWC identified diabetes	WWC identified hypertension
Ampara	90.9	88.1	3.8	2008	89	38	69	103
Anuradhapura	66.5	62.7	3.4	4762	23	99	217	341
Badulla	71.3	68.8	1.5	4901	262	90	222	384
Batticaloa	48.7	47.8	0.93	2240	5	10	99	69
CMC	8.8	8.2	2.8	392	18	18	4	32
Colombo	53.4	43	1.8	6445	655	374	227	496
Galle	51.2	47.5	1.6	4334	124	145	339	269
Gampaha	43.8	37.6	2.3	7323	397	284	320	415
Hambantota	78.8	72.4	3.1	3882	114	88	302	294
Jaffna	46.1	40.8	4.5	2033	179	18	178	203
Kalmunai	80	79.2	13.2	2903	21	20	62	68
Kalutara	62.4	59.3	2	4689	222	229	129	251
Kandy	86.2	73.8	5.7	8815	580	252	513	517
Kegalle	65.6	59.8	5.9	4283	128	125	201	195
Kilinochchi	24.1	23.3	6.3	244	15	10	8	7
Kurunegala	51.6	48.6	9.5	6753	554	160	456	668
Mannar	85.1	78.1	6.5	701	18	19	53	63
Matale	93.1	86.3	2.7	3639	194	73	142	234
Matara	59.1	55.7	0.04	3878	153	67	187	191
Moneragala	6.4	6.7	3.5	268	13	15	15	14
Mullaitivu	50.8	48.5	11	377	39	9	32	32
NIHS	63.8	52.5	0.7	1288	111	103	69	127
NuwaraEliya	80.9	73.6	3	4565	92	60	69	247
Polonnaruwa	78.1	74.1	0.63	2638	174	208	185	402
Puttalam	31.9	31.3	0.59	2113	28	63	93	125
Ratnapura	62.3	58.1	0.29	5497	120	170	556	348
Trincomalee	65.2	63.2	0.89	2199	9	29	198	162
Vavuniya	24.0	23.0	-	353	1	4	14	2
Sri Lanka	58.1	53.1	3.4	93523	4338	2780	4959	6259



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