



Annual Report 2021



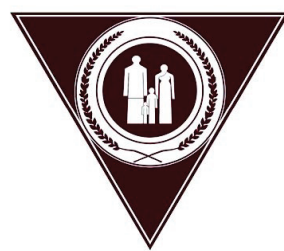
Family Health Bureau
Ministry of Health
Sri Lanka



Annual Report of the Family Health Bureau 2021



**Family Health Bureau
Ministry of Health
Sri Lanka**



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MESSAGE FROM THE DIRECTOR MCH



Family Health Bureau, Ministry of Health is pleased to present the 31st Annual Report for the year 2021. 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 2021, 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 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

ACKNOWLEDGEMENT



With the objective of providing feedback to all relevant stakeholders on effectiveness, strengths and challenges of RMNCAYH programme, this 31st 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 2021. This report would reflect upon the progress of RMNCAYH programme in the country and enlighten on several special activities carried out by the 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 2021, 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 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 2021.

I greatly appreciate the technical and financial inputs provided by the World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Food Programme 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. Widarshi Kalehewatta and Mr. Shehan Bandara. I greatly appreciate their contribution.

Finally, I must thank all 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.

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 a 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)

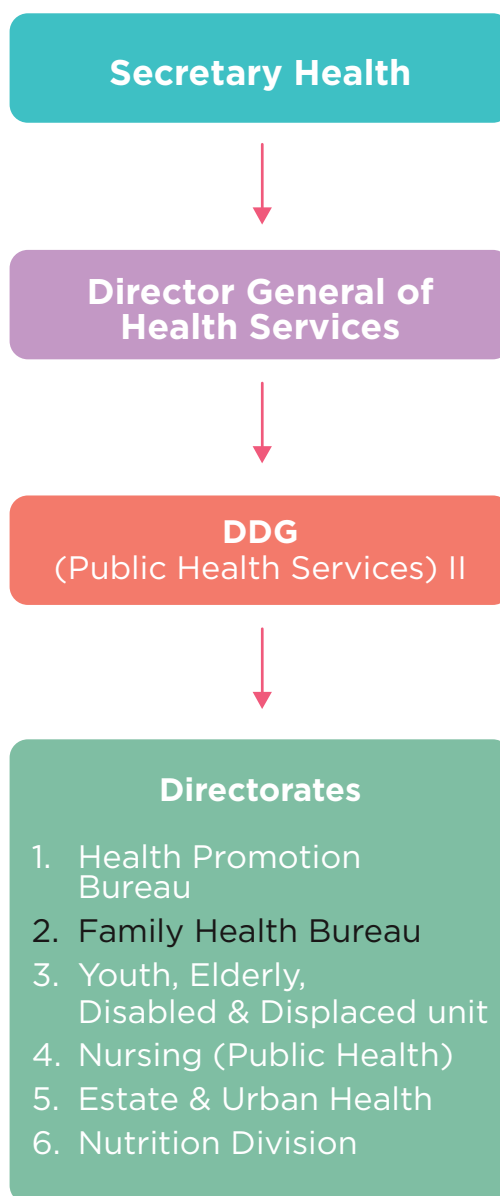


Figure 1.1: Administrative hierarchy in the Ministry of Health

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).

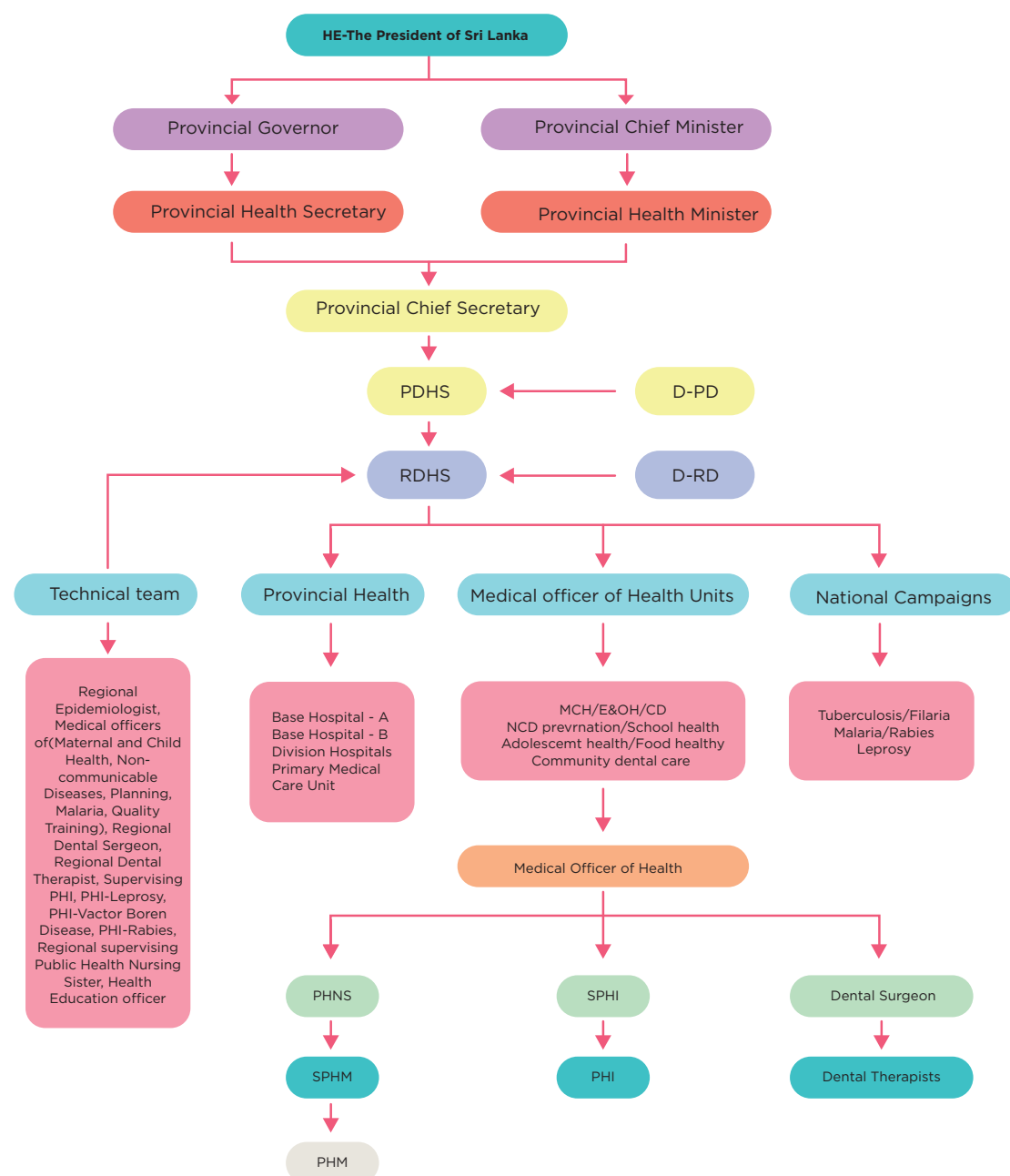


Figure 1.2: Administrative hierarchy of the Provincial health system

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 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.

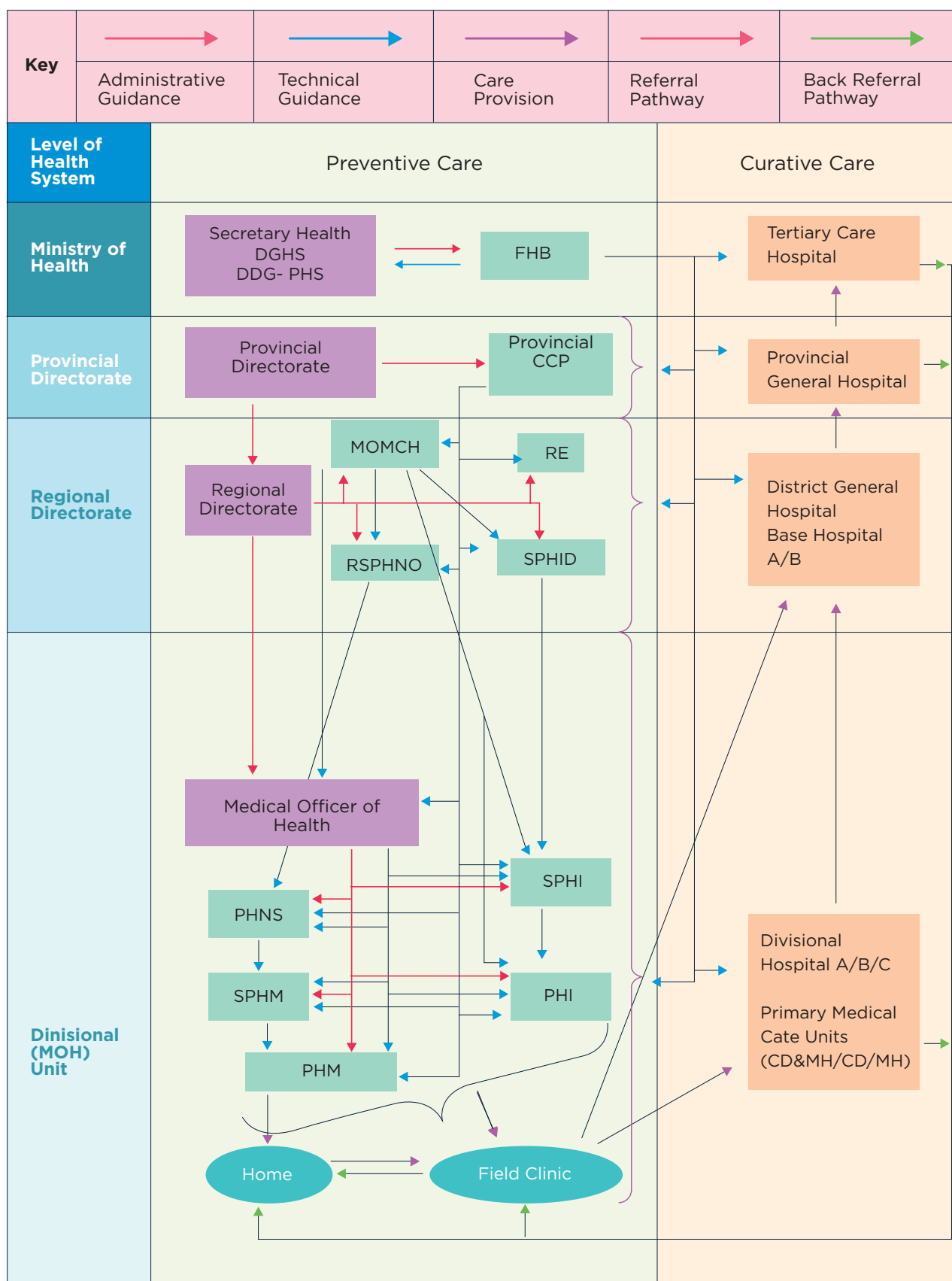


Figure 1.3: Organizational Structure/ Hierarchy of RMNCAYH Programme at Different Levels of Health System

Source: FHB

The grass root level implementation of the programme is carried out by the Medical Officers of Health (MOH) teams under the administrative supervision of the Provincial and Regional 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

354



PHM Areas

6778



PHI Areas

1699



Clinics

4292



Schools

10698

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 grass root 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 principle 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 activities of the PHMs, SPHMs in turn, activities of all 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 2021 is given in table 1.1

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

Source: e-RHMIS, FHB 2021

Staff category	Approved cadre	Cadre in position	Ratio for population	Ratio (Officers /100,000 population)
MOH	370	309	1:71316	1.4
AMOH	439	378	1:58298	1.7
PHNS	429	266	1:82845	1.0
SPHI	349	229	1:96230	1.0
SPHM	419	280	1:78703	1.3
PHM	6951	6257	1:3522	28.4
PHI	1798	1561	1:14117	7.1
SDT	466	328	1:67185	1.5

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 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 Nutrition 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.



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 - 2021 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 needs 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	25
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 2021.

Table 2.1: Size of the different target population of RMNCAYH programme in Sri Lanka 2021

Indicator	Estimated/Actual	Reported
Midyear population	22,156,000*	22,455,739
Eligible families	4,076,789	3,928,335
Pregnant mothers	313,333	301,786
Births	284,848*	269,229
Infants under care	301,706*	278,489
1-2 years under care	319,010**	302,829
2-5 years under care	983,794**	911,921
Number of schools ≤ 200	6,046***	5,360
Number of Schools ≥ 200	4,796***	4,805
Adolescent	3,680,128	1,997,375
Preconception	162,628	206,568
Total school children under care at the beginning of year	4,272,289***	4,252,463

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.

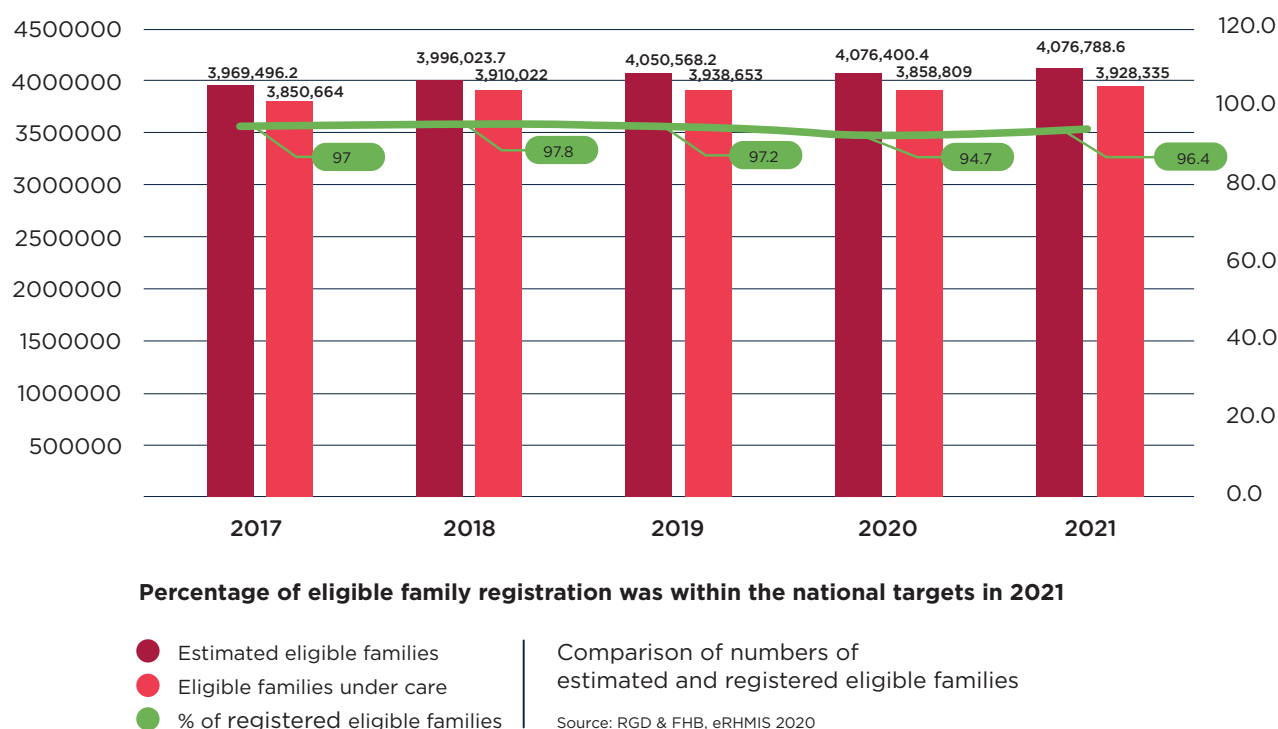


Figure 2.1: Comparison of numbers of estimated and registered eligible families

Source: FHB

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).

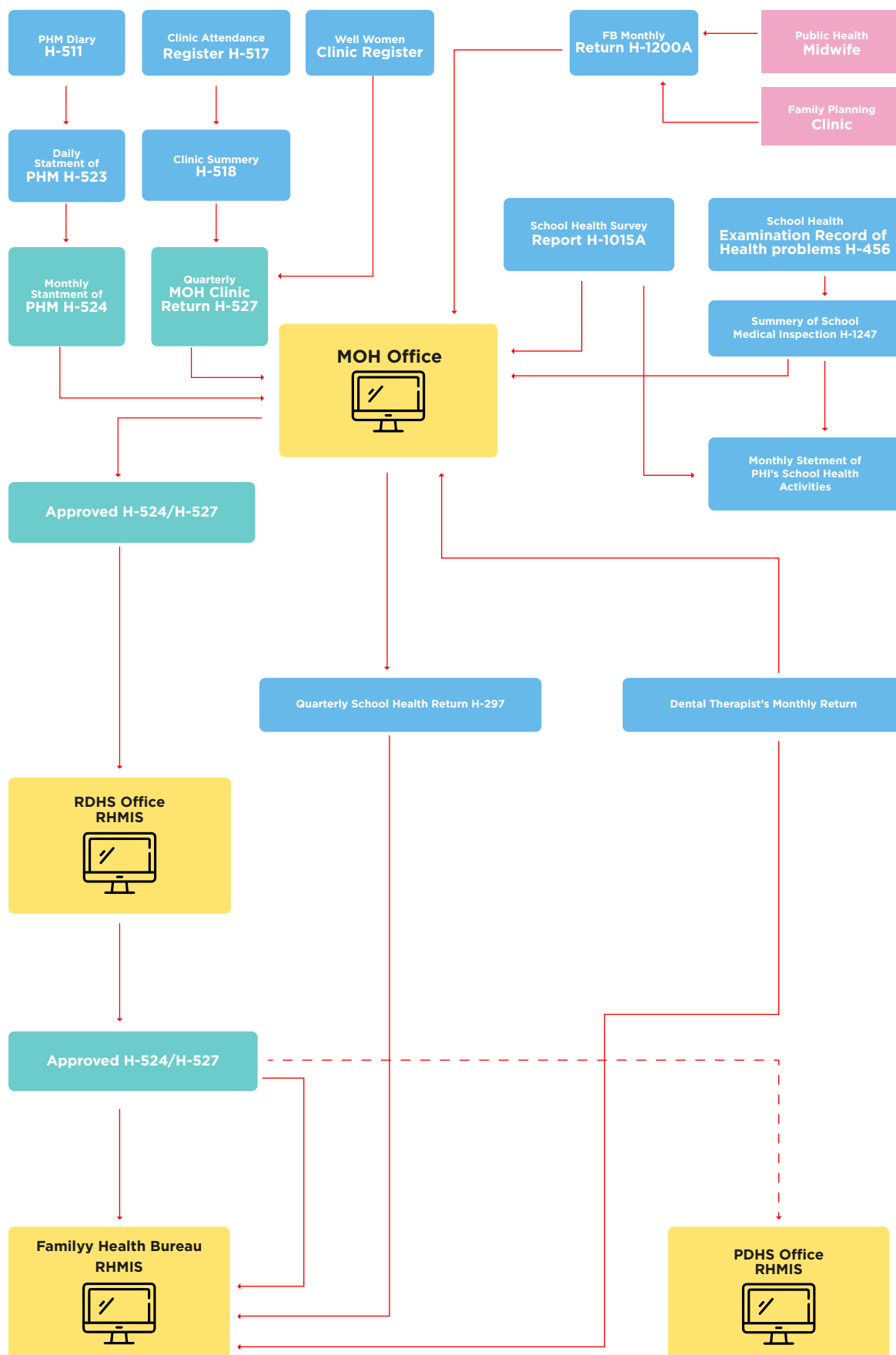


Figure 2.2: Sources & Pathways of Data used in the Annual Report

Source: FHB, 2021

3. Electronic Reproductive Health Management Information System 2 [eRH MIS 2]

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 identified or reported. To overcome this issue, the FHB introduced eRH MIS 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 10,905 live births were reported in 2021 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 24.3% of all live births registered in Colombo district by the Registrar General for year 2021.

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].

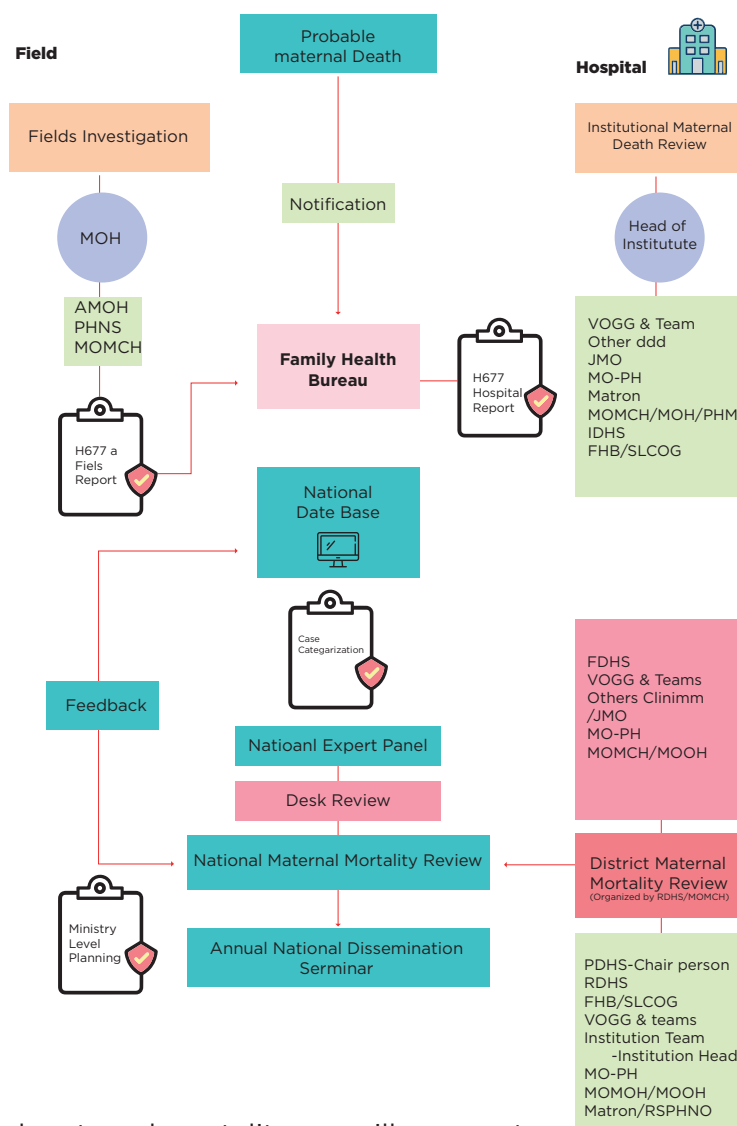


Figure 2.3: National maternal mortality surveillance system

Source: FHB, 2021

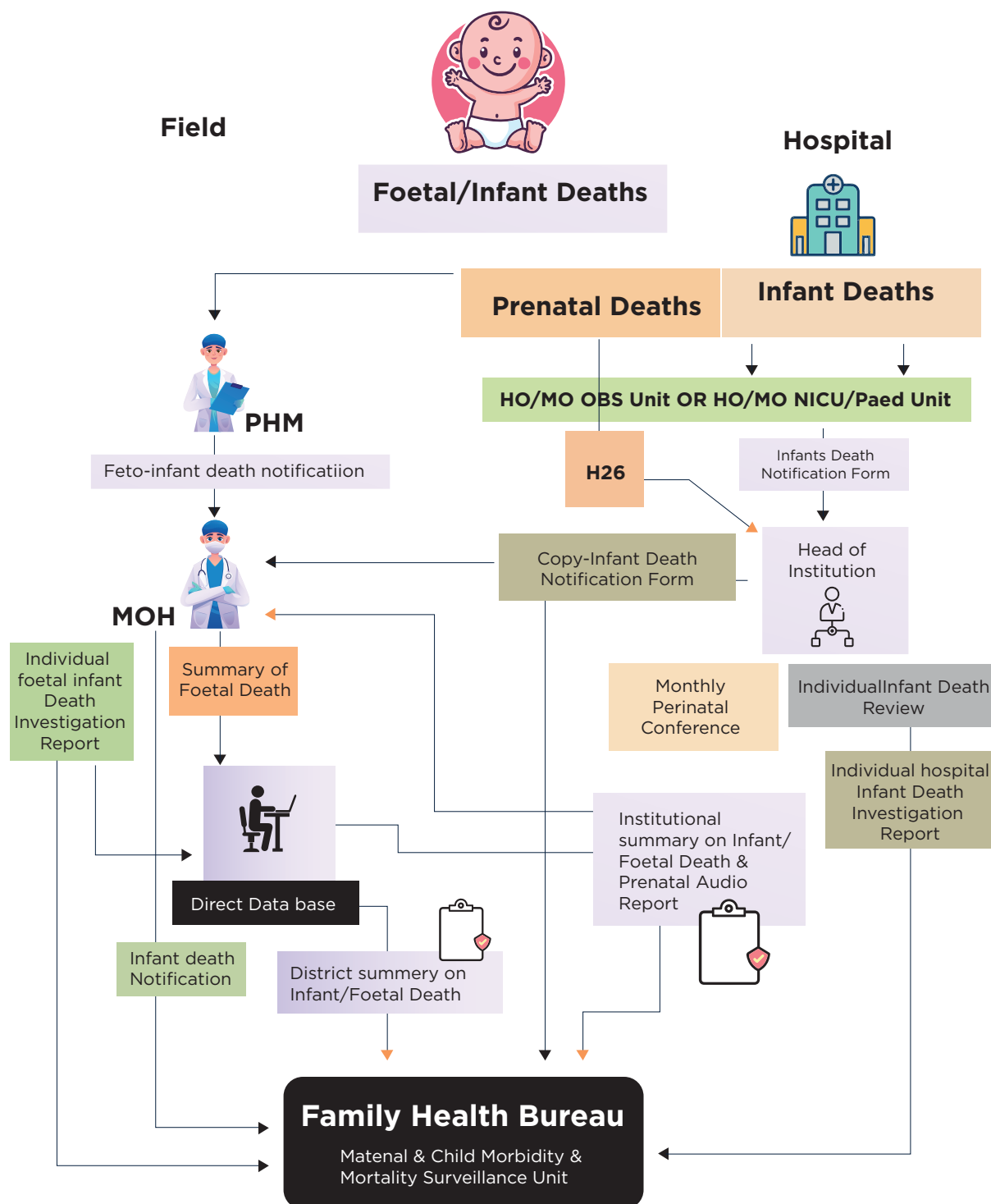


Figure 2.4: National Feto-Infant Mortality Surveillance System

Source: FHB, 2021

2.2 RMNCAYH INDICATORS

All districts in the country except the district of Rathnapura provided RMNCAYH data with a reporting rate of 100%. Reporting rate for Rathnapura district was 47.1% due to a trade union action by the PHMs.

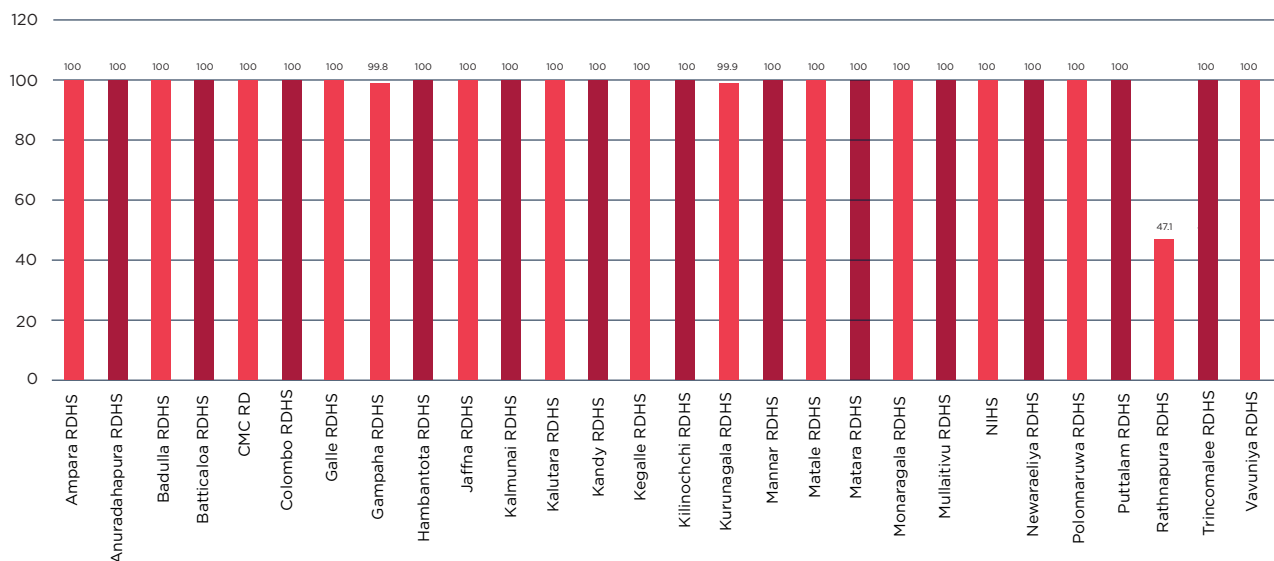


Figure2.5: Reporting Rates of Public Health Midwives' Monthly Return [H524] - 2021

Source: FHB, eRHMS 2021

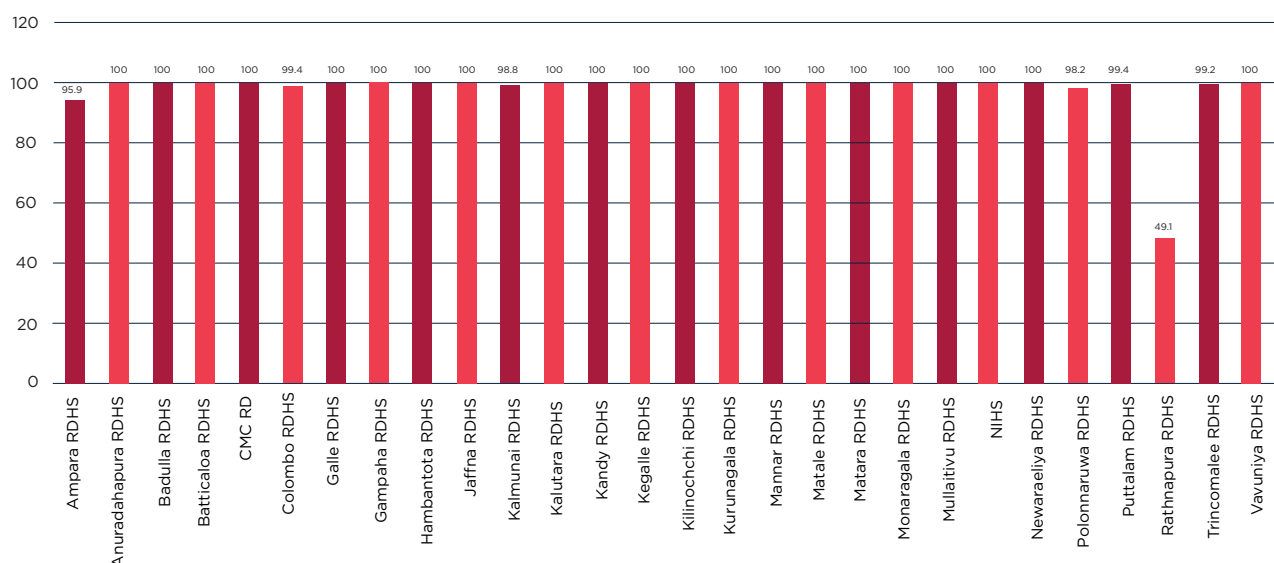


Figure 2.6: Reporting Rates of MCH Clinic Return [H527] - 2021

Source: FHB, eRHMS 2021



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 94.6% of schools in the country. Many routine activities including school health services were hindered due to COVID-19 pandemic and only 57.8% School Medical Inspections were completed during 2021.

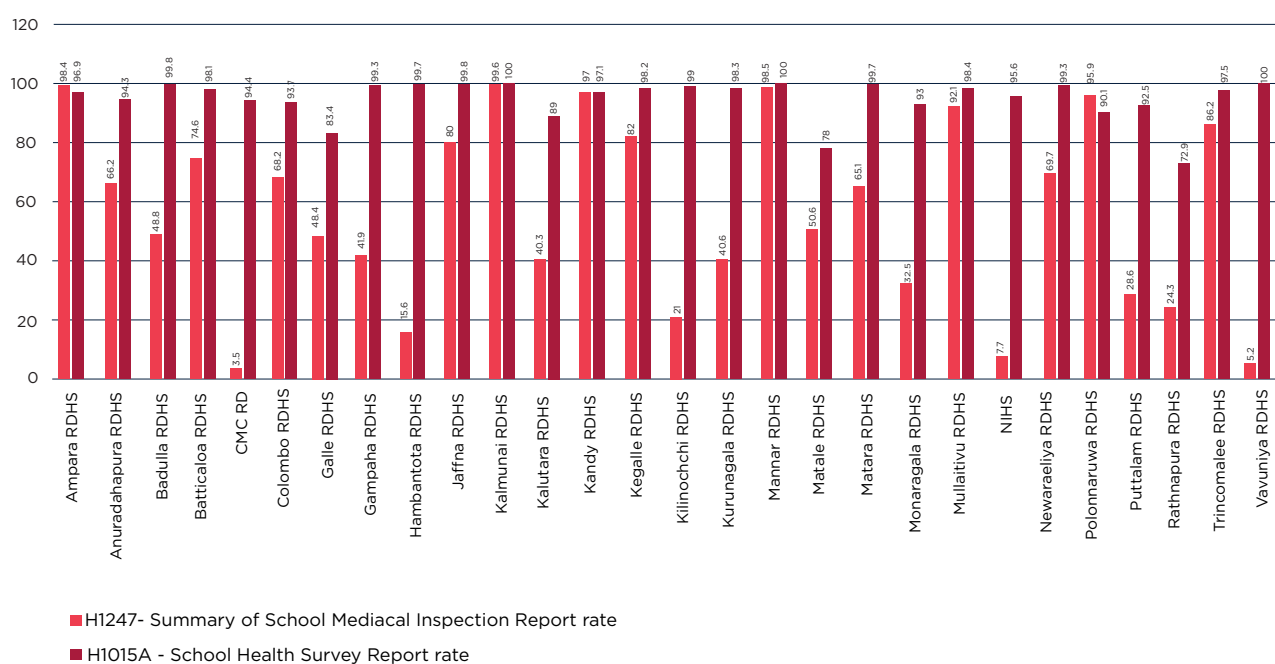


Figure 2.7: Reporting Rate H1247 and H1015 - 2021

Source: FHB, eRHIS 2021

MATERNAL AND NEWBORN HEALTH

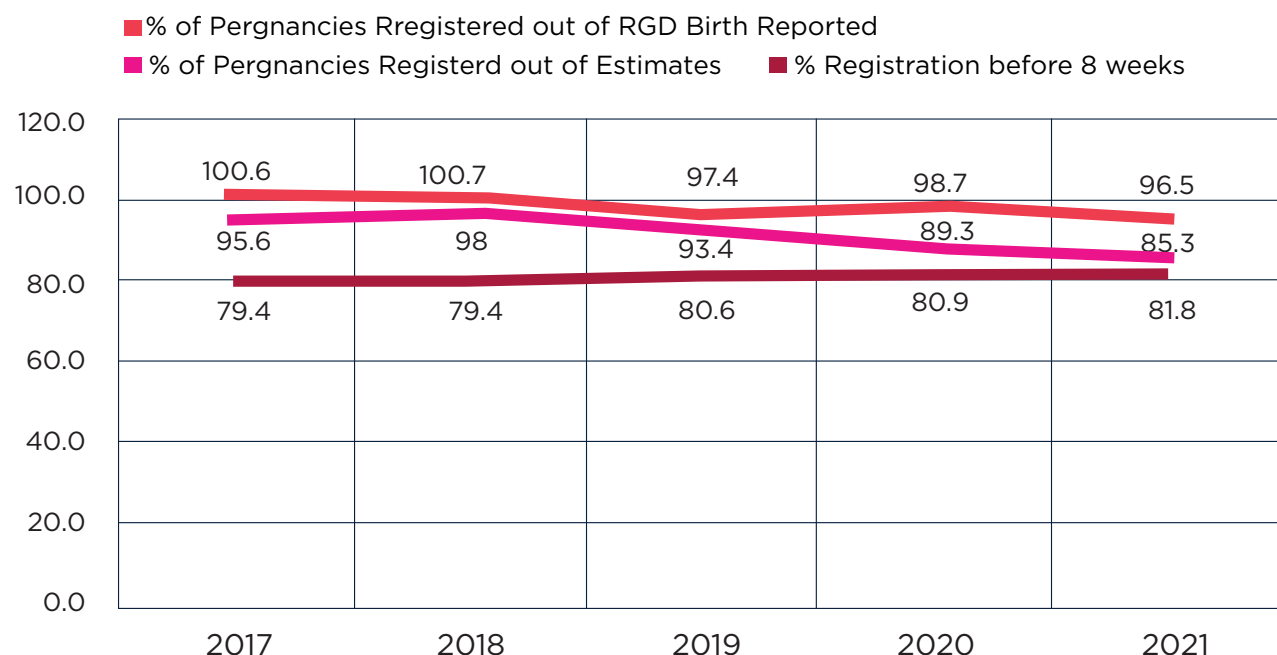


Figure 2.8: Registration of antenatal women and registration before 8 weeks 2017 to 2021

Source: FHB, eRHMS 2021

Over the last 5 years, pregnant women registration is reducing whereas registration before 8 weeks of pregnancy remained at more than 80% even during the pandemic. Even though the pregnant women registration is reducing, according to the births registered by the Registrar General, field level registration achieved a 96.3% coverage

Table 2.2: Percentage of antenatal women who were visited at least once and the average number of home visits by PHMM 2017 - 2021

	2017	2018	2019	2020	2021
% of registered pregnant women visited at least once at home by PHM	90.9	91.9	94.3	94.2	93.9
Average number of PHM field visits per pregnant woman	4.0	4.0	4.0	4.1	3.9

Source: FHB, eRHMS 2021

Compared to 2020, percentage and the average visit made for a pregnant woman by the PHM have slightly reduced.

Table 2.3: Percentage of antenatal women visiting field antenatal clinics (at least once) and average number of clinic visits 2017 - 2021

Indicator	2017	2018	2019	2020	2021
% of pregnant women making at least one field clinic visit out of registered pregnancies	96.3	95.8	95.4	95.6	95.2
Average number of clinic visits by pregnant women	6.4	6.5	6.4	5.7	5.6

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 2017 - 2021

Source: FHB, eRHMS 2020

Indicator	2017	2018	2019	2020	2021
% of antenatal women tested for VDRL at the time of delivery out of estimated deliveries	98.7	99.1	99.5	99.4	99.4
% Antenatal women tested for HIV at field clinic	79.9	85.1	86.1	84.7	85
% of antenatal women whose blood is tested for grouping and Rh at the time of delivery out of reported deliveries	99.4	99.6	99.7	99.7	99.6
% of antenatal women whose BMI is assessed before 12 weeks out of total attending antenatal clinics	84.1	84.5	83.8	80.3	82.1
% of antenatal women screened for Hb at the field clinic out of total attending antenatal clinics	30.3	35.2	30.8	33.4	89.3
% of antenatal women tested for VDRL at field clinic out of total attending antenatal clinics	79.7	86.3	86.2	85.1	85.3
% of antenatal women whose blood Grouping and Rh tested at field antenatal clinic	29.6	31.4	29.7	28.8	30.4

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

Table 2.5: Percentage of antenatal women who had been protected with rubella & tetanus vaccination 2017 - 2021

Source: FHB, eRHMS 2021

Indicator	2017	2018	2019	2020	2021
% of antenatal women protected against rubella out of registered pregnancies	98.2	98.5	98.5	98.5	98.5
% of antenatal women protected against tetanus out of total reported deliveries	99.3	99.5	99.6	99.6	99.5

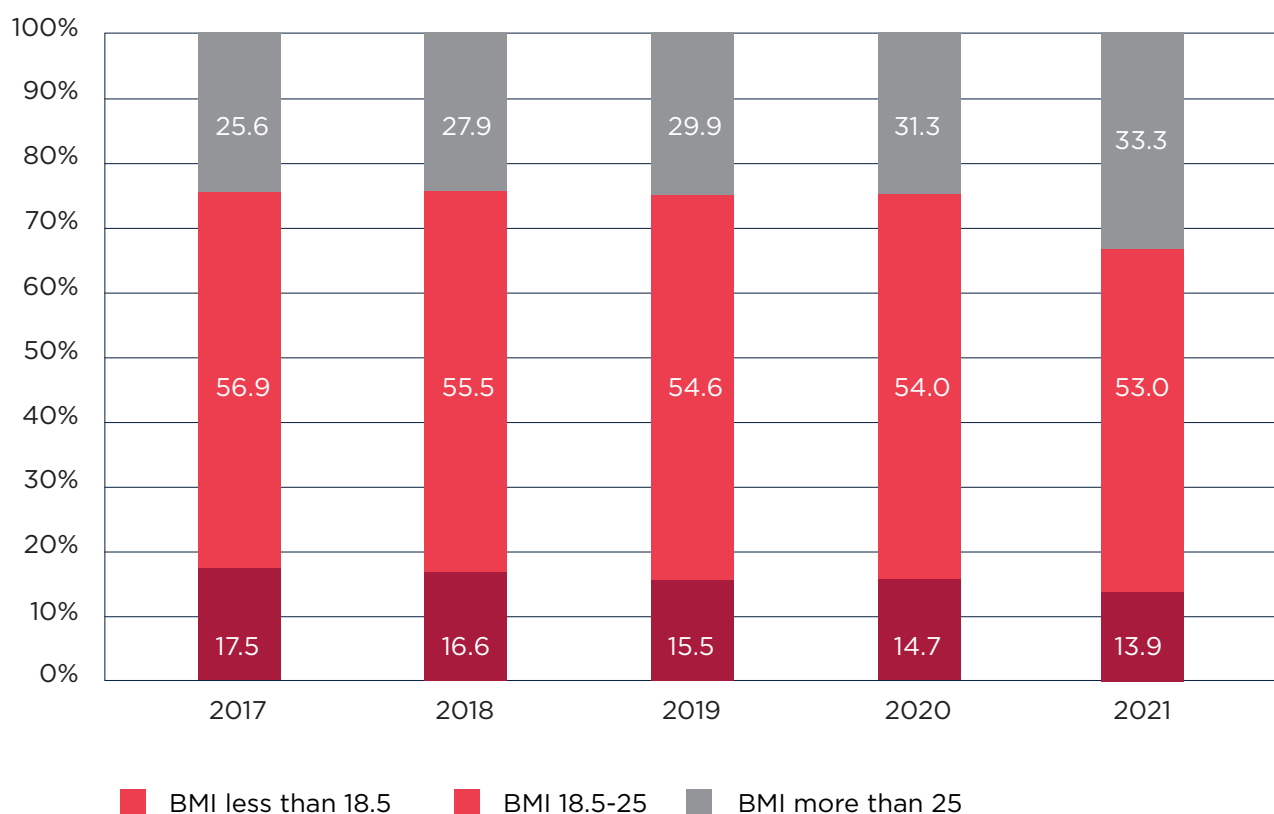


Figure 2.9: Percentage distribution of antenatal women according to their BMI status at booking visit (before 12 weeks) from 2017 - 2021

Source: FHB, eRHMS 2021

Much emphasis should be made for High BMI among pregnant women. BMI more than 25 Kg/m² has increased from 25.6% to 33.1% over a period of 5-years.

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

Source: FHB, eRHMS 2021

Indicator	2017	2018	2019	2020	2021
% of pregnant women tested for Haemoglobin at field clinics	30.2	17.6	15.4	16.7	20.1

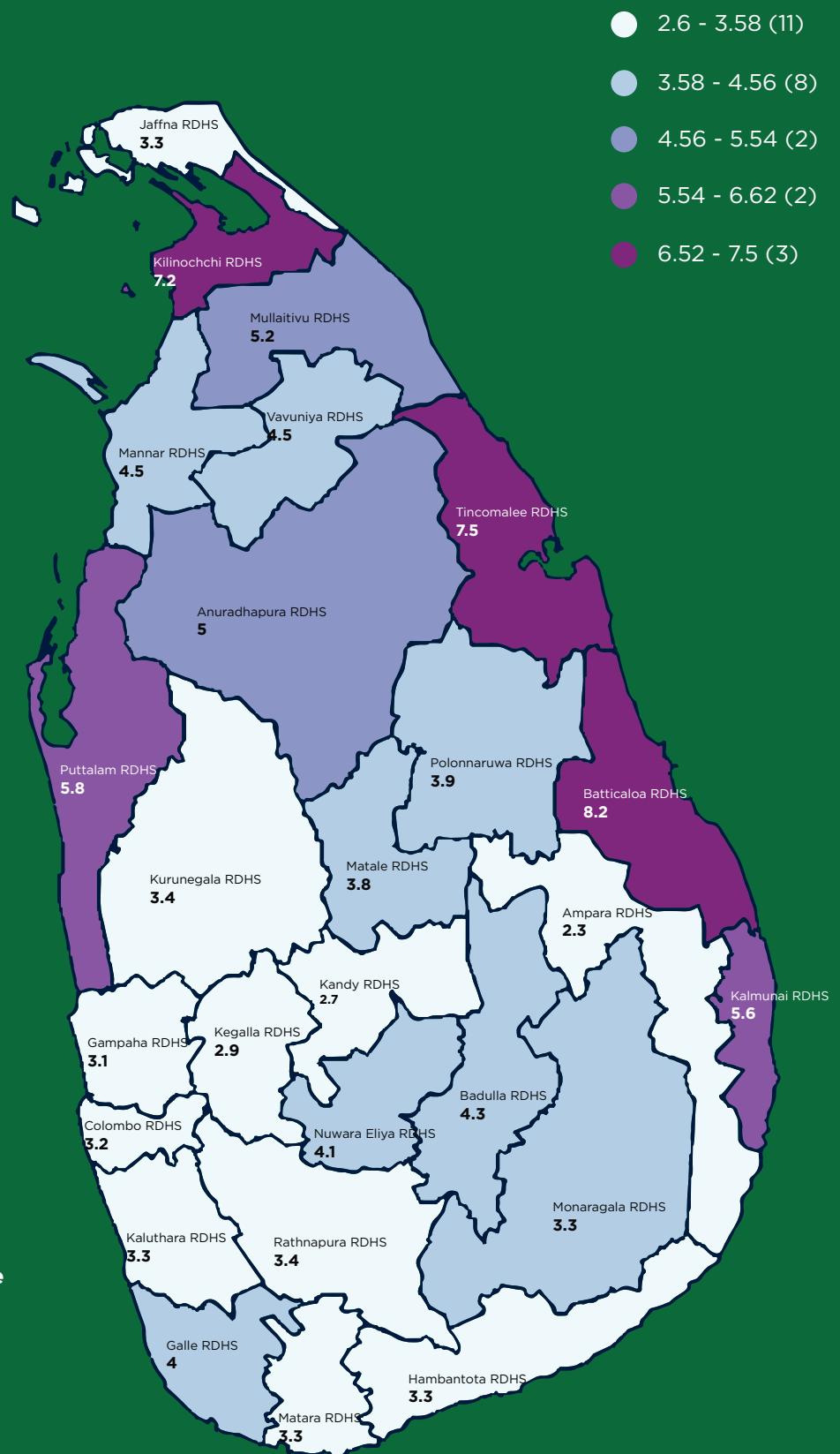
Investigations carried out in the field clinics are reducing gradually which need to be considered by the district health authorities.

Table 2.8: Number and rate of antenatal morbidities reported in 2021

Source: FHB, eRH MIS 2021

	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
	2017		2018		2019		2020		2021	
Chronic High blood pressure	1,043	35	1,038	29	1043	31	1150	35	1206	40
Chronic Diabetes	2,691	89	3,358	92	3826	112	4220	128	4476	148
Heart Diseases	1,581	53	1,679	46	1620	47	1495	46	1220	40
Gestational Diabetes	13,340	443	16,470	453	18247	534	20608	627	18823	623
Hypertension	10,140	337	10,093	278	9696	284	10302	314	9609	318
Anaemia	76,330	2,536	89,377	2,460	92,035	2,693	83,351	2,537	66608	2207

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 Kandy district(2.7)

Highest teenage pregnancy rate was reported from Trincomalee District (7.5)

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 2017-2021

Source: FHB, RHMIS 2021

Indicator	2017	2018	2019	2020	2021
% Pregnancy outcome reported out of registered pregnancies	86.4	90.5	88.0	85.4	82
% of deliveries reported out of total live births registered by Registrar General	92.3	93.5	92.3	95.0	93.1
% of deliveries reported out of total estimated pregnancies	83.9	85.0	83.7	86.4	87.8
% Institutional deliveries out of total reported deliveries	99.9	99.9	99.9	99.9	99.9
Number of home/non institutional deliveries	246	248	257	244	274
% of Home deliveries out of total reported deliveries	0.08	0.06	0.09	0.09	0.1
% of untrained deliveries out of total reported deliveries	0.06	0.04	0.06	0.05	0.06
% Caesarean sections out of total institutional deliveries reported	37.3	40.8	40.5	41.7	43.1
% Postpartum visits 1 - 5 days	63.0	66.6	66.0	66.6	62.1
% Postpartum mothers receiving at least 1 visit by PHM during 1 st 10 days out of estimated births	80.8	83.8	85.9	80.9	76
At least 1 visit during 1st 10 days out of reported deliveries	92.2	92.8	93.3	93.3	92.2
Postpartum visits by PHM at or around 42 days out of reported deliveries	77.5	79.2	83.0	81.3	80.4
Average number of home visits during first 10 postpartum days	1.7	1.8	1.7	1.7	1.7
% of PP visits by PHM around 42 days (out of estimated births)	77.5	76.5	73.5	70.0	66.3

Caesarean section rate has increased from 37.3% in 2017 to 43.1% in 2021

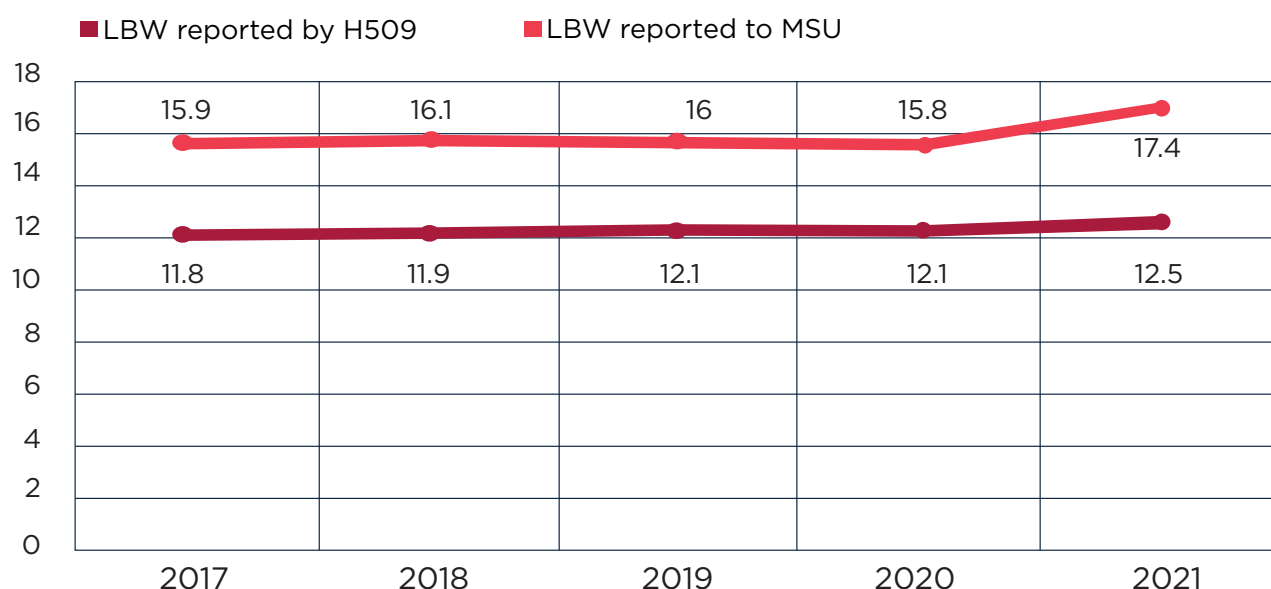


Figure 2.11: Low birth weight percentages among newborns from 2017-2021

Source: FHB, eRH MIS 2021

Low birth weight reporting from the field is lower than that of government healthcare institutions.

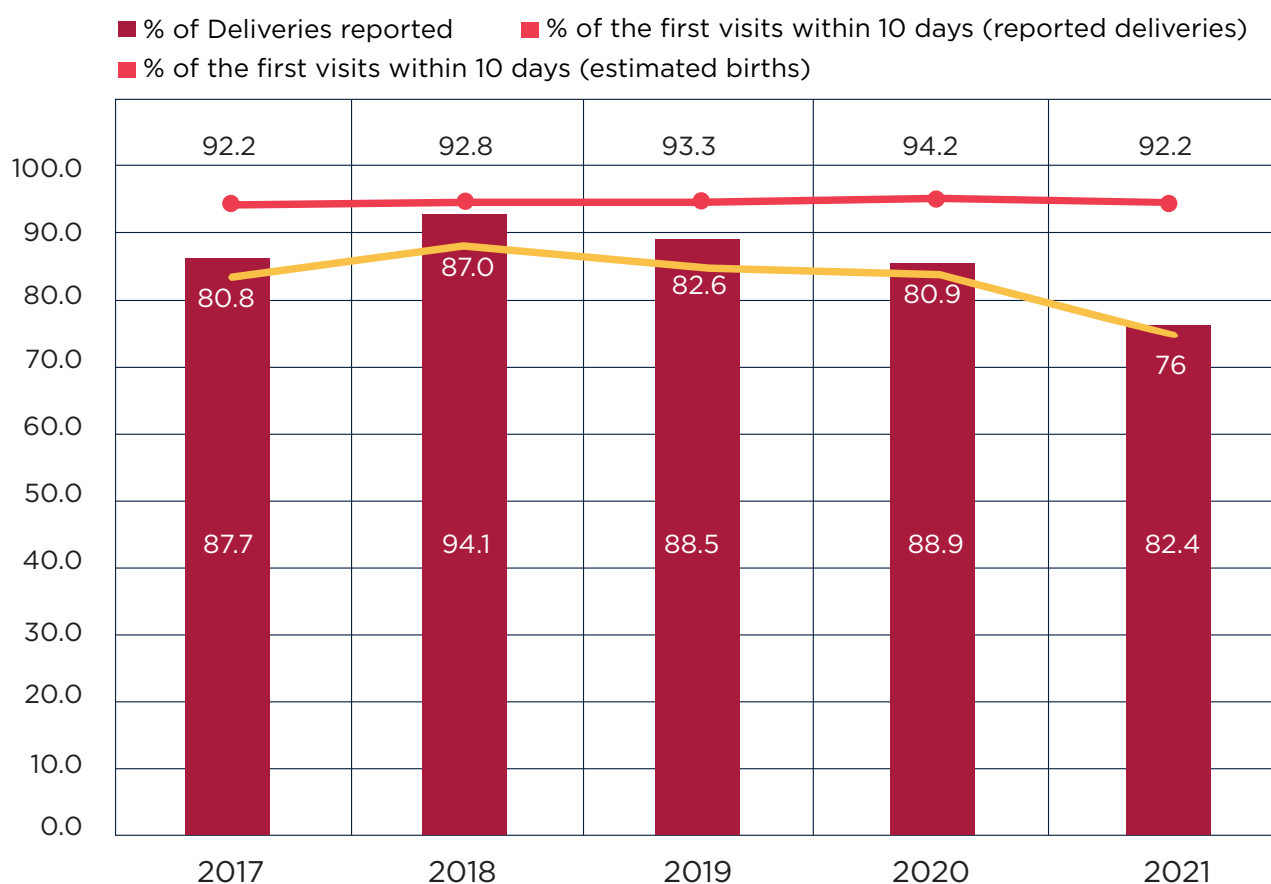


Figure 2.12: Percentage of estimated births, who were receiving the first post-natal visit within the first 10 days of delivery in 2017-2021

Source: FHB, eRH MIS 2021

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

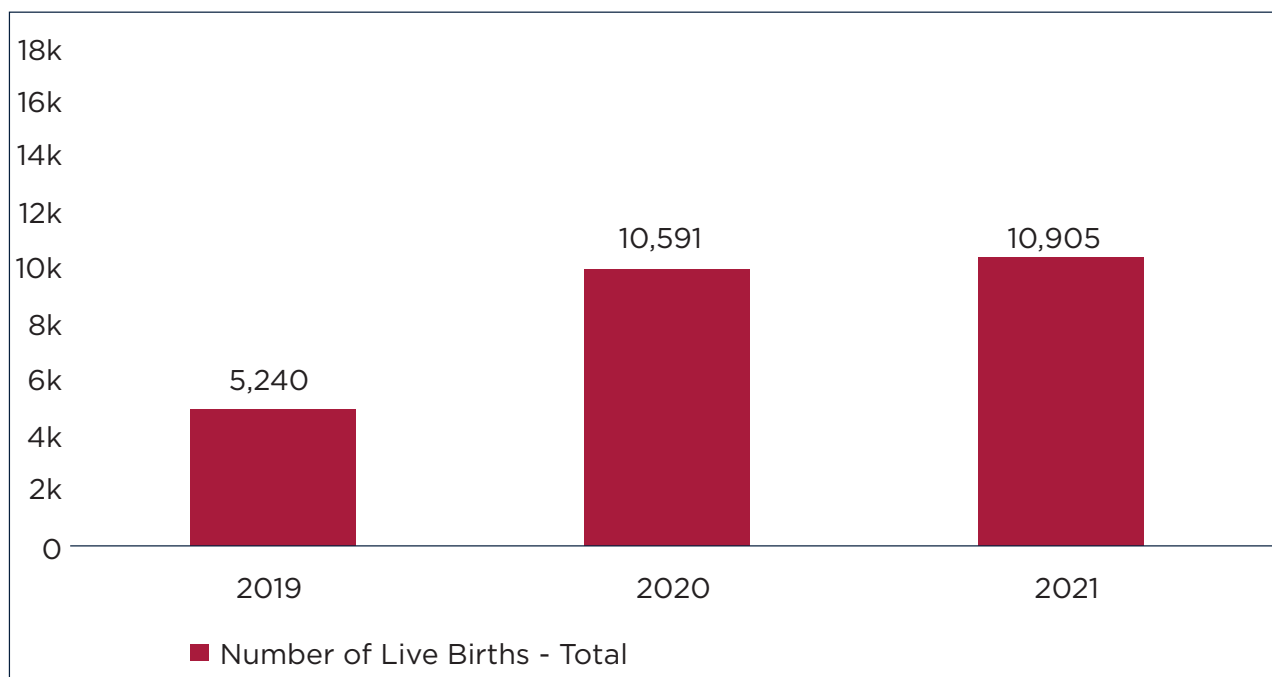
Table 2.10: Number of mothers reported with postpartum morbidities in 2021

Source: FHB, eRHMS 2021

	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	
	2017		2018		2019		2020		2021	
Heart Failure	72	2	61	2	90	3	72	3	62	2
Deep Vein Thrombosis	105	3	87	3	83	3	98	3	71	3
Postpartum Depression	318	11	325	11	403	14	418	15	338	13
Foreign Material in vagina	222	7	197	7	151	5	156	5	118	5
Reproductive Tract Infections	43	1	301	11	270	9	14	0	166	6
Postpartum Psychiatric Illness	637	21	685	21	803	27	788	27	653	25
Diabetes Mellitus	650	22	877	22	847	29	988	34	809	31
Breast Abscess	465	15	394	15	344	12	327	11	223	8
Urinary Tract Infection	1115	37	1053	37	1050	36	981	34	806	30
Cracked Nipple	2260	75	2391	75	2529	86	2714	95	2091	79
Haemorrhage	2038	68	2040	68	1773	60	1717	60	1445	55
Hypertension	2341	78	2797	78	3007	102	3191	111	2717	102
Separated Epis	4237	141	4249	141	4174	142	3578	125	2784	105
Engorged Breast	4766	158	5236	158	5301	180	5456	190	4210	159
Infected LSCS scar	5965	198	6409	209	6593	224	6241	218	5113	193

Further improvement in postpartum morbidity reporting needs to be emphasized to all field staff

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



A total of 10,905 Live births were reported from private healthcare institutions in Western Province in 2021

Figure 2.13: Number of live births by the years in Private sector

Source: FHB, eRH MIS2 2021

Percentages of HIV and VDRL tests done

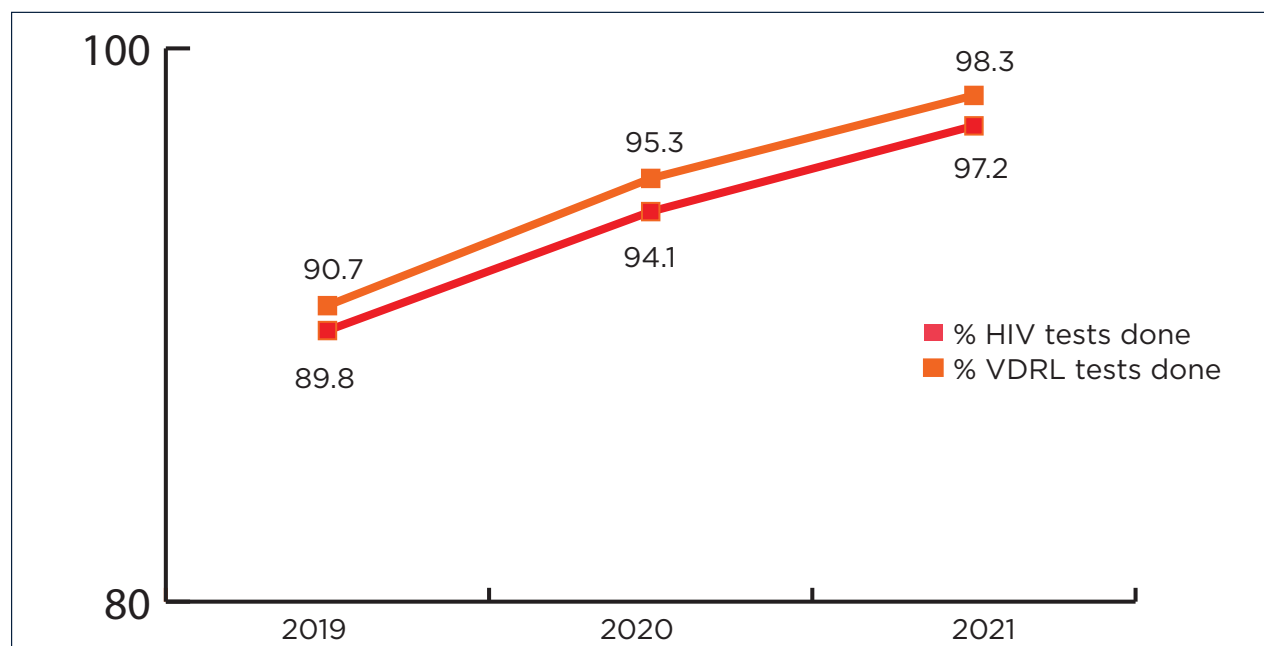


Figure 2.14: Percentages of HIV and VDRL tests done in private sector 2019- 2021

Source: FHB, eRH MIS2 2021

HIV and VDRL screening coverages reported from private healthcare institutions in Colombo district were 98.3% and 97.2% respectively in 2021

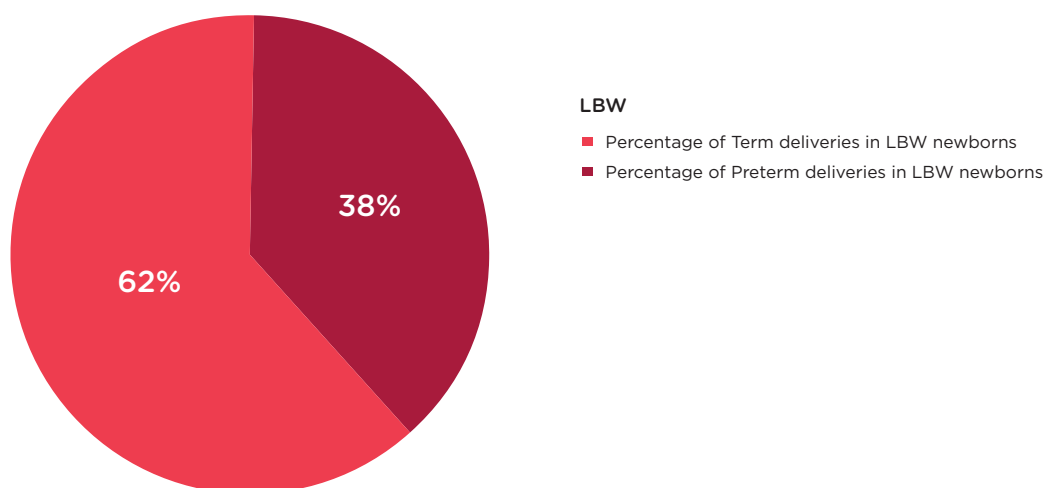


Figure 2.15: Low Birth Weight

Source: FHB, eRH MIS2 2021

Low birth weight percentage of 13.3 reported from all private hospitals in Colombo, out of which 38% were due to preterm deliveries.

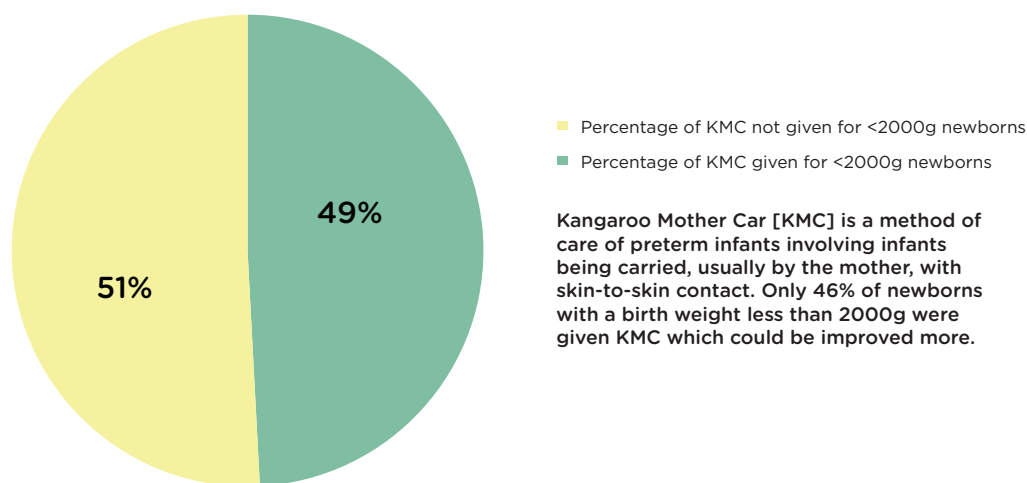


Figure 2.16: Kangaroo Mother Care

Source: FHB, eRH MIS2 2021

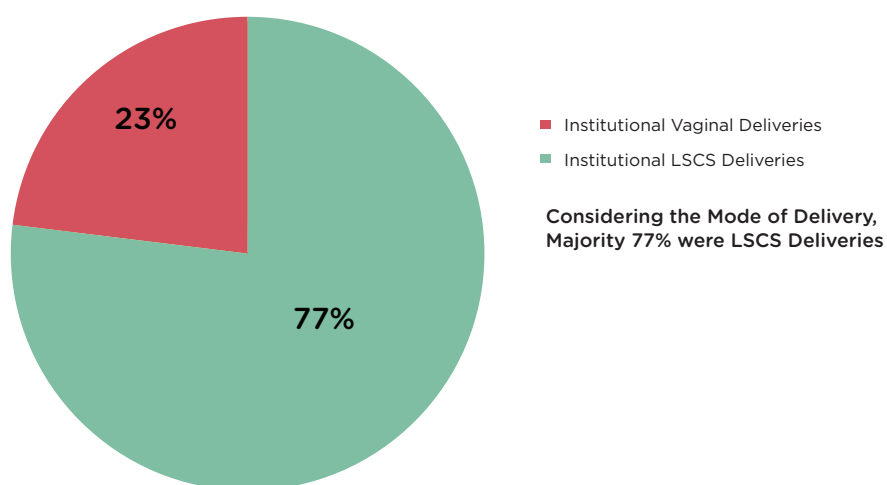


Figure 2.17: Delivery Mode

Source: FHB, eRH MIS2 2021

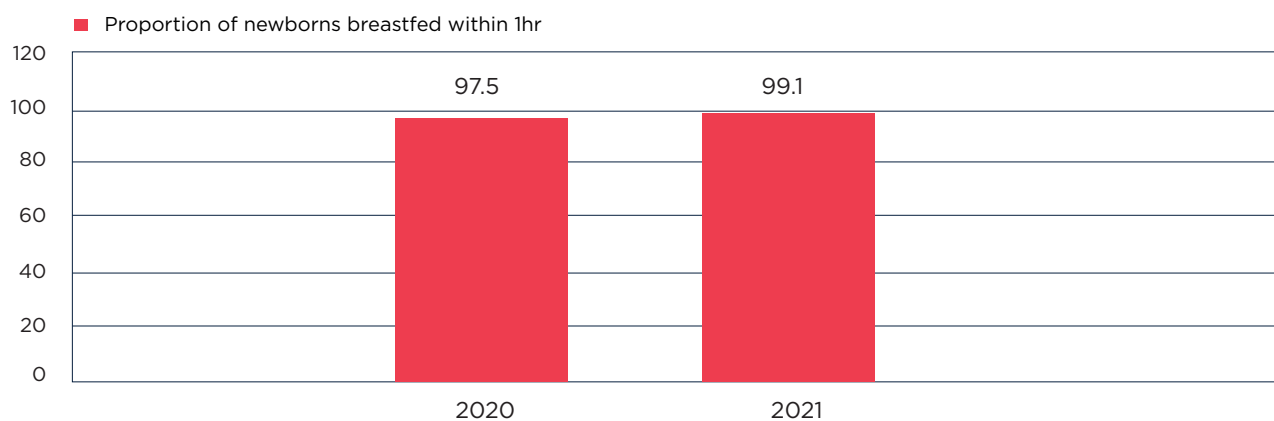


Figure 2.18: Breast Feeding within 1hr

Source: FHB, eRH MIS2 2021

It was encouraging to observe that the initiation of breast feeding within first hour in private healthcare institutions were 99.1 % in 2021.

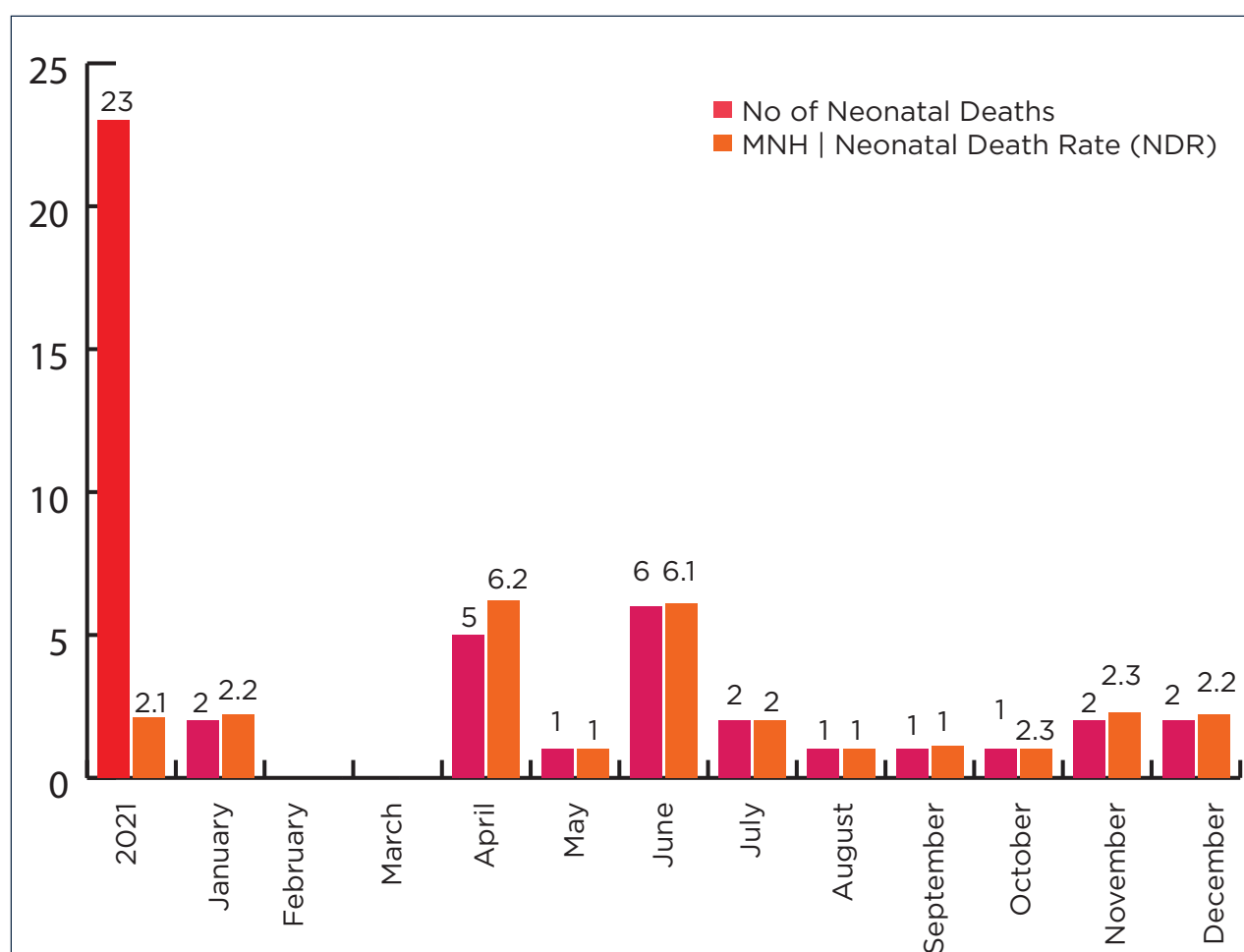


Figure 2.19: Number of Neonatal deaths by Months in selected Private sector hospitals in Western Province

Source: FHB, eRH MIS2 2021

A total of 23 neonatal deaths were reported giving rise to a rate of 2.1 per 1000 live births in private healthcare institutions in Colombo district.

INFANT AND CHILD HEALTH

Table 2.11: Number of live births reported by Registrar General Department 2017-2021

	2017	2018	2019	2020	2021
No. of births (RG)	326,052	328,112	319,010	301,706	284,848

Table 2.12 Infant and childcare provided by the field staff from 2017 - 2021

Source: FHB, eRHIS 2021

	2017	2018	2019	2020	2021
Infants registered by PHMM out of estimated births	94.1	95.6	93.8	90.8	85.9
% Infants under care	94.3	96.1	93.3	90.6	81.6
% Infants having at least 1 home visit after 42 days out of registered infants	50.3	50.7	51.4	49.1	45.6
Average number of home visits per infant	6.9	7	7.6	7.5	7.6
% of infants weighed	87.5	88.1	90.2	67.8	68.3
% of infants making at least one clinic visit (out of registered infants)	94.9	93.6	92.9	89.7	82.1
Average number of clinic attendance for an infant	4.7	4.9	5.1	5.3	5.5
% of estimated infants given Vitamin A at 6 months	78.7	84.5	78.9	78.6	81.5
% of young children under care (1-2 years)	102.7	97.1	97.6	98.1	90.6
% of young children (1-2 years) weighed	78.7	81.9	83.6	60.9	56.4
% of estimated children given Vitamin A at 18 months	86.1	86.1	78.6	85	83.4
% of Preschoolers under care (2 -5year)	94.8	95.4	93.6	92.8	98.1
% of 2 - 5 year old children weighed	80.3	80.2	81.7	62.3	55.9
% of estimated children given Vitamin A at 3 years	91.2	92.9	83.1	87.1	91.9

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 in infants, young children and preschoolers from 2017 to 2021

Source: FHB, eRHMS 2020

Indicator	2017	2018	2019	2020	2021
% Moderately Underweight infants	5.1	5.2	5.3	5.0	4.9
% Severely Underweight infants	1.1	1.1	1.1	1.1	1
% Moderately Underweight young children (>1-2 years)	10.8	10.6	10.6	10.2	9.9
% Severely Underweight young children (>1-2 years)	1.9	1.8	1.8	1.7	1.6
% Moderately Underweight preschoolers (>2 to 5th year)	17.5	16.9	16.9	16.4	16.1
% Severely Underweight preschoolers (>2 - 5th year)	3.1	2.9	2.8	2.6	2.6

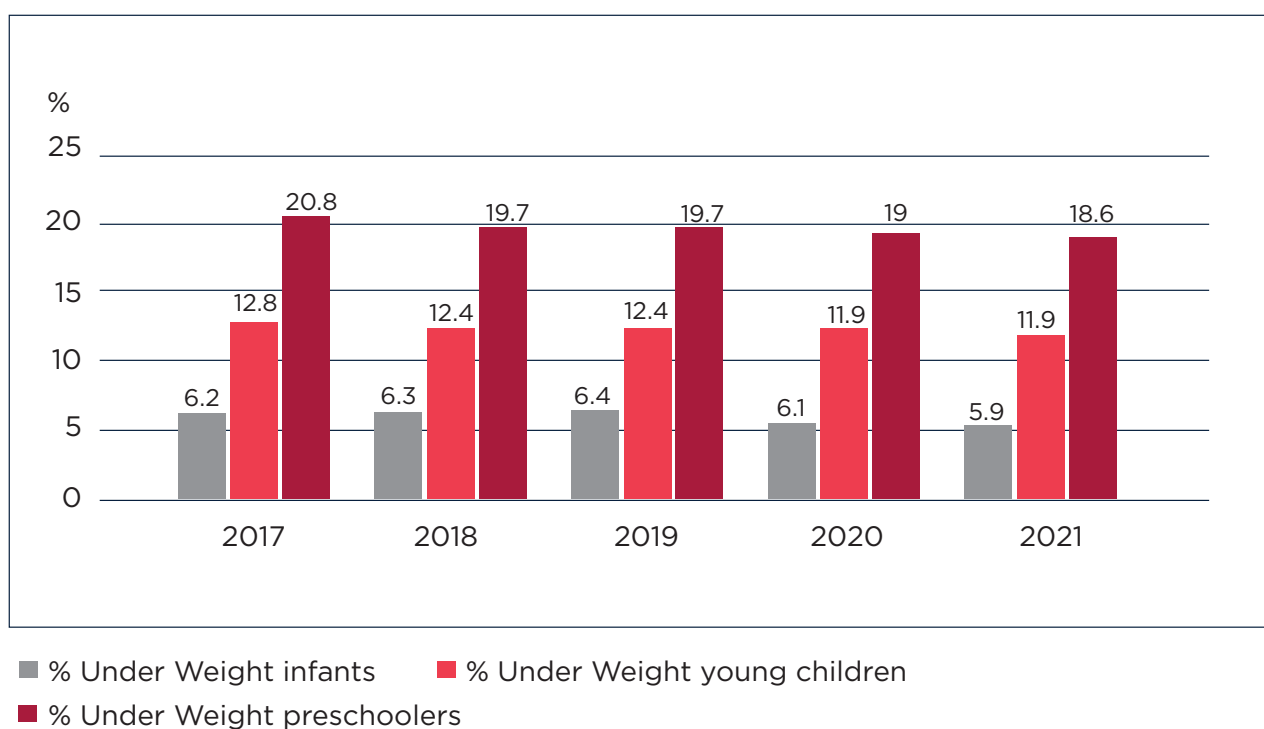


Figure 2.22: Trends in infant, young child and preschool underweight (moderate and severe) from 2017 -2021

Source: FHB, eRHMS 2021

NUTRITION MONTH DATA

Nutrition month data reporting rates from all districts were as follows; Except Ratnapura, all other districts have reporting rates of 100% or nearly 100% data. Data from Ratnapura district were not reported due to a trade union action.

National Nutrition Month - Child Nutrition Reporting rate

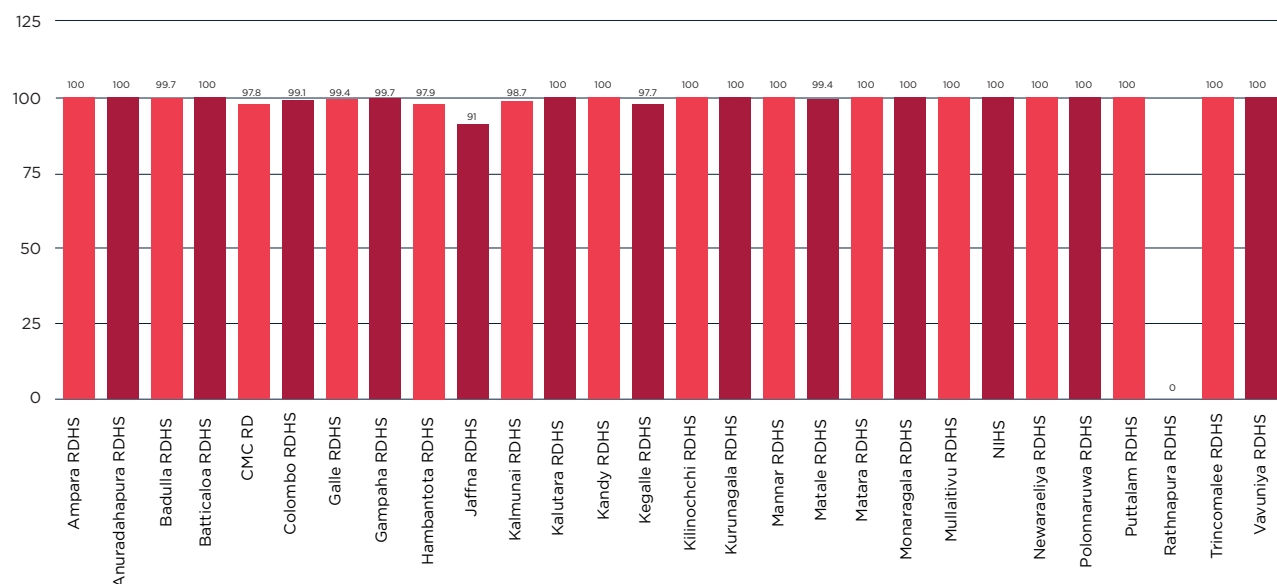


Figure 2.23: Nutrition Month Reporting Rates - 2021

Source: FHB, NM 2021

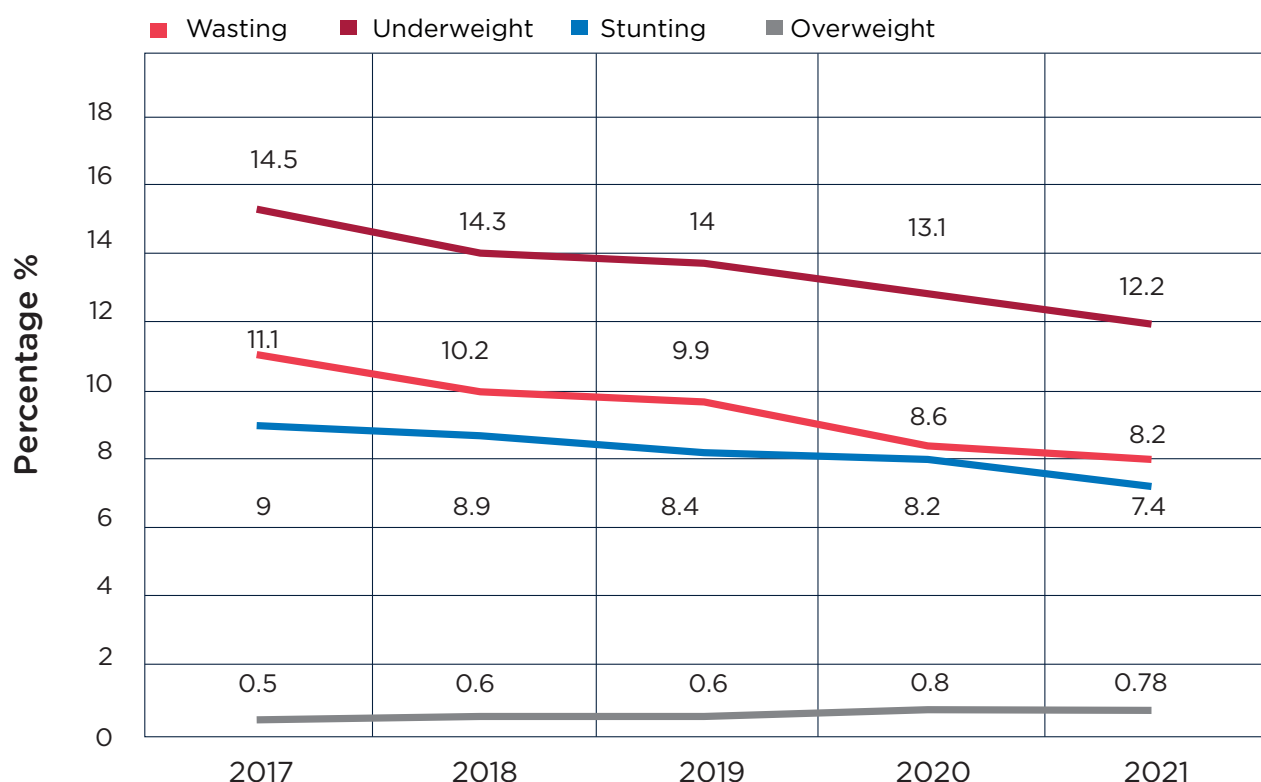


Figure 2.24: Under nutrition among under five children from 2017 to 2021

Source: FHB, NM 2021

According to the National Nutrition Month data, underweight, wasting and stunting have improved compared to the previous years. Over weight has increased 0.2 % from 2019 to 2021.

INFANT & UNDER 5 YEARS MORTALITY

An overall still birth rate of 6.6 per 1000 births were reported in 2021 through eRHMS.

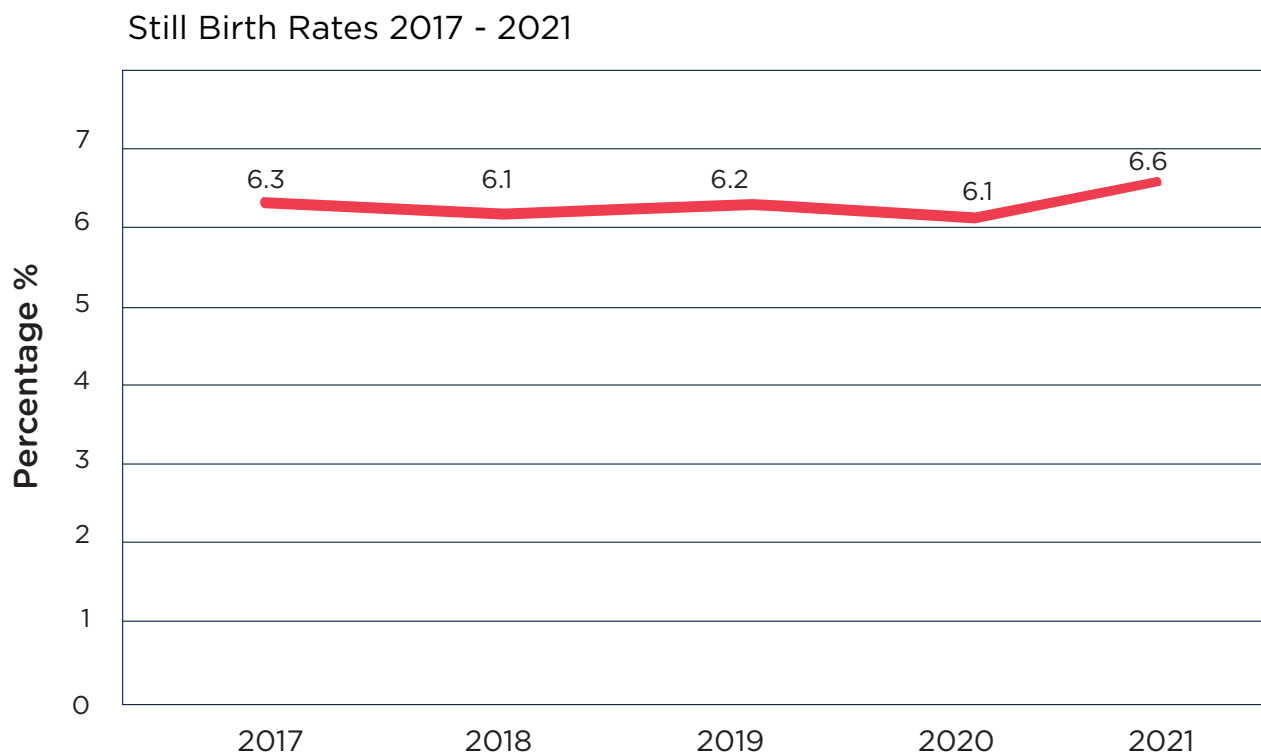


Figure 2.25: Still Birth Rate from 2017 to 2021

Source: FHB, eRHMS 2021

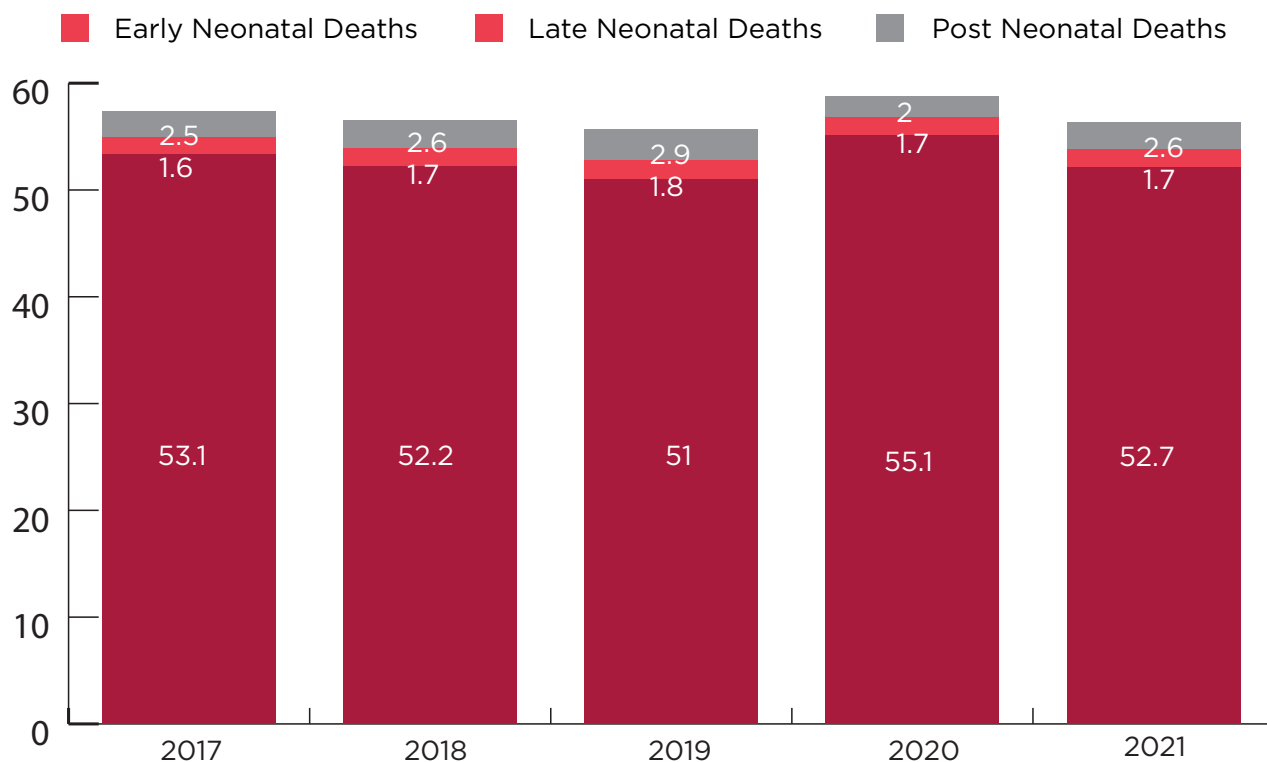


Figure 2.26: Neonatal Deaths from 2017 to 2021

Source: FHB, eRHMS 2021

Infant Mortality Rates 2017 - 2021

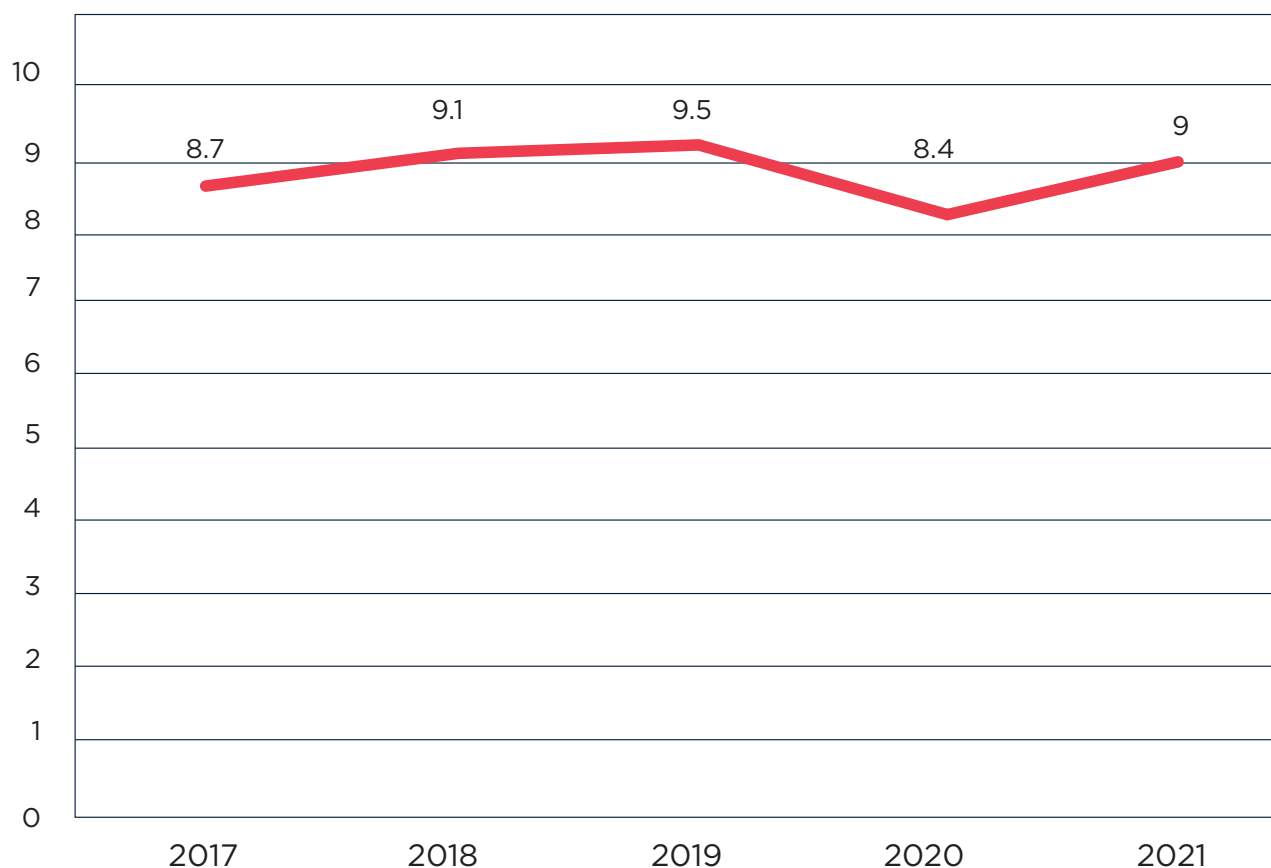


Figure 2.27: Infant Mortality Rates from 2017 to 2021

Source: FHB, eRH MIS 2021

Based on eRH MIS data IMR of 9 was reported in 2021.

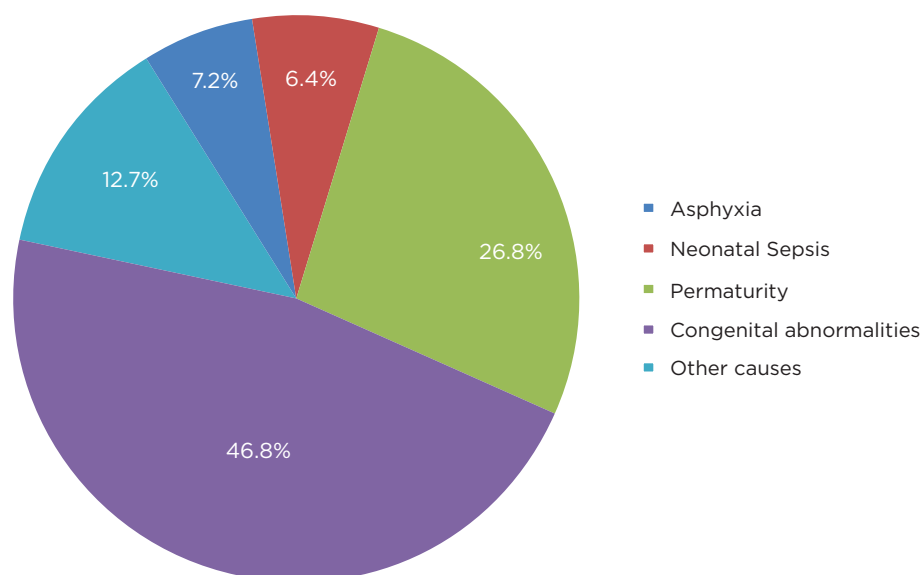


Figure 2.28: Causes of Infant deaths

Source: FHB, eRH MIS 2021

Majority of infant deaths were due to congenital abnormalities followed by prematurity.

Under 5 year mortality rate of 10.5 was reported in 2021.

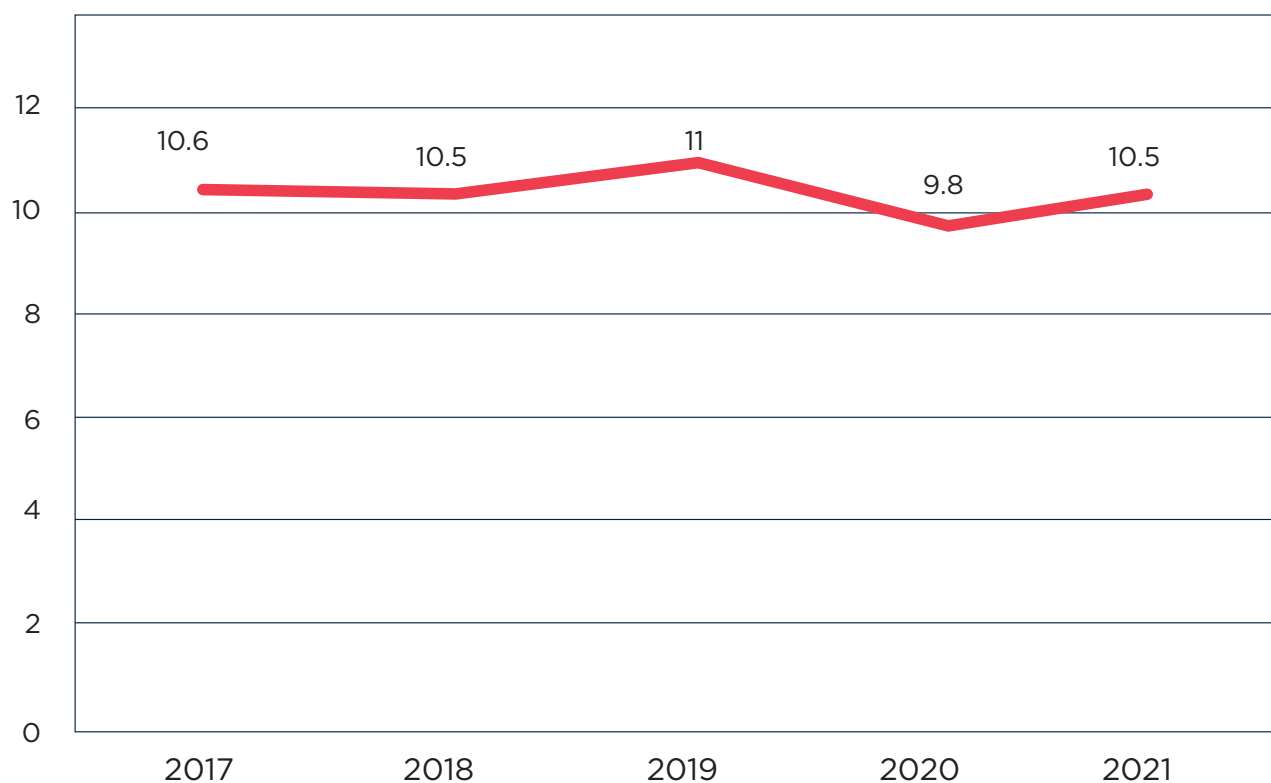


Figure 2.29: Children under 5 years Mortality Rates from 2017 to 2021

Source: FHB, eRHMS 2021

Based on eRHMS data IMR of 9 was reported in 2021.

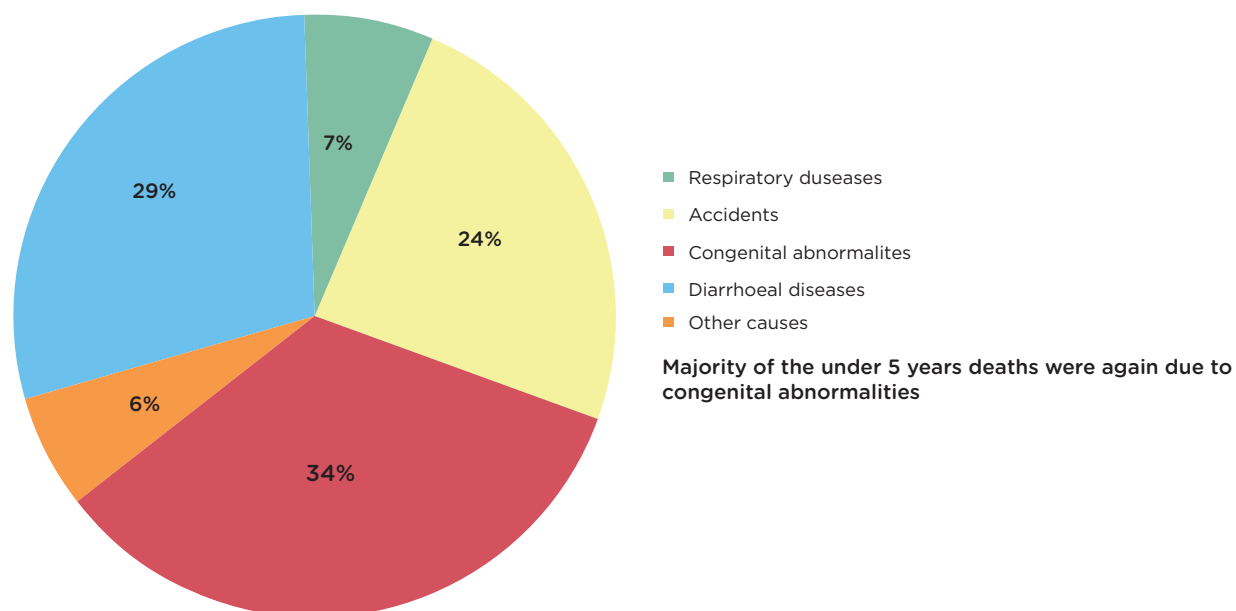


Figure 2.30: Cause of death for under 5 years mortality

Source: FHB, eRHMS 2021

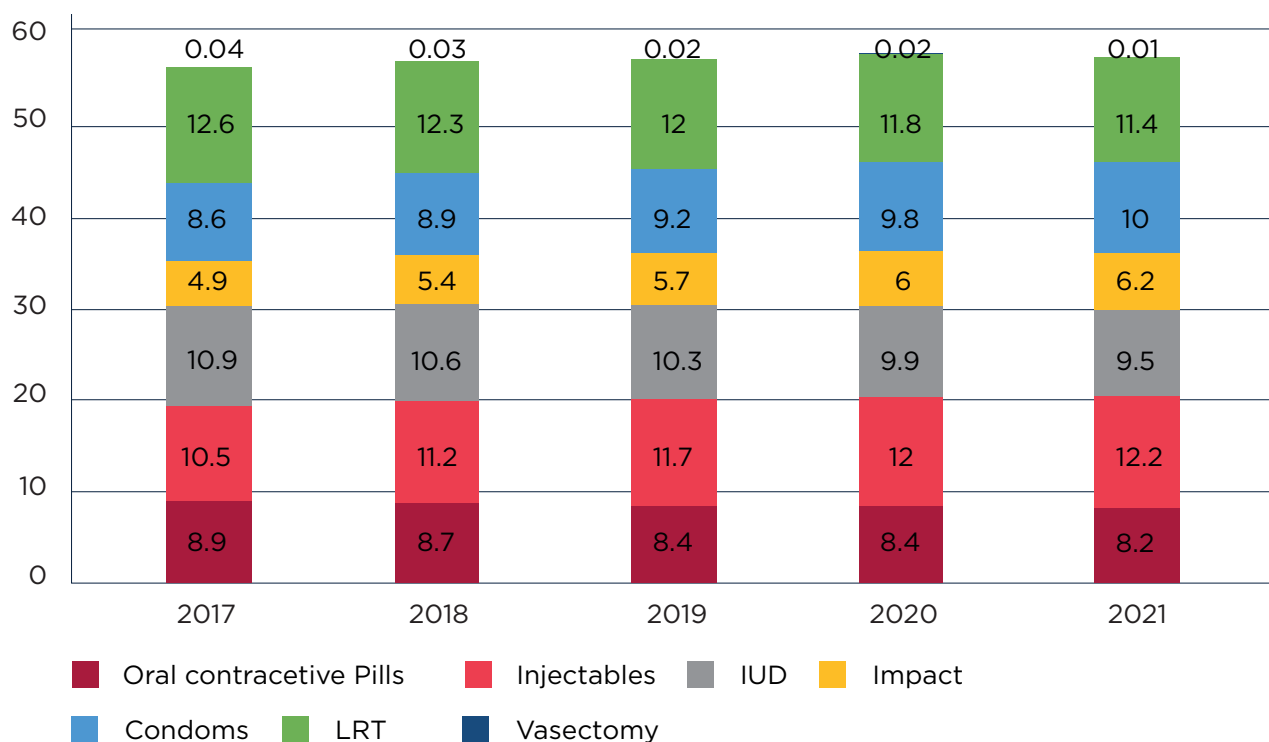
Majority (34%) were due to congenital abnormalities.

FAMILY PLANNING

Table 2.15: Percentage of eligible families using all family planning methods 2017 – 2021

Source: FHB, eRHMS 2021

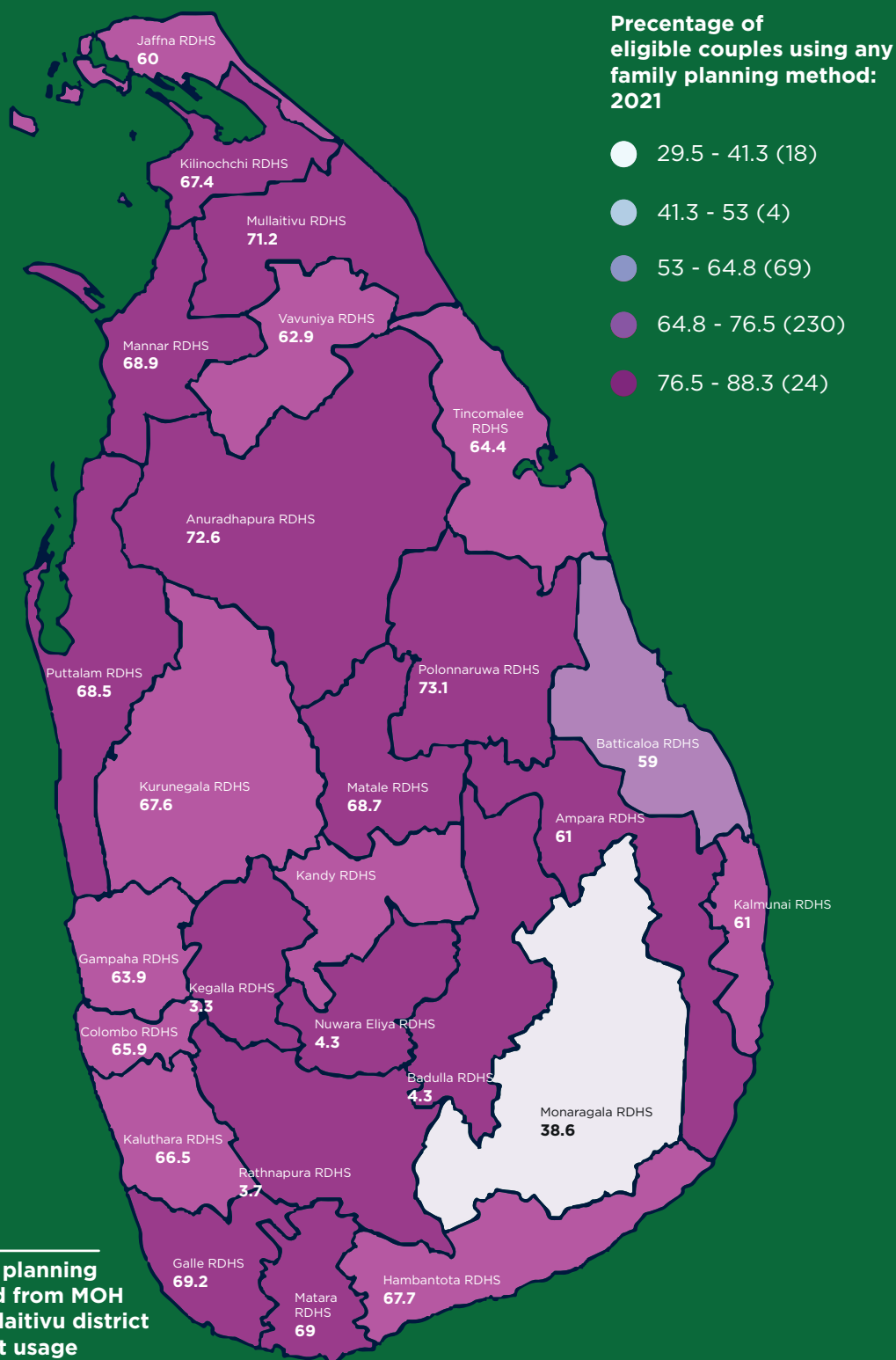
	2017	2018	2019	2020	2021
Modern methods	57.9	58.4	57.9	57.1	57.4
Natural/Traditional	9.4	9.2	9.0	9.0	8.9
All	67.3	67.7	66.9	66.1	66.3



According to the type preference, highest (12%) was injectables.

Figure 2.31: Current users of modern family planning methods, from 2017 - 2021

Source: FHB, eRHMS 2021



Highest family planning usage reported from MOH Welioya in Mullaitivu district in 2021. Lowest usage reported from MOH Vellaveli in Batticaloa district. Rathnapura district data is not available due to trade union action.

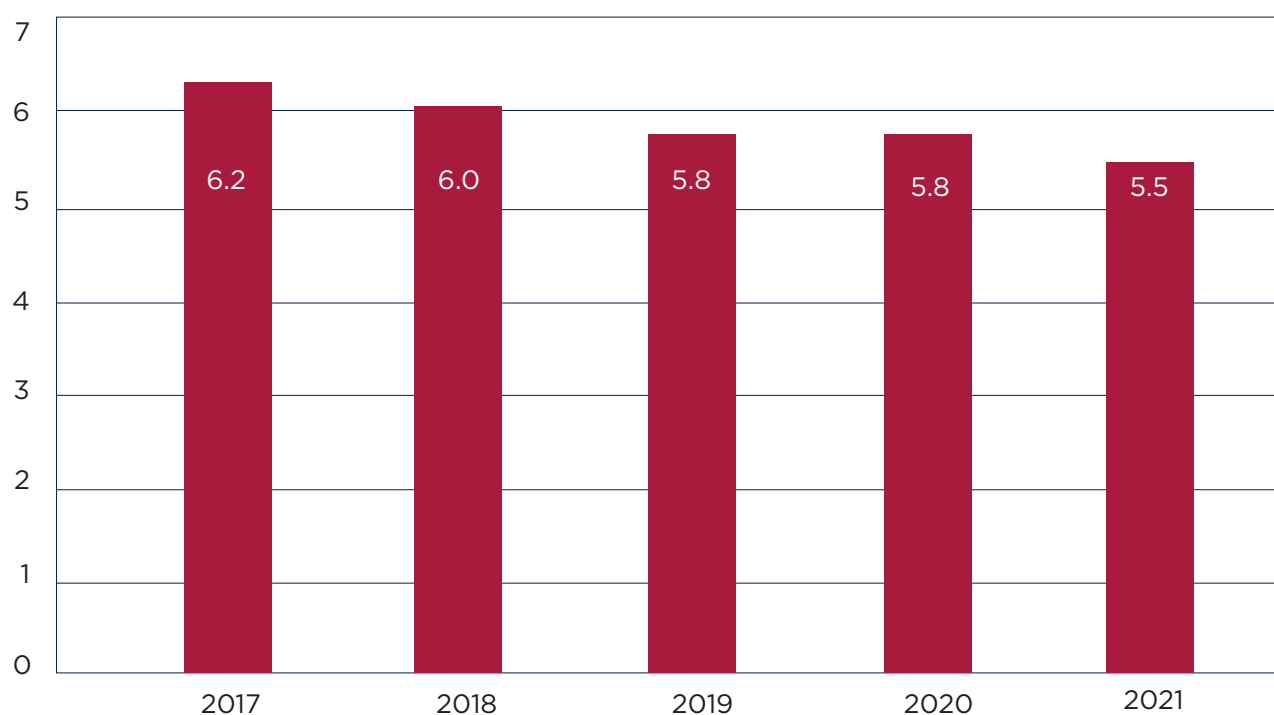
Figure 2.32: Shows the district variation in CPR (All methods) in 2021

Source: FHB, eRHMS 2021

Table 2.16: Contraceptive methods new acceptors by method from 2017 - 2021

Source: FHB, eRH MIS 2021

	2017	2018	2019	2020	2021
New Acceptors (No.)	168,120	171,397	152,532	128,799	225,822
IUD	32,986	29,382	24,214	17,320	28,622
Oral Pills	26,080	26,188	22,949	22,902	44,480
Sterilizations	16,106	15,783	13,883	11,212	30,116
Injectable	49,262	53,208	53,131	40,295	79,700
Implants	43,686	46,836	38,355	37,070	42,904

**Figure 2.33:** Percentage of eligible couples having unmet need for family planning 2017-2021

Source: FHB, eRH MIS 2020

Unmet need seems to be reducing over the years and it was 5.5 in 2021, However, traditional method usage of 3.3 % need to be considered in interpreting the unmet need.

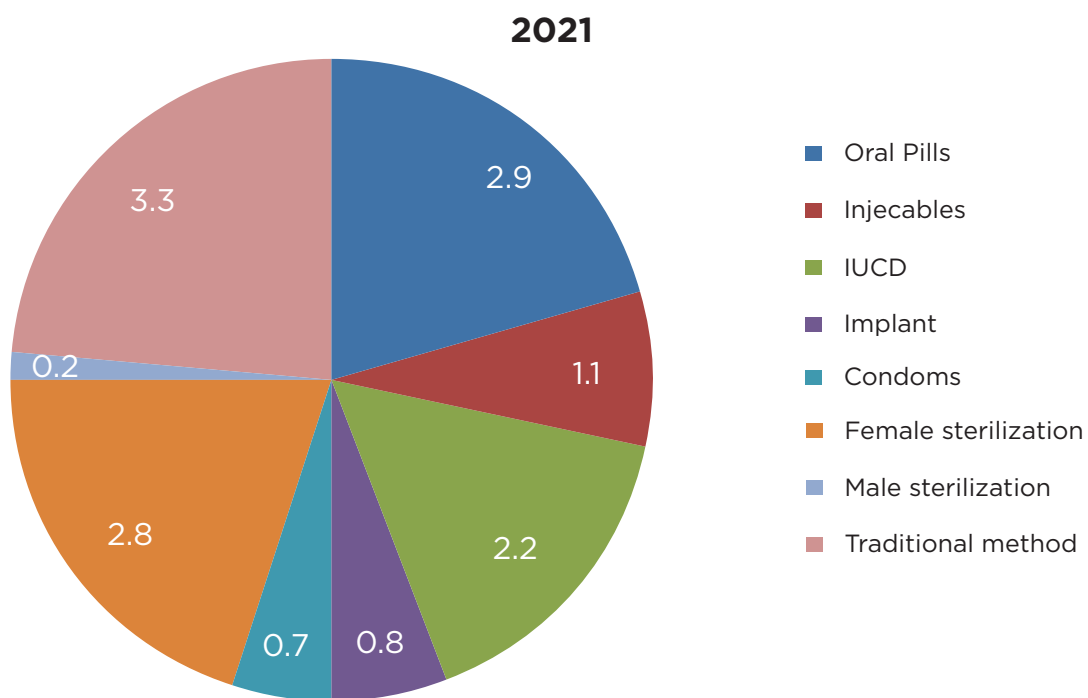


Figure 2.33: Contraceptive failure rate in 2021

Source: FHB, eRHMS 2021

SCHOOL, ADOLESCENTS AND YOUTH HEALTH

School Health

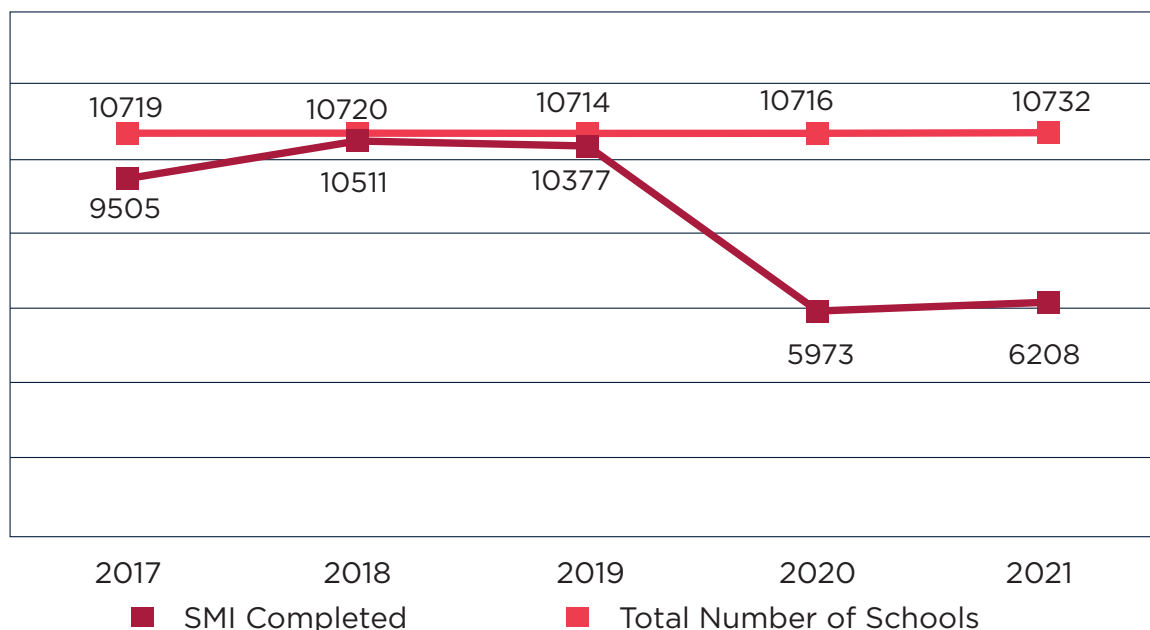


Figure 2.36: Total number of schools versus number of schools where SMI were conducted 2017 - 2021

Source: FHB, eRHMS 2021

* 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 severely affected.

GENDER AND WOMEN'S HEALTH

Table 2.17: Number of first visits to WWCs from 2017 to 2021 (by age group)

Source: FHB, eRHMS 2021

Data element	2017	2018	2019	2020	2021
35 Years (first visit)	114,314	132,691	129,321	102,389	76,890
45 Years (first visit)		28,655	44,634	36,841	31,640
Other ages (first visit)	46,936	50,469	45,518	22,592	11,016
Total	161,250	211,815	219,473	161,822	119,546

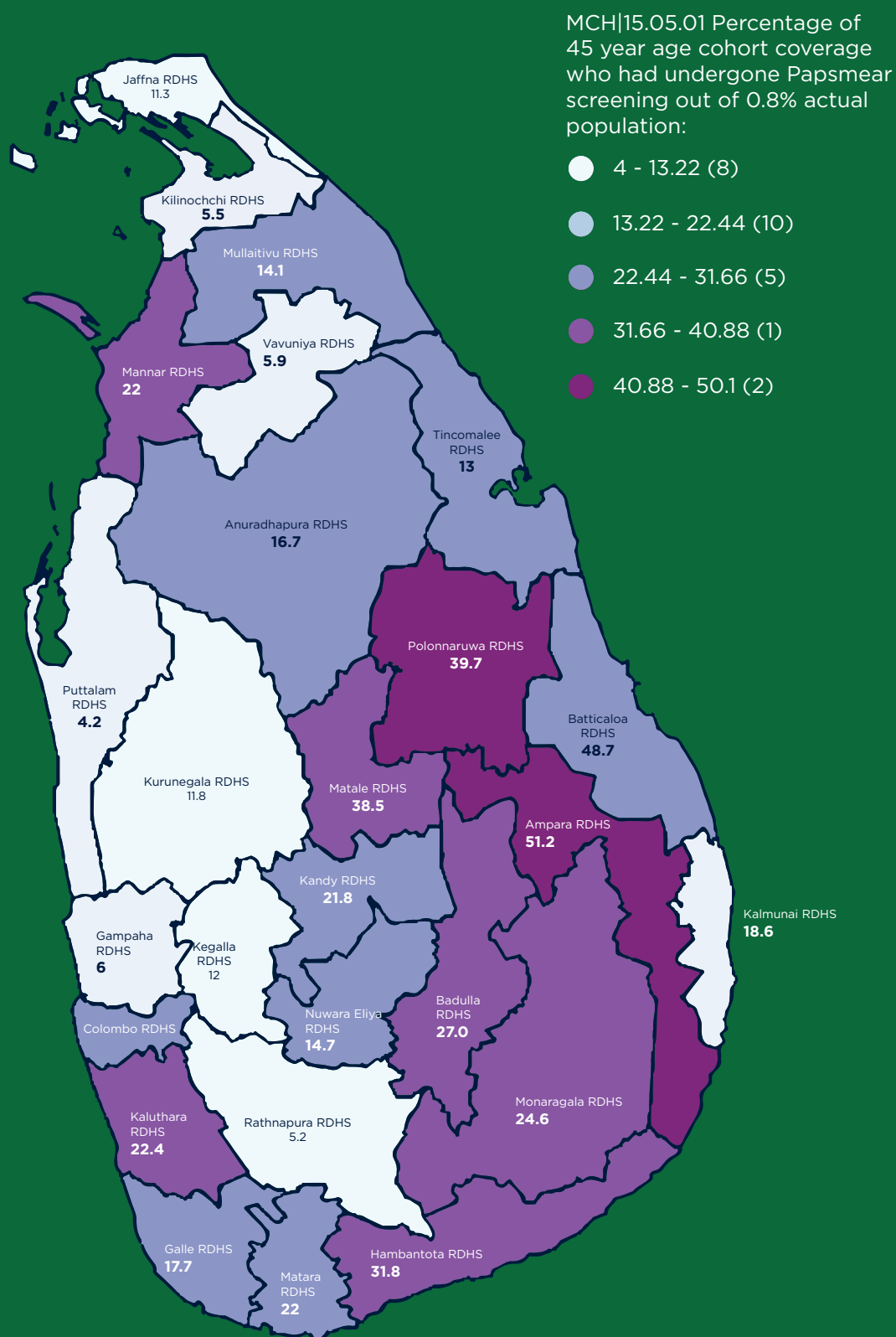
Table 2.18: Well Woman Clinic attendance by women aged 35 years and 45 years (2017-2021)

Source: FHB, eRHMS 2020

Indicator	2017	2018	2019	2020	2021
Percentage of women aged 35 years who attended the WWC	53.3	61.6	59.1	58.1	43.6
Percentage of women aged 45 years who attended the WWC	-	16.6	25.5	20.9	17.9

Attendance for Well woman clinics in both cohorts have been reduced in 2021 due to COVID-19 pandemic situation.

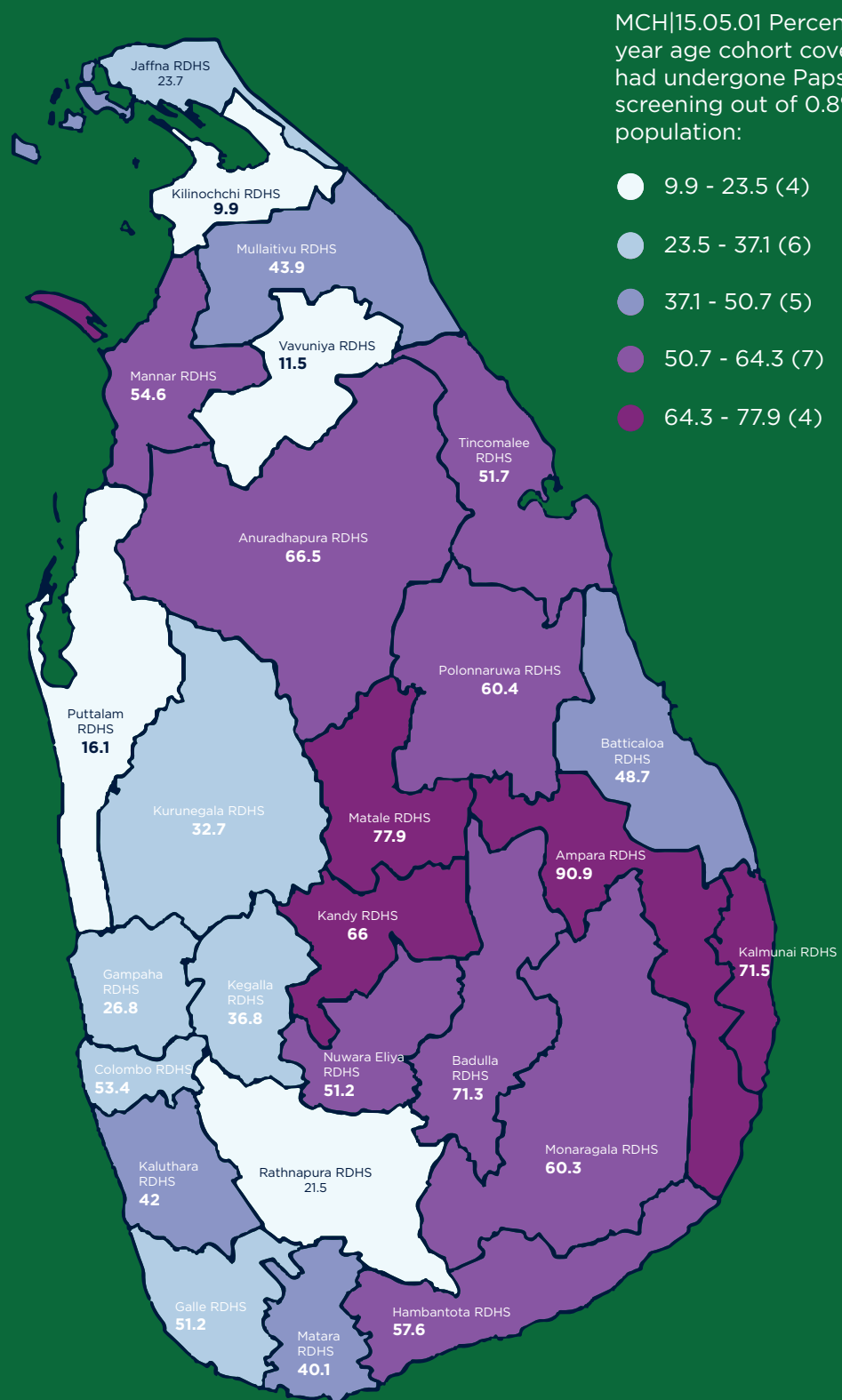




Highest 45-year pap smear coverage was reported from Ampara District (51.3) in 2021

Figure 2.36: Map of the coverage of the 45 years cohort by districts (2021)

Source: FHB, eRHMS 2021



Highest 45-year pap smear coverage was reported from Ampara District (90.9) in 2021

Figure 2.35: Map of the coverage of the 45 years cohort by districts (2021)

Source: FHB, eRHMIS 2021

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

Source: FHB, eRHMS 2020

Activity	2017	2018	2019	2020	2021
Number of 35-year women attending WWC clinics	114,314	132,691	129321	102,389	76,890
Number of 45-year women attending WWC clinics		28,655	44,634	36,841	31,640
Cervical smears reported as high- and low-grade lesions	513	520	704	347	31,640
Cervical smears reported as malignant (Carcinoma)	8	5	34	3	9
Breast abnormalities detected	3,807	3,706	3726	2780	1848
Diabetes Mellitus detected	4,518	4,602	5955	4959	5255
Hypertension detected	7,778	7,736	7618	6259	4912

Screening percentage was reported low in 2021. Field health care staff had to make sure the quality of the smear and Reporting.

Oral Health Unit

The main objective of the oral health unit of the Family Health Bureau (FHB) is 'promoting the oral health of mothers and children (0-18years) and thereby promoting the oral health of the family through existing Maternal and Child Health (MCH) programme, thus achieving sustainable oral health improvements and quality of life of Sri Lankan population'. The Oral Health Unit is the focal point for monitoring and evaluating the National School Dental Health Programme. The Oral Health Unit of the Family Health Bureau developed and circulated the guidelines for service provision in School and Adolescent Dental Clinics during the COVID-19 outbreak and for the new normal phase of the pandemic in 2021. Additionally, Fluoride Varnish was purchased and distributed among all School Dental Clinics in the country. The virtual training programme on preventive therapies in dentistry was also carried out. Furthermore, ten autoclaves were purchased to strengthen the school dental services.

MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR) SYSTEM

MATERNAL DEATH SURVEILLANCE AND RESPONSE (MDSR) SYSTEM

Maternal Mortality Metrics

Maternal Deaths	=	134
Live Births	=	284,848*
MMR (Provisional)	=	47.04 (per 100,000 live births)
When deaths caused as a result of COVID-19 complications are excluded,		
Maternal deaths	=	74
MMR	=	25.29 (per 100,000 live births)

Figure 1: Calculation of MMR 2021

RGD data

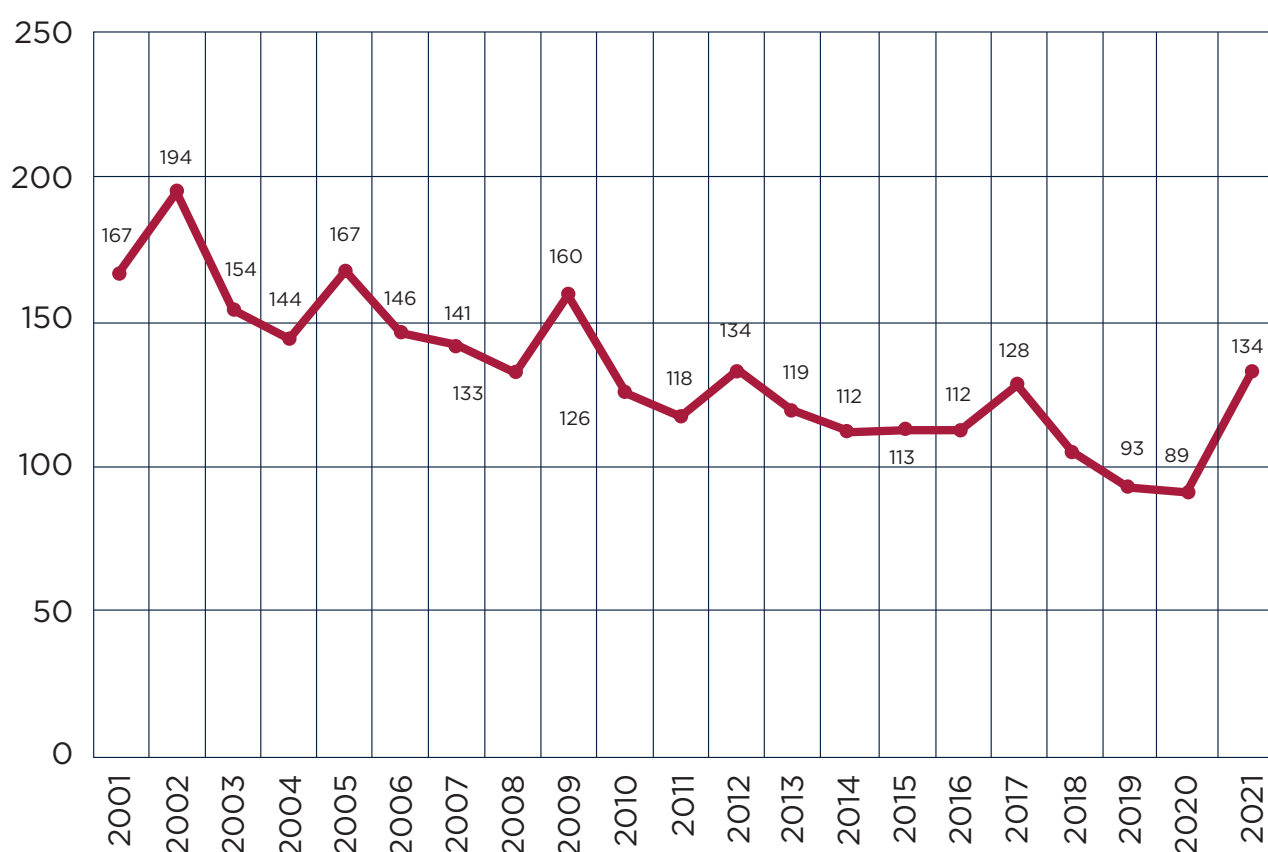


Figure 2.39: Number of maternal deaths (2001 - 2021)

Source: MCMMS Unit - FHB

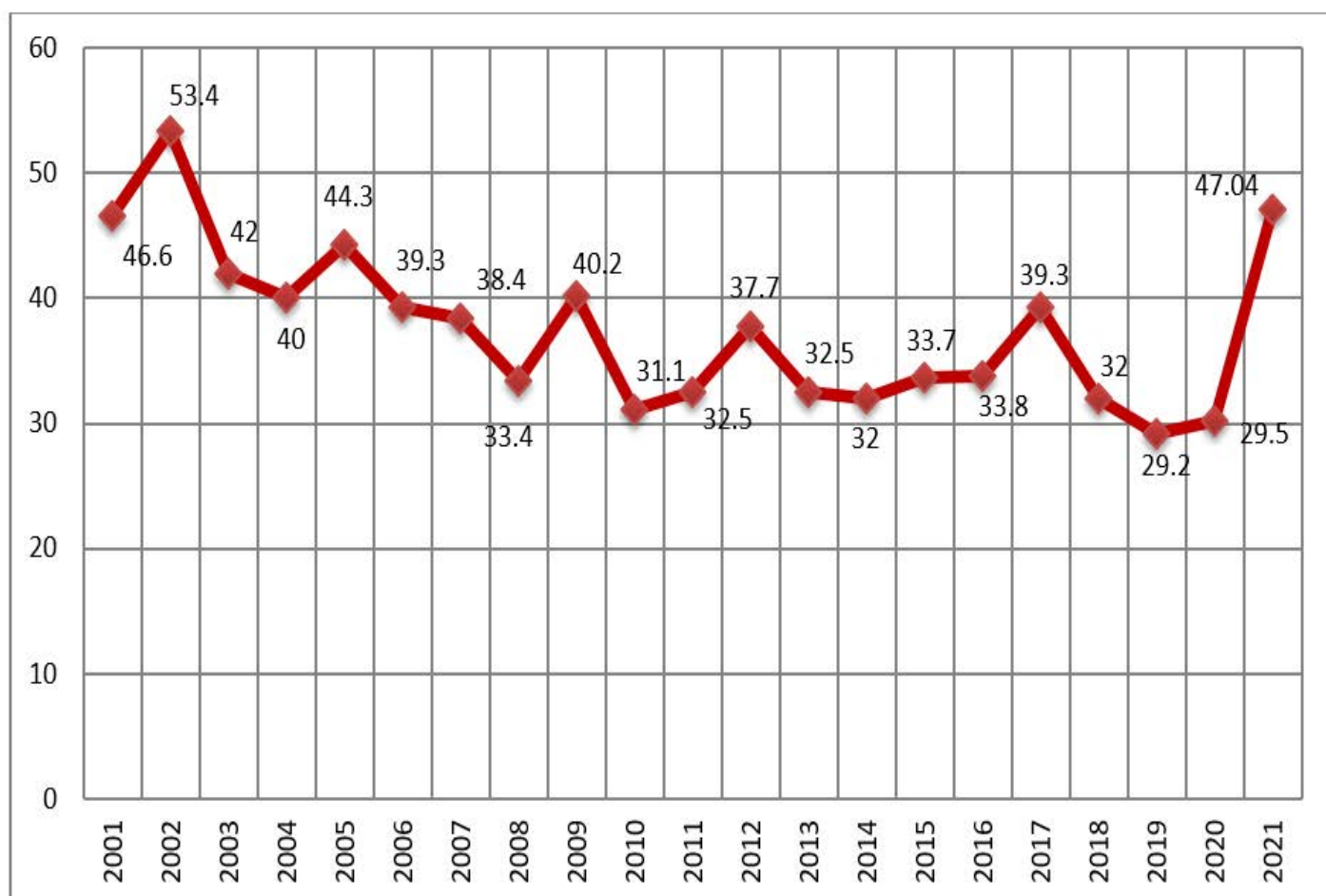


Figure 2.40: Maternal Mortality Ratio from 2001- 2021

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

Figure 2.40 shows the trend of MMR from 2001 to 2021. There has been a gradual reduction in the country's MMR over the years, however in 2021 with the peak of the COVID-19 pandemic, the MMR has drastically increased.

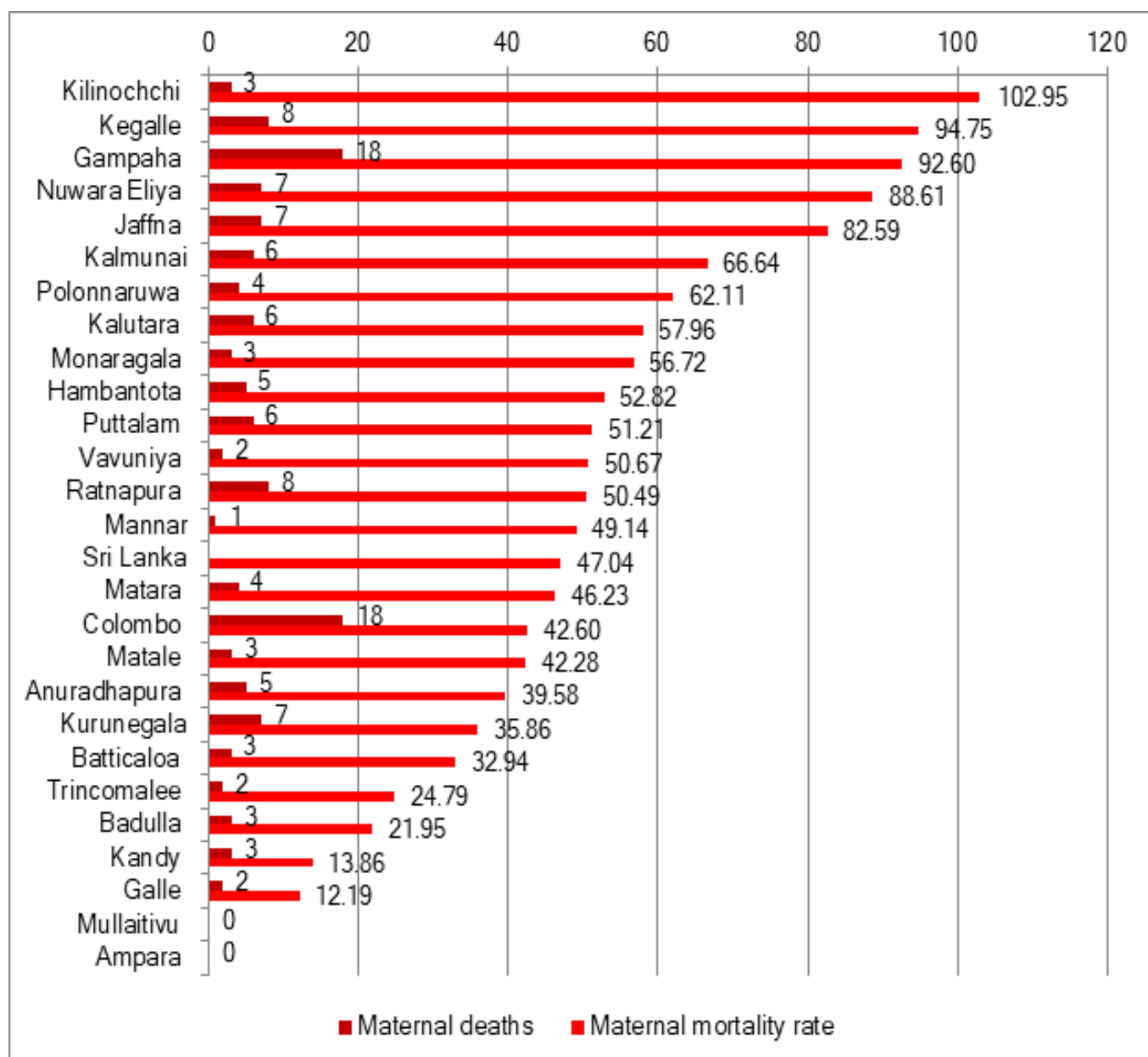


Figure 2.41: Maternal Deaths and MMR by District - 2021

Source: MCMMS Unit - FHB

Figure 2.41 shows the number of deaths and MMR of each district calculated based on the number of live births reported by Registrar General's department for each district. When considered the district variability of MMR, the highest MMR was reported from Kilinochchi as 103 per 100,00 live births (n=3). Other leading districts were Kegalle, Gampaha, Nuwara Eliya and Jaffna. Two districts reported zero maternal deaths. While lowest MMR was reported in Galle as 12.2 (n=2) as a number Gampaha and Colombo reported the greatest number of maternal deaths with 18 deaths reported in each district.

Among the reported deaths, 79 deaths (59%) were reported from the urban sector while 51 deaths (38.1%) and 4 deaths (3%) were reported from the rural and estate sector respectively. The ethnic composition included; Sinhala (n=78, 58%), Tamil (n=25, 19%) and Muslim (n=31, 23%). A majority were married (n=129, 96.3%) while a minority were unmarried (n=3, 2%) and two (2) women were living together with their partners. There was only one (1) maternal

death (0.7%) reported of a teenage mother, while the majority of deaths occurred within the age range of 18 to 35 years (n=97, 72%) and 36 deaths (26.9%) were of mothers aged above 35 years.

Maternal deaths are classified into two distinct categories: direct and indirect. Direct obstetric deaths arise from complications related to the pregnant state, encompassing pregnancy, labor, and the puerperium. These fatalities may stem from interventions, omissions, incorrect treatment, or the cascading consequences of any such actions. On the other hand, indirect obstetric deaths occur due to pre-existing diseases or conditions that emerged during pregnancy, independent of direct obstetric causes, but exacerbated by the physiological effects of pregnancy. Maternal deaths caused as a result of complications of COVID-19 infection were categorized as indirect maternal deaths.

A majority of maternal deaths in 2021 were indirect maternal deaths (n=92, 69%) while 42 (31%) maternal deaths were classified as direct maternal deaths.

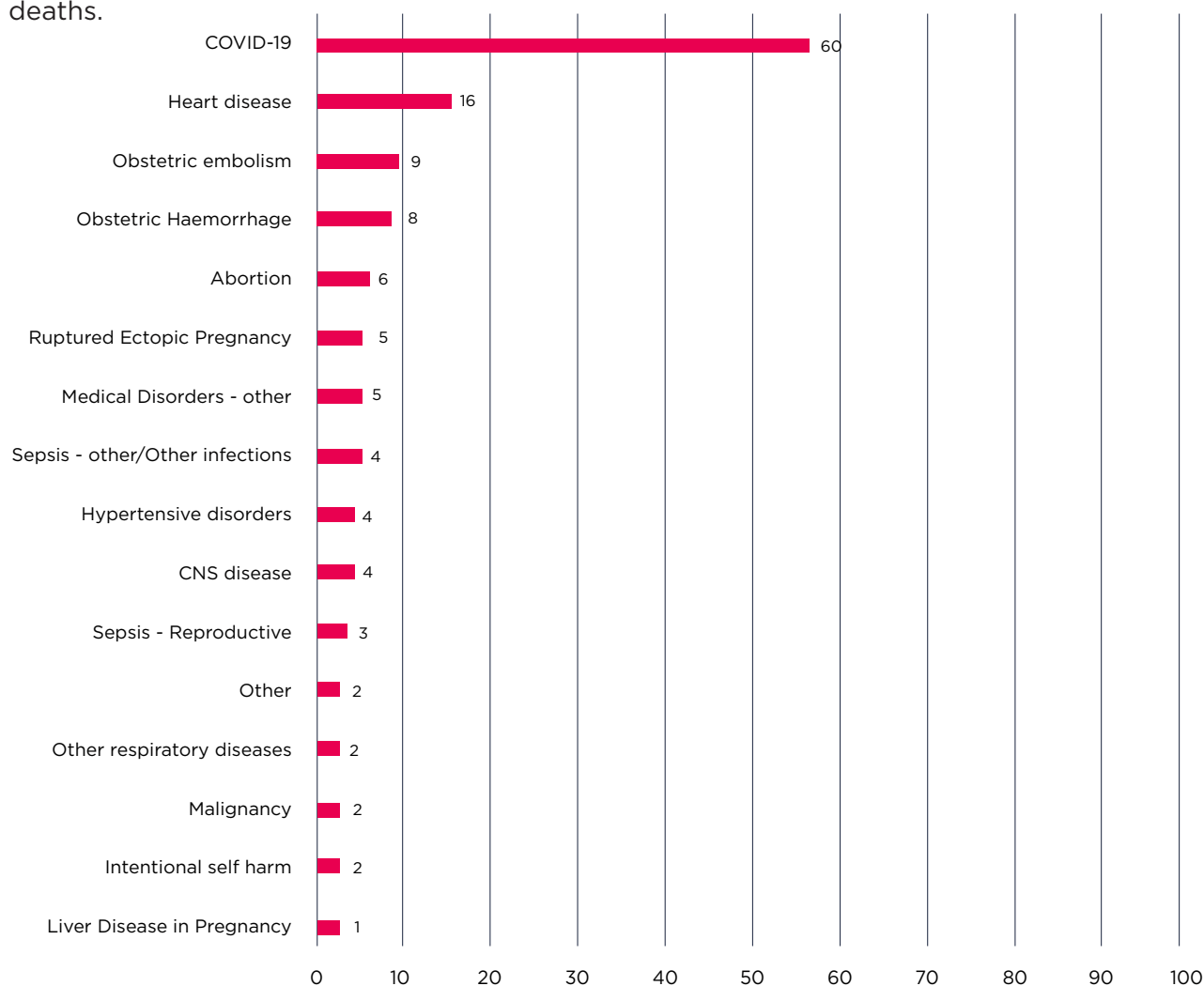


Figure 2.42: Causes of maternal deaths - 2021

Source: MCMMS Unit - FHB

shows the causes of maternal deaths reported in 2021. The leading cause of maternal death in 2021 was complications of COVID-19 (n=60, 44.8%) which significantly outpaced the other causes. Following COVID-19 related maternal deaths, heart disease (n=16, 11.9%) was the next leading cause followed by obstetric embolism (n=9, 6.7%), obstetric hemorrhage (n=8, 6%) and abortion (n=6, 4.5%)

SPECIAL ACTIVITIES CARRIED OUT DURING 2021

To uplift the quality and coverage of RMNCAYH services in the country Family Health Bureau continued activities even during the pandemic. Some of the special activities done by the relevant units are summarized below.

PRECONCEPTION CARE

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

Development of a health educational documentary video on happy and healthy sexual relationship and disseminated to all MOH areas, so that the public health staff could utilize this as a very useful IEC material to deliver sensitive information on healthy sexual relationship to the gatherings of newly married couples at sessions conducted for them.



This video would enable the couples to gain and gather precise information on sexual relationship, nullifying unhealthy myths. The video is designed in Sinhala, Tamil and English languages.

MATERNAL AND NEWBORN CARE

Maternal Care Unit and the Intranatal and Newborn Care Unit of the FHB carried out various activities in 2021 to uplift the maternal and newborn health. Some of these activities include; Introduction of an obstetric BHTs; obstetric BHTs that had been piloted in selected hospitals in Western and Southern Provinces of Sri Lanka, were revised through several rounds of discussion and inputs from relevant technical teams. Revised Obstetric BHTs were printed and distributed to all maternity units island wide.

Maternal care package; maternal care package which was introduced in 2011 needed revision as some of the content in the package was outdated and a need for a guide for curative sector staff on management of the normal pregnancy was also highlighted. In order to fulfil the above gap, a consultant was commissioned by the UNICEF and a new guide has been drafted and reviewed by relevant stakeholders. This process was overseen by a technical committee.

Based on the available scientific evidence, the panel of experts appointed changed the diagnostic criteria of maternal anaemia. The new diagnostic criteria were implemented island wide and relevant staff members educated on it.

Supply of essential equipment; procured and distributed equipment to establish 10 numbers of HDUs in six maternity institutions, with GoSL funds. In addition, organised establishing 22 HDUs in 11 maternity institutions with financial assistance from UNICEF. Procured and distributed 25 numbers of Handheld Dopplers to maternity institutions and 50 numbers of Blood pressure apparatuses to COVID -19 treatment centres of maternity institutions. With the support of PSSP, made arrangements to procure 720 digital blood pressure apparatuses for the field staff, to reduce their risk of contracting COVID-19 during examinations.

Development of package on psychosocial assessment in maternal care -FHB, in collaboration with the Sri Lanka College of Psychiatrists has drafted a psychosocial screening tool (PST) that is expected to standardize the said screening process. Validation of the tool is currently being conducted in Kandy district.

Maternal care clinical guidelines; the guidelines drafted by SLCOG on 'Use of misoprostol in gynaecology and obstetrics and 'Management of postpartum haemorrhage' were discussed with relevant technical stakeholders. The finalized guidelines were approved by the Technical Advisory Committee on Maternal Health and Family Planning and circulated as National guidelines as issued by Director General of Health Services.

IEC Materials; developed three video clips and a comic book on maternal danger signals with the financial assistance of UNFPA and WHO to reduce maternal morbidity and mortality due to the first delay. As an initiative of capacity building of health staff on patient safety in maternal care service provision, another video clip was developed focusing on the theme of "Safe maternal care" with the collaboration of World Health Organization.

Intra-natal and newborn care unit of the Family Health Bureau is responsible for improving the care during childbirth and newborn period with the objective of reducing maternal and neonatal morbidity and mortality.

Capacity building on breast feeding; capacity building of health staff on breastfeeding counselling and essential newborn care. Training of Trainers programmes (ToT) on Breastfeeding Counselling/ Lactation Management were conducted to update knowledge and practical sessions to improve the service quality of health staff involving lactation management in hospitals. Breastfeeding counselling training programmes were conducted for medical officers, nursing officers and midwives in Kotelawala Defense University Hospital, DGH Matara, De Soyza Maternity Hospital and Colombo North Teaching Hospital.

Two training programmes were conducted for Postgraduate trainees in Paediatrics on Breastfeeding Counselling and essential newborn care during the year 2021.

Essential Newborn care training programmes for medical officers, nursing officers and midwives were conducted at DGH Gampaha, DGH Negombo & Colombo North Teaching Hospital Ragama refreshing the knowledge of health staff.

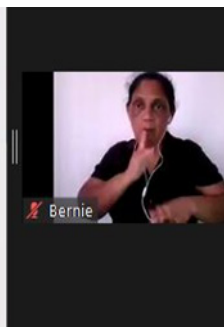
A hands-on skills training on Emergency obstetrics care was conducted with collaboration of SLCOG for 35 participants which comprised medical officers and nurses. In parallel with World breastfeeding week, 1st August to 7th August was declared as the national breastfeeding week and a series of activities were conducted. A webinar to update the field health staff on Breastfeeding and newborn care and several public awareness programmes were conducted along with breastfeeding awareness month in collaboration with College of Paediatricians under the theme, "Protect breastfeeding: A shared responsibility". Public awareness programmes were conducted in collaboration with Sarvodaya and SUN PF, LEO Club of Gampaha Metro and Broadcasted on FB Live/You tube allowing unlimited participants. A special programme was conducted to increase knowledge on breastfeeding and newborn care among people with hearing defects, organized by the UNFPA and Sri Lanka Central Federation of the Deaf (SLCFD).

Guidelines were developed and updated for management of newborns suspected/confirmed with COVID-19 and on levels of care according to the country situation. A leaflet was designed and printed with the support from UNICEF in both Sinhalese and Tamil medium to educate mothers on breastfeeding during COVID-19 and distributed to hospitals specially providing maternal and newborn care services. UNICEF extended their support for printing Trainer's manual of Breast-feeding counselling to continue the capacity building of health staff.



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National Newborn Screening Programme; reagents, dried blood spot collection cards and padded envelopes for the national newborn screening of congenital hypothyroidism were supplied during the year 2021. A meeting was conducted at MRI to discuss gaps and issues associated with data management of newborn screening programmes for congenital hypothyroidism.



Two meetings were conducted at Castle Street Hospital for Women and De Soysa Hospital for Women to revamp newborn hearing screening programmes. Refresher training for nursing officers were conducted in these two hospitals.



Maternal death review; conduction of maternal death reviews was a difficult task with the pandemic situation with limitation of gatherings. With the added burden of maternal deaths, the Maternal Morbidity and Mortality Surveillance program of FHB was able to carry out the surveillance activities participating physically at 90% of institutional maternal death reviews and also conducting desk reviews for the deaths of the previous year.

All COVID-19 maternal death reviews were conducted and the recommendations were communicated to the authorities for further actions.

Data collection on all maternal COVID-19 patients admitted to hospitals during the pandemic was carried out through the program and communicated to the authorities for planning for patient care and for prediction purposes. The evidence synthesized contributed to a great extent for planning services for pregnant mothers.



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.

Child health program of Sri Lanka traditionally had been focusing on child survival and growth. Hence, most of the activities targeted enhancing the growth of children and preventing childhood morbidities and mortalities.

Inclusive Early Childhood Development Program (INCLUDE) was designed to fill this gap with the objectives of promoting development of all the children under 5 years of age, screening them for developmental delays and disabilities and providing comprehensive services for children with special needs. The first pilot project of this programme was launched on 31st of July 2020 with the collaboration of the Regional Directorate of Colombo District. The programme was expanded and introduced to Kandy district in May 2021 and Regional Child Development Intervention Centre (CDICreg), Digana was launched.

Prior to the official launching of this project in Kandy all the Medical Officers of Health (MOHs) and Public Health Midwives (PHMs) of the 23 MOH areas of Kandy District was trained comprehensively on development promotion and screening activities.

Introduction of the five booklets on “Care pathways and National management guidelines for early detection and management of common childhood development disorders and disabilities”.

Care pathways for early detection of common childhood developmental disabilities was developed to provide guidance for all healthcare personnel to deliver inclusive care for children with disabilities and developmental delays.

To provide comprehensive care for the identified children with common childhood disorders, National Management Guidelines were developed for Autism spectrum disorders, Cerebral palsy and other neuro-development disorders.

To identify the currently available non-health services for children with disabilities and families in Sri-Lanka within the government sector and to link them to the care pathways on early identification and management of developmental disabilities, “Multisectoral services available for children with disabilities” booklet was developed.

Commencement of Neonatal teams’ trainings in developmental care in the Colombo district. To facilitate Newborn care pathway, training programmes for the newborn teams of Lady Ridgeway Hospital, De Zoysa Maternity Hospital, Castle Street Hospital for Women and Colombo South Teaching Hospital were initiated in 2021.

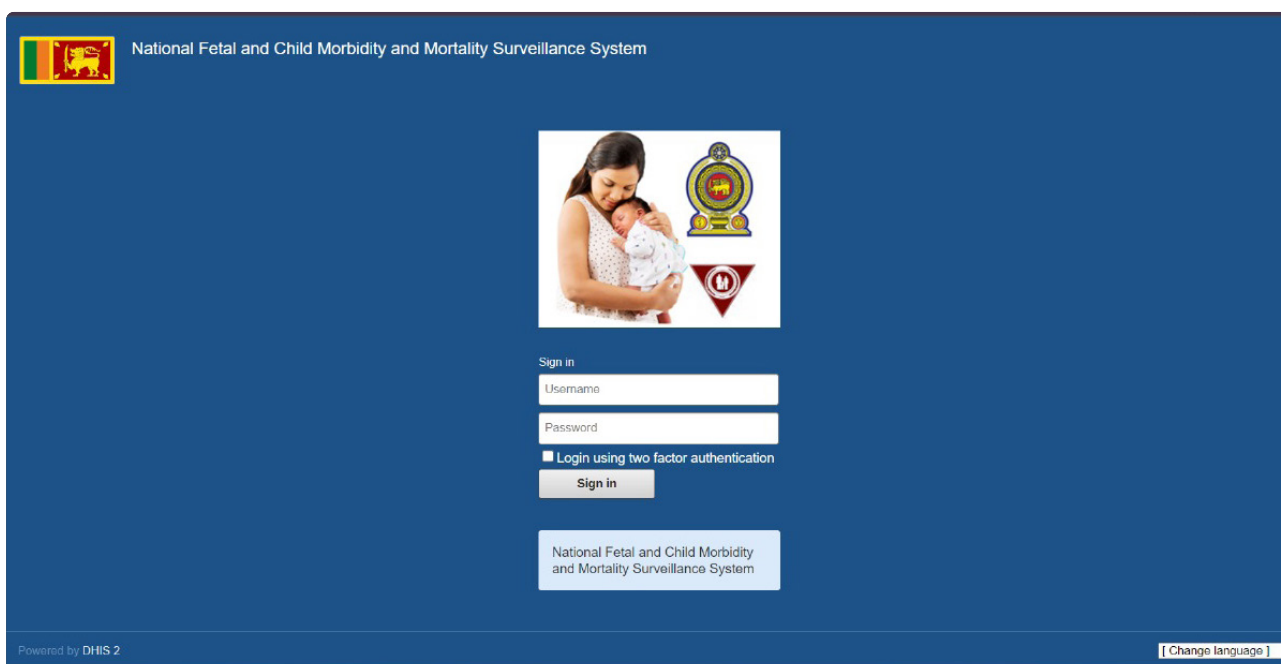
Establishment of National Steering Committee on Childhood Developmental Disabilities



Child morbidity and mortality; Family Health Bureau started country-wide surveillance of foeto-infant deaths from 2016. The system was further improved with desk reviews of selected infant deaths. National level review meetings were held with the participation of representatives of professional colleges and public health teams to identify data gaps, service deficiencies and to improve the surveillance mechanism.

Introducing Google form for stillbirths reported from the field. The Google form-based field data collection on stillbirths was continued to 2021 in view of collecting information of stillbirths reported to eRHMS by MOH offices. This set of data was used in addressing the under-reporting of stillbirths from hospitals and hence to expand the perinatal deaths database.

Introduced web based systems for National birth defects and perinatal deaths registries in private sector hospitals surveillance system, 25 private, semi-governmental, military hospitals were enrolled to above registries with hands-on training.



COVID-19 child deaths desk review meeting with formats for COVID-19 child deaths. All cases were subjected to a National level desk review with the participation of related experts. Review panels were to document findings and actions a structured review template. After reviewing individual case scenarios, a panel discussion was conducted. A representative from each panel presented a brief summary of the index case, identified issues and recommendations. The cause of death, preventability and recommendations were further refined with collective inputs.

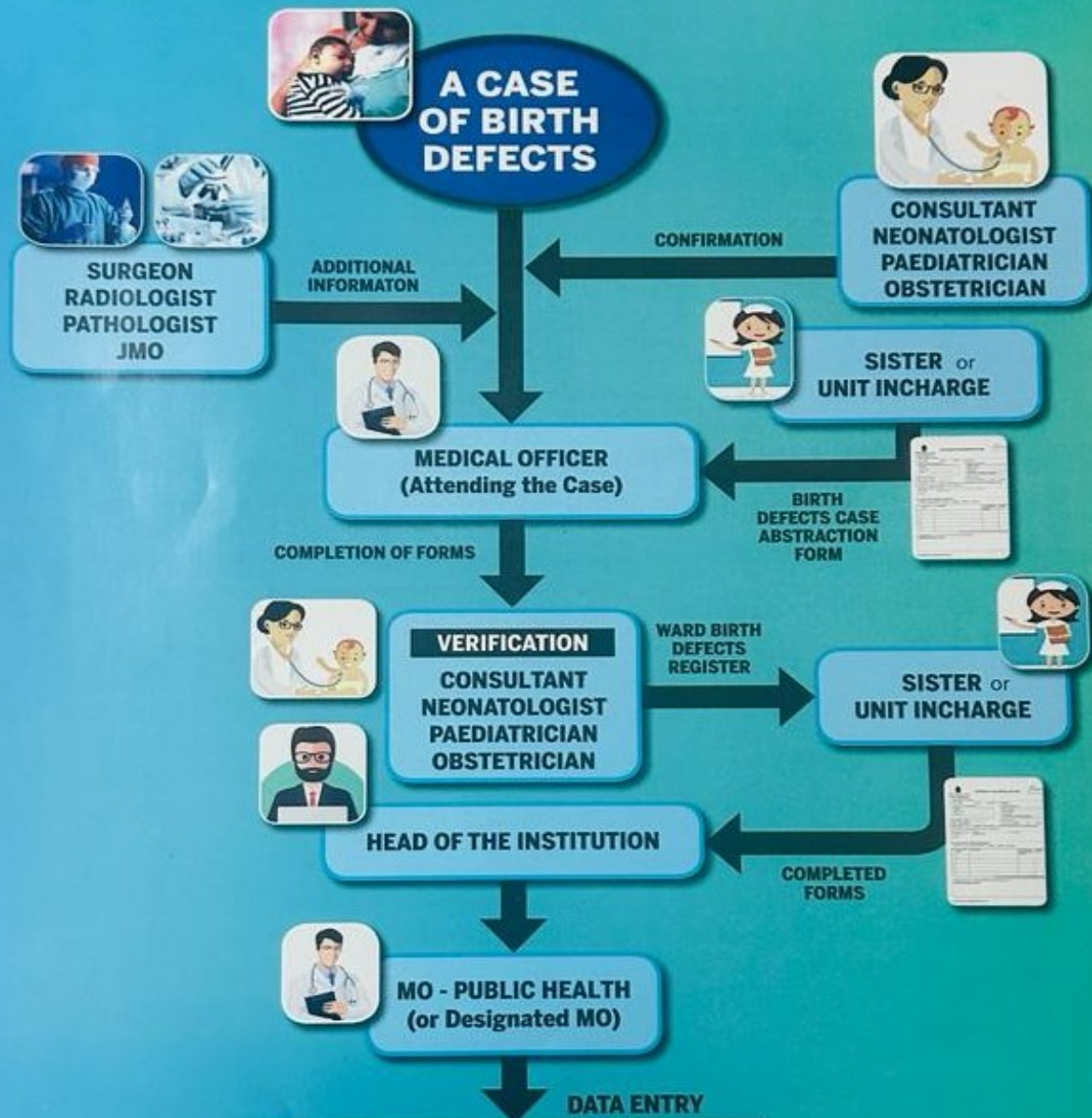
Consultative meeting to vaccination of children against COVID-19. Global evidence was emerging on the need of vaccination of children against COVID-19. However, there were controversies in this regard at local and global levels. FHB collated available data on the subjected, shared among key players of child health and initiated a dialogue among them at a meeting organized at FHB.

Printing of a wall chart on flow of information of institutional birth defects surveillance system.

A programme was launched in collaboration with Humanity and inclusion organization in 5 teaching hospitals to collect data of children with clubfoot from into the National birth defects registry. Data originating from orthopedic clinics will be entered through a separate username for each hospital.

National Birth Defects Registry

FLOW OF INFORMATION



For Any Inquiries:
Please contact: 0112692745
Child Mortality and Morbidity Unit
Family Health Bureau



<https://erhmis.fhb.health.gov.lk/mmsbds>



Family Health Bureau



Ministry of Health



Sri Lanka



Formulation and distributions of guidelines for management of severe & critical disease due to COVID -19 infection in children

Formulation and Distribution of printed guidelines on Management of Multisystem Inflammatory Syndrome in Children (MIS -C). Formulation and Distribution of printed guidelines on Management of High possibility of children with severe disease is also expected and Multisystem Inflammatory Syndrome in Children (MIS -C) which is exclusively in children and guideline is prepared to provide the latest management of MIC- C.

Printing of guideline for quick reference guide for diagnosis & management of COVID 19 infection in children.

Child nutrition; the child nutrition unit of FHB carried out a formative study on determinants of IYCF and child care in rural, estate and urban populations, with the objective of facilitating the development of a social behavior change communication strategy and streamlining the child nutrition service delivery, a qualitative research was conducted with UNICEF support. Annual child nutrition status surveillance to mark the National Nutrition Month; Despite interruptions due to COVID-19 outbreaks, the island wide growth assessment of children under the age of five years continued in the later part of 2021. All the data entered to the eRHMS were analyzed and reports were sent to the periphery. Procurement and distribution of anthropometric equipment to MCH clinics to facilitate growth monitoring activities island wide (height rods 120, length boards 195, spring balance scales 416, and infant beam balance scales 120).

UNICEF donated the following items as requested by the Family Health Bureau to ensure uninterrupted provision of maternal and child nutrition services during this crucial period.

- Anthropometric equipment - length/height measuring systems 85, spring balance scales 189 and infant beam balance scales 100.
- Nutrition commodities - MMN - 135 000 packs and BP100 - 1 700 cartons

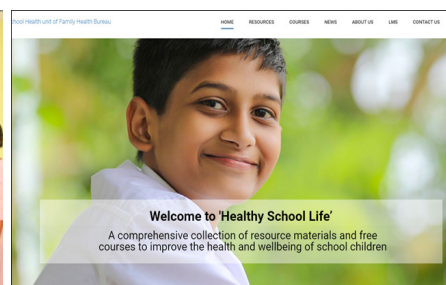
Child Health and Development Record (CHDR) is being updated every year and in year 2021 also new additions to the programme were included in to the CHDR. A new page was introduced for Newborn hearing screening and obtained separate H numbers for male (H 1317) and female (H 1316) Child Health Development Records.

Continuation of the development of online training package for capacity building of health staff on growth monitoring and Infant and Young Child Feeding (IYCF) counseling in Sinhala medium with the support of UNICEF. Development of IYCF e-modules in Tamil medium was initiated.

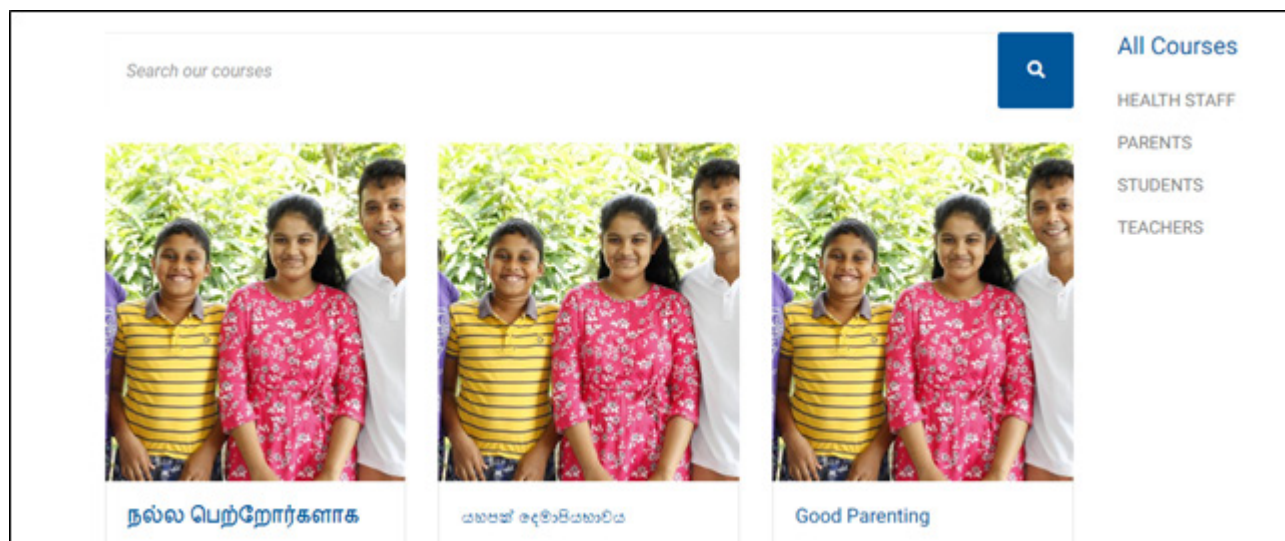
SCHOOL HEALTH

Schools were closed during COVID-19 pandemic in 2021 until May and the schools were irregularly opened afterwards. Therefore the School Medical Inspections were conducted only in 57.8% schools, which was slightly higher than 2020 (55.7%). Public health team members including medical officers of health, school medical officers and public health inspectors were engaged in vaccination of all schoolchildren above 14 years against COVID-19 virus.

'Healthy school life' web site and learning management systems; series of meetings, online and physical, conducted with the web development company 'I-Context' that was selected through a tender procedure. the content of the web site planned and prepared in 3 languages, Sinhala, Tamil and English. Launching of the 'healthyschoollife' web site and Learning management systems on 12.21.2021, with the participation of Dr. Susie Perera, DDG (PHS II) and Dr. Chithramalee De Silva, D/ MCH.



E - module on 'Good Parenting'; the designing and video recording of e-module on good parenting was completed during this period. The discussion topics includes, introduction to adolescent parenting, activities for psycho social development, prevention of non-communicable diseases, effective communication, prevention of bullying, educational & mental health issues in adolescence, protecting children from alcohol, cigarettes and drugs, secrets of good parenting and practicing mindfulness. Further, four animated videos were made, on behavioural changes, sexual maturity, body mass index and healthy diet.



Development of guide Books and IEC Material; 'Conscious Parenting to Nurture the Adolescents' - The Parenting Book - was newly prepared with a panel of experts, and printed in English, Sinhala and Tamil languages. School health programme guidebook was expanded, incorporating chapters on clinical examination of schoolchildren, duties and responsibilities of health staff concerning school health services, establishment and maintenance of health promoting school, data flow, school health formats and other necessary areas. Amended the circular and national guidelines of school health programme, translated, printed and distributed. The parallel circular was issued from the ministry of education

Following training manuals and books were re-printed in 2021 by the school health unit of FHB, with five year amendments.

1. Psychosocial health training
2. Manual for obesity prevention
3. Poster on prevention of bullying
4. Iron leaflet
5. Growth charts
6. Height measuring charts

Preparation of guidelines to Ministry of Education and Department of Examinations; Guidelines were made for conducting GCE A/L, GCE O/L and Geode 5 Scholarships Examinations of year 2021. These guidelines ensured allowing all children, including COVID-19 infected cases to sit for exams. Separate examination center were arranged, coordinated and maintained with Medical Officers of Health and Public Health staff. Transport services also arranged for infected cases, from covid treatment hospitals. Protective gear guidelines were made and such gear were distributed to all examination center staff members, with the coordination of the school health unit and the support of the Department of Examinations. Whats app groups were maintained for timely coordination of examination related activities.

Guidelines; all schools were closed during COVID-19 pandemic. School reopening guidelines were made in all three languages for each category of schools and classes. Guidelines for conducting contact and non-contact sports events, school sports meets and 'Big matches' were made in all 3 languages and disseminated. Guidelines for conducting Zonal, Provincial and National level non-contact and contact sports competitions prepared and fullest support given during such events. Guidelines for teacher training sessions

Further, covid 19 prevention activities were presented at WHO global seminar.

Education reforms curriculum development - Health and physical education (Grades 6 to 11); the activity was conducted in collaboration with National Institute of Education and Ministry of Education. Vast array of activity based education material were made focusing each school grade. Further to student work books, teacher's guides were also completed.

Contribution towards preparation of national acts, policies, guidelines, strategic plans, etc.;

1. Draft of the School Health Policy revisited.
2. Food Safety Policy.
3. Food based dietary guidelines with Nutrition Division, Ministry of Health.
4. Child protection multi sectoral plan with National Child Protection Authority, Ministry of Child Development and Woman's Affaires.
5. Sexual and Reproductive resource package.
6. Physical activity guidelines, with Non Communicable Disease unit, Ministry of Health.

ADOLESCENT AND YOUTH HEALTH UNIT

Twenty-nine ‘Yowun Piyasa’ centers were equipped with state-of-the-art tools, furniture and ICT equipments to strengthen AYFHS provision including use of online platforms for health education with the support of UNFPA Japanese fund through promises project . This initiative aimed to encourage the use of multiple platforms for the seamless delivery of services, ensuring uninterrupted access to healthcare for those in need.

To ensure uninterrupted professional development during the pandemic and as an added component of trainer package, a comprehensive package of 23 video-based training sessions on adolescent and youth health was developed in all three languages and uploaded to Google Drive and YouTube. The links were shared with trainers, allowing them to access the materials remotely. Additionally, a dedicated YouTube channel was launched for ‘Yowun Piyasa,’ through which health messages were disseminated to the public.

Healthcare providers and supportive staff need to demonstrate technical competencies required to provide effective health services to adolescents and youth, including a non-judgmental approach, respect for beneficiaries, respect for law and order, and optimal service delivery.

Four three-day trainer of trainers programme on adolescent and youth health was conducted for medical officers involved in public health, medical officers at Yowun Piyasa Centers, and all middle-level managers with other supervisory public health staff in the preventive and curative sector health staff to improve their capabilities in delivering adolescent and youth-friendly health services in Sri Lanka. In addition, three-day skill-building workshops were held for public health staff working in the Yowun Piyasa Centers at MOHs and curative care institutions.

In further efforts to promote adolescent and youth health during the pandemic, twenty online training sessions were conducted for youth instructors from the Ministry of Youth, National Youth Corps, and vocational training institutes. These sessions aimed to address the specific challenges faced by young people.

Online workshops were also conducted for counselling officers attached to the Ministry of Youth, Urban Settlement Authority, and Dangerous Drug Control Board, with a focus on equipping them with the necessary knowledge and skills to address the needs of young people.

To ensure the continuous provision of adolescent sexual and reproductive health services during the pandemic, targeted advocacy programs were launched in six districts of the country, aimed at police officers. Nearly 550 police officers working in Women’s and Children’s desks and other related fields were advocated during the year 2021. The focus of these programmes was to raise awareness of the sexual and reproductive health needs of adolescents and youth in their local communities. By engaging with police officers, the programs sought to promote a safe and supportive environment for young people to access the services they need.



Peer education is a crucial strategy for promoting the health and well-being of adolescents and youth. To this end, awareness campaigns were launched to target youth leaders, university students, and various other student groups. These campaigns aimed to enhance their problem-based life skills, particularly in sexual and reproductive health and other relevant topics. Further, two three-day training programmes were conducted for youth leaders on adolescent and youth health. Trainers trained continued capacity building of other youths in diverse settings.

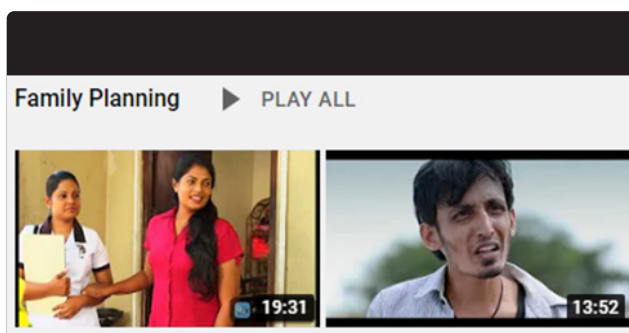
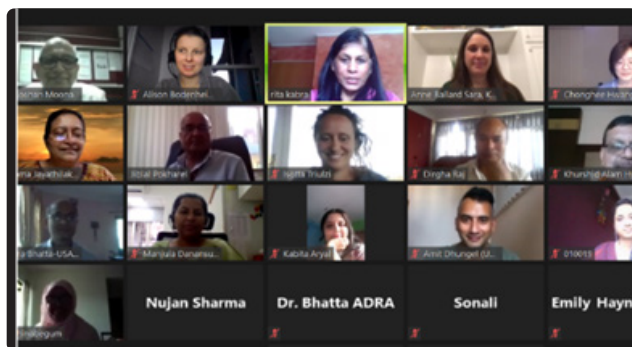


As many families faced economic challenges and youth unemployment rates soared during the pandemic, depression and suicide rates among young people increased. In response, the Family Health Bureau partnered with universities in Sri Lanka to provide capacity building sessions for young people, empowering them to share their knowledge and skills with one another. The 'Mora Studio' YouTube channel, created by students at the University of Moratuwa (in 2020-2021), was a particularly successful initiative during the pandemic. This intervention facilitated continued efficient interaction among youth and fostered knowledge and skill-sharing, while also promoting entrepreneurship skills to help young people navigate financial difficulties during this challenging time.

FAMILY PLANNING

Awareness of family planning service availability during the COVID-19 pandemic through FHB web page under the theme of “Let’s not forget reproductive health during COVID-19” was done during the month of September 2021 and in lieu of ‘World Contraceptive Day’ which falls on 26 September annually.

A South-to-South Learning Exchange (SSLE) programme was facilitated by WHO. Nepal and Sri Lanka engaged in a South-South Learning Exchange (SSLE) in 2020 -2021 to improve access to quality and rights-based family planning services, by sharing best practices and learnings from each other. In both countries, the respective Ministries of Health led the process and ensured that the learning need identified was in line with the national plans and priorities.



In order to provide uninterrupted family planning services, nearly Rs. 352 million of contraceptive commodities were procured and distributed to all districts. Therefore, a modern Contraceptive Prevalence Rate (mCPR) of 57.7 % was achieved in 2021 even though the country was affected by the COVID-19 pandemic. The demand satisfied by modern contraceptive methods was 80 % in 2021. Equipment of high quality for family planning clinics were procured with the support of PSSP and distributed to MOHs. The availability of FP equipment, enhanced services in the FP clinics and contributed to the overall modern Contraceptive Prevalence Rate (mCPR).

Capacity building of health staff for quality family planning services. Family Planning Unit conducted 3-day workshops for training of trainers on reproductive health for 45 medical officers in March 2021 and May 2021. Counselling on family planning, updating of knowledge on family planning methods, practical training of IUD and Implant insertions on models and on patients were key features in the training. Also, the College of Anaesthesiologists & Intensivists of Sri Lanka conducted a half-day session on anaphylaxis management during these workshops.

A workshop was done for the RMSD staff on logistic management and introduced them the web based Contraceptive Stock return (1158) format on 9 July 2021. Development of IEC materials on FP and Subfertility for Health Staff and General Public. In order to revise knowledge on Contraceptives and Subfertility, the Family Planning Unit developed a set of Flash Cards, printed limited quantities (241). The flash cards were distributed among the health staff in selected MOH offices in 2021. FP leaflets were developed for the general public with the support of UNFPA on different FP Methods and published on FHB website in 2021.

Supervisory visits were done in contraceptive low prevalent area in Eastern province (Trincomalee District Kanthale MOH area and Batticaloa District Kiran MOH area) and in Western Province Gampaha District in Kelaniya and Katana MOH areas in November 2021. Following the visits FP Clinic Equipment and FP Flash Cards were distributed to all MOHs in Gampaha district.

Monthly contraceptive stock return (H 1158) format was web based and introduced for the RMSD level in 2021.



GENDER AND WOMEN'S HEALTH

Establishment of a 24-hour Hotline of the Mithuru Piyasa:/Natpu Nilayam network of Gender-based Violence (GBV) service points is the latest initiative taken by Family Health Bureau (FHB) of the Ministry of Health (MoH) to support the survivors of Gender based Violence (GBV). This service is provided by Help Line Operators, who are actually Medical Officers who had prior training and experience in supporting survivors through Mithuru Piyasa:/Natpu Nilayam GBV care centers, and services are provided in all 3 languages.

Establishment of new Mithuru Piyasa centres in DGH Mannar and Badulla.



On-site supportive supervision of selected Mithuru Piyasa centres in Northern, North Central, Eastern and Uva Provinces.





Trainings were done for newly recruited middle level managers, and for primary health care staff. It enabled the future human resource to mitigate GBV and for smooth functioning of the existing system in Sri Lanka.

Training of Trainers (TOT) workshop on prevention & management of GBV for Supervising Public Health staff of Northern Province.





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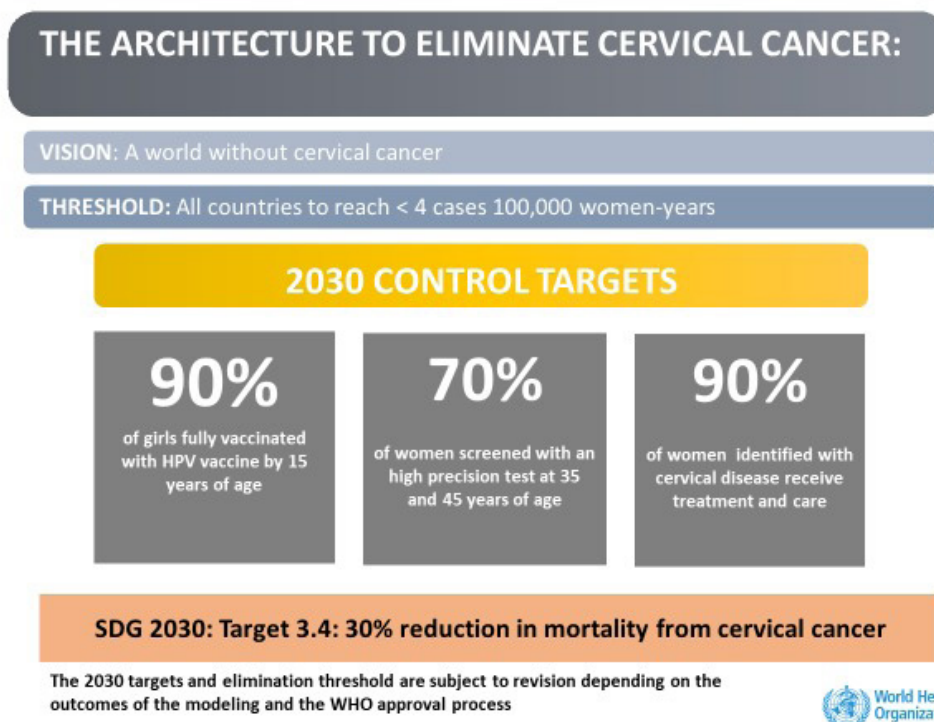
MITHURU PIYASA
24 / 7 NATIONAL HELPLINE
0702 611 111




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WELL WOMAN PROGRAMME

Sri Lanka has been able to introduce the latest technology called HPV DNA for cervical cancer screening since 2020. We are committed to achieving interim targets of cervical cancer elimination by 2030 as declared by WHO. But the greatest challenge encountered by the program is to sustain HPV DNA testing with the huge cost for HPV DNA testing. Other challenges include inadequate treatment facilities for those identified with early cervical lesions. It is expected to reach 70% coverage with HPV DNA for each age cohort by 2030.



HPV DNA program needs to be treated as a priority as “Women’s Health is a Nation’s Wealth”.

HPV DNA, a PCR test, was introduced as a primary screening method for cervical cancer and precancer detection in the national cervical cancer screening program. It was planned to cover the target population of women aged 35 and 45 years. By early 2021 a new HPV DNA machine was installed in Anuradhapura (courtesy Rotary club)



ORAL HEALTH

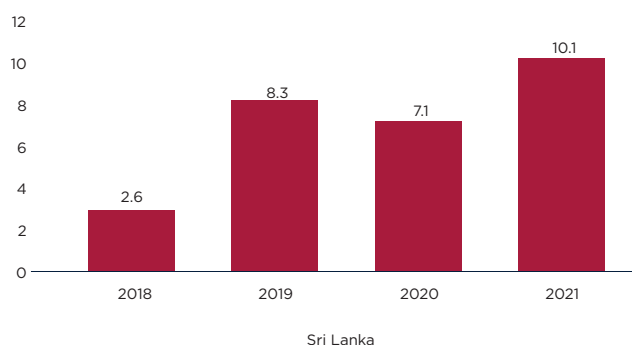


Figure 2.43: OH| 03.06 Percentage of Children with Untreated Caries for 12 Years
Source: eRHIMS, 2021

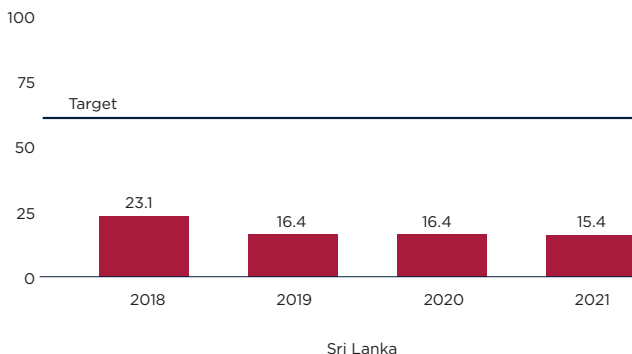


Figure 2.44: OH 04.03 Percentage of Children Free of Calculus of 12 Years
Source: eRHIMS, 2021

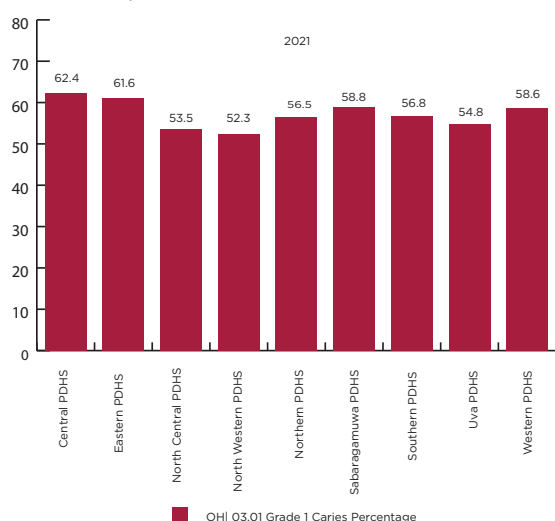


Figure 2.45: OH| 03.01 Grade 1 Caries Percentage
Source: eRHIMS, 2021

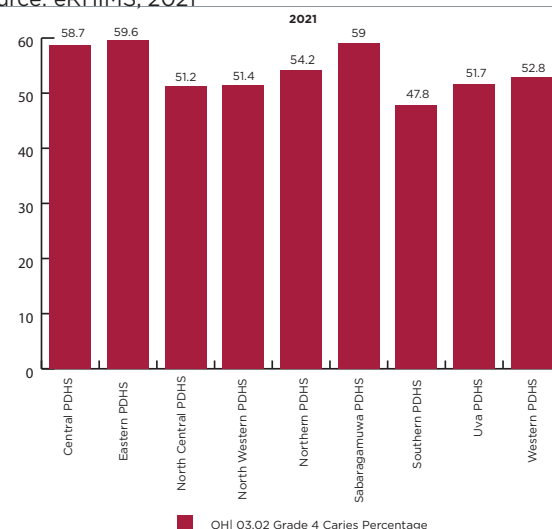


Figure 2.46: OH| 03.02 Grade 4 Caries Percentage
Source: eRHIMS, 2021

Table 2.19: Oral Health Indicators of School Children and Pregnant Mothers
Source: FHB, eRHIMS 2021

	Oral Health Indicators	2020	2021
1	% with caries in 12 years (25%)	14.60%	17.30%
2	% free of calculus in 12 years (60%)	16.40%	15.70%
3	Overall Healthy Percentage (40%)	48.50%	47.40%
4	Preschool Healthy Percentage	48%	50.20%
5	Grade 1 Healthy Percentage	44.20%	40.70%
6	Grade 4 Healthy Percentage	35.50%	38.70%
7	Grade 7 Healthy Percentage	63.20%	60.20%
8	Total Treatment completion (grades 1,4,7) percentage	60.90%	50.20%
9	Screening Coverage in eligible couples/pregnant mothers	80.6%	64.6%
10	% pregnant mothers having dental problems	20.6%	16.6%

PLANNING, MONITORING AND EVALUATION

World Health Organization Country survey on implementation of recommendations of antenatal care, intra-partum care, maternal and newborn care, birth defect prevention & management at national and sub-national level. Training programme on creating a policy dialogue for central level programme managers – a pilot programme following the WHO training programme

Workshops – Cash management for household of public health staff workshop in collaboration of Directorate and Estate and Urban health. This was conducted in both Sinhala and Tamil language for all the public health staff in Sri Lanka

Forecasting the programmatic challenges, the unit prepared contingency plans For RMNCAYH program for central and peripheral service delivery. Multiple interim guidelines were developed and disseminated for disaster situations caused by COVID-19 and economic downturn in Sri Lanka.

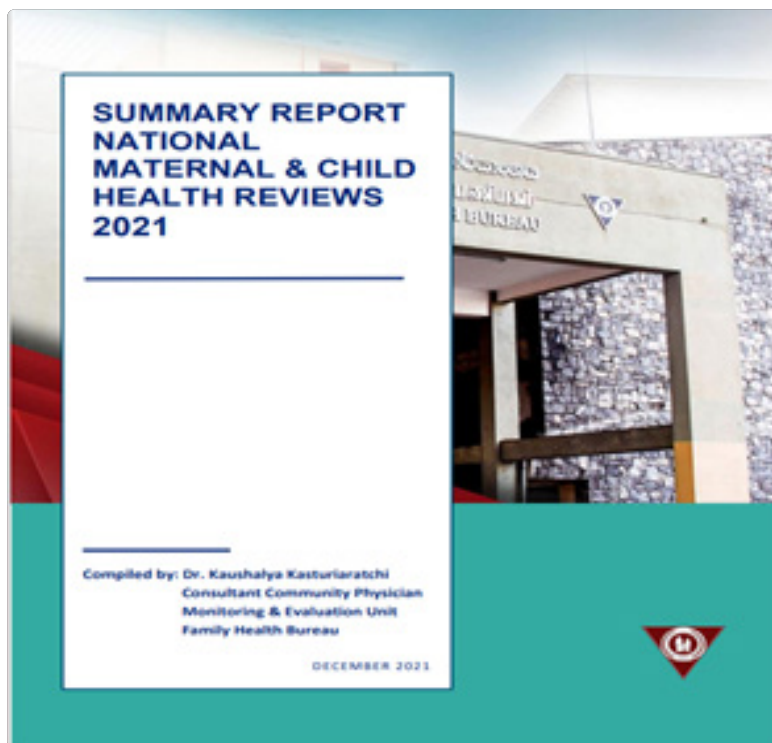
Dialog between Central & Peripheral Consultant Community Physicians one day physical workshop to identify issues in periphery and to provide latest updates in RMNCAH

Review workshops of peripheral staff:

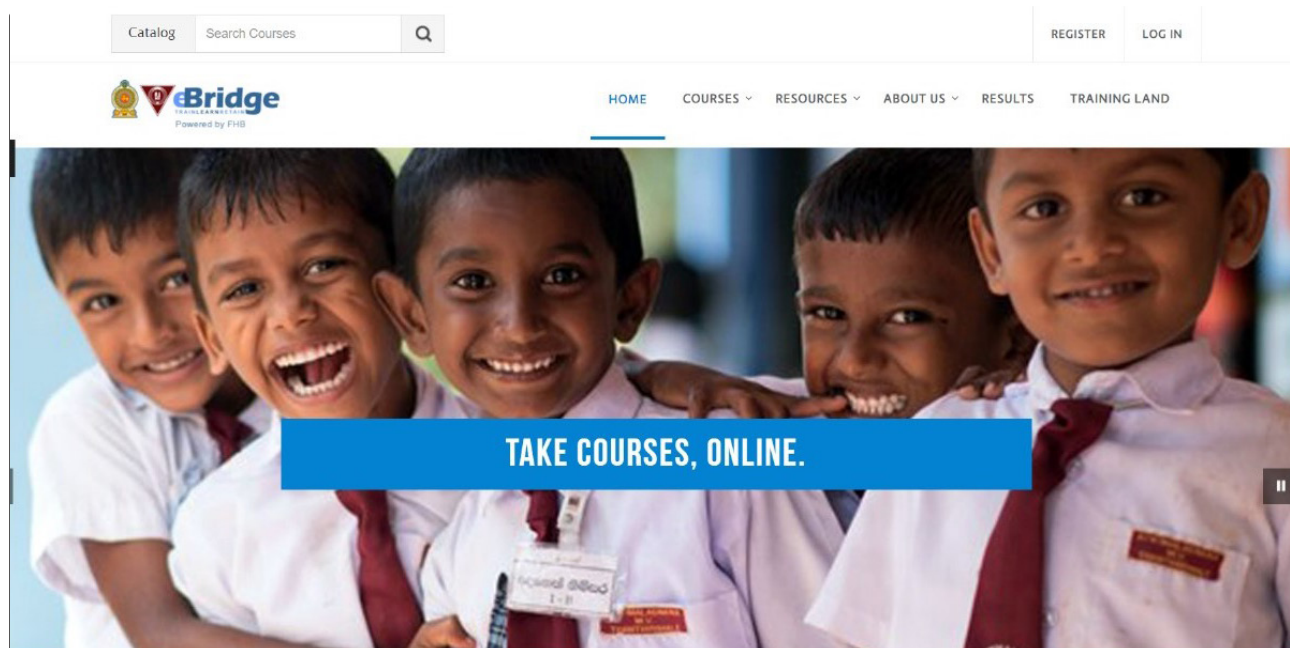
1. A review workshop with all MOMCH two-day workshop was carried out physically in April 2021 with the participation of all Medical Officers of Maternal and Child Health to review their activities.
2. RSPHNO workshop – an online one-day programme was done in November 2021 to further strengthen the district level supervision activities
3. Survey Statistical Offices/PPO/DA training – one day virtual review meeting for all district PPOs/DAs handling data at district level held in October 2021



National MCH Reviews of all 28 districts including CMC and NIHS were conducted virtually to complete and a report based on the issues identified was prepared and handed over to the Secretary Health for necessary actions



A Learning Management System for FHB [eBRIDGE] was developed based on a free and open-source Moodle platform and launched as an inhouse development by M&E Unit staff members with zero cost.





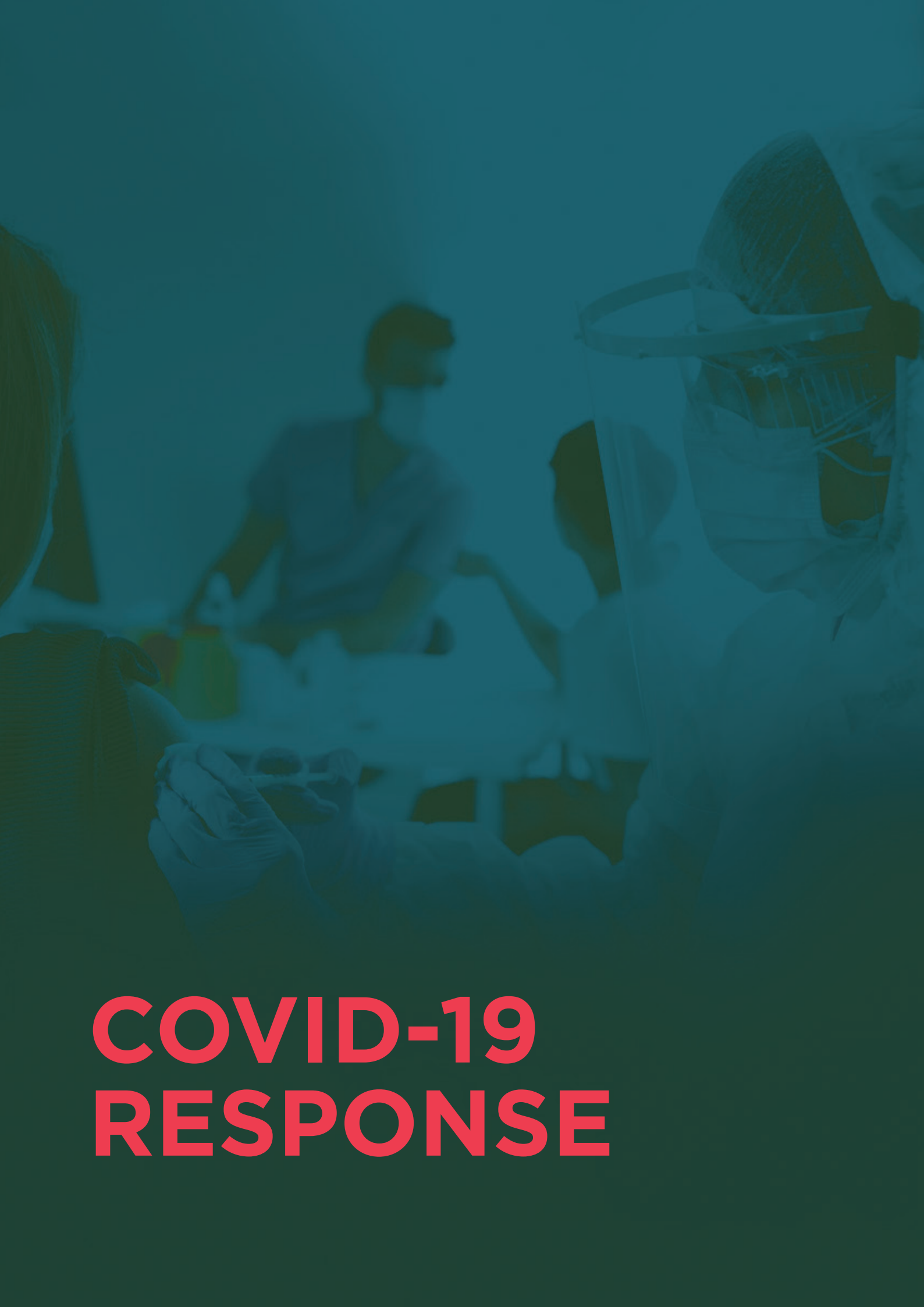
A DHIS2 based tracker programme was developed and implemented to track all COVID-19 positive pregnant women to see the impact of COVID-19 on pregnancy and outcome. Data were analyzed periodically and disseminated as interim reports.



Vaccine tracker programme was developed and introduced to monitor vaccination among pregnant women from July 2021

Nine refresher eRHMS trainings for PHNS and SPHMs were conducted as online trainings covering all 9 provinces.

Private sector MNH hospital data capturing through the eRHMS 2 was expanded to the Central Province after training major private sector hospitals in the province where there are deliveries happening. All private hospitals in Kandy provide information to the national database from 2021 in addition to the private hospitals in Western Province



COVID-19 RESPONSE



SARS – CoV 2 was declared as a pandemic in 2020 and it continued in 2021. A variety of mutations in the original virus was detected giving rise clusters of cases around the world. In Sri Lanka, in 2021, there were two main waves and several regional outbreaks. These resulted in two major island wide lockdowns and multiple small-scale lockdowns in isolated areas, all of them contributed to service disruptions.

The same infection affected pregnant mothers and children to various degrees. At the beginning of 2021, due to the limited availability of evidence both pregnant mothers and children were considered as low risk categories. However, as the pandemic evolved and fatal complications were observed among pregnant women, the risk stratification changed and targeted interventions to prevent COVID-19 infection among pregnant mothers were initiated and surveillance mechanism established.

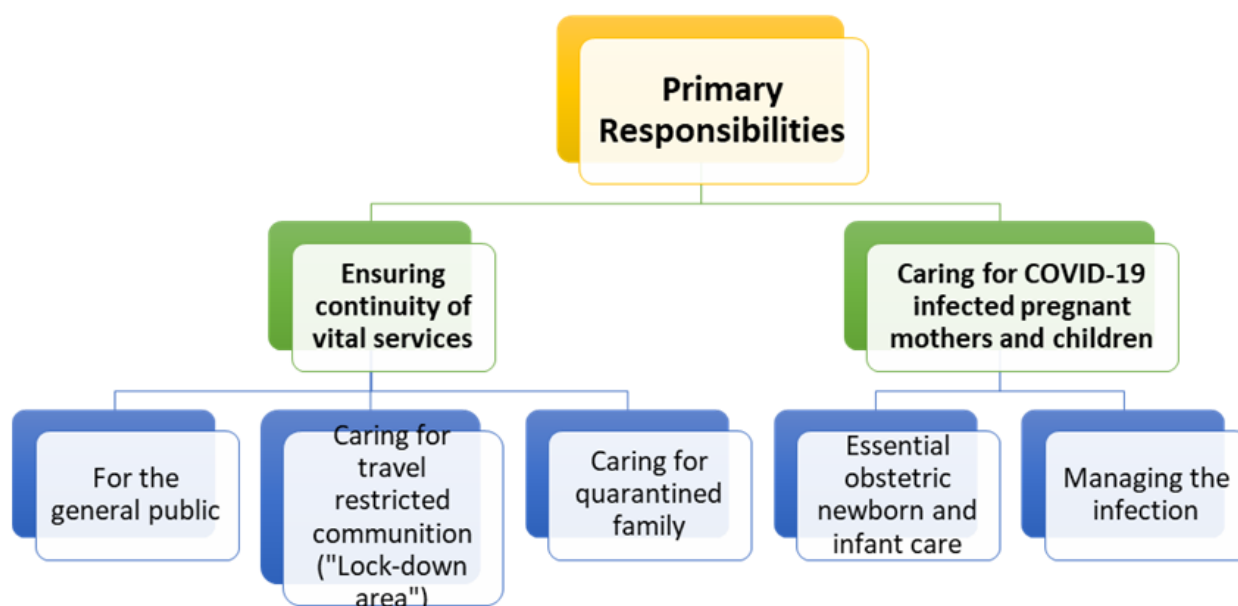
Case distribution of pregnant mothers with COVID-19 in 2021

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cases	86	82	49	152	894	1145	916	3908	2163	791	802	496
Deaths	0	0	0	0	06	07	01	21	22	0	03	0

Sources: eRHMISS and Maternal and child morbidity and mortality surveillance

Organization of the response:

As the focal agency responsible for Family Health Programme in Sri Lanka, FHB had two primary responsibilities: ensuring the continuity of vital essential services and effectively addressing the management of COVID-19 infected pregnant mothers, newborns and children. They were managed as four major categories of tasks when maintaining essential services, caring for COVID-19 infected, caring for travel restricted communities, caring for quarantined families, and organizing services within the new normal.



Preparation of Guidance Documents

There were many guidance documents issued during this period. The RMNCAYH guide serves as a summary document of all the MCH interim guidelines issued at the time that can be utilized as a reference manual for coordinating vital services during various stages of the pandemic, including periods of low disease transmission risk, high-risk transmission, or lockdown situations, for both field and hospital health personnel. The interim guidelines were prepared based on the global evidence, by the Ministry of Health involving professional colleges, academia and program implementers. Interim guidelines targeted RMNCAH service provision at the community level, quarantine centers, treatment facilities and hospitals.

Maintaining essential services

The essential services maintenance during the pandemic was in 3 stages. The initial response, assessing the impact and mitigating it. All stages were challenging.

In the **initial response phase**, we had to prioritize services within the reproductive health programme. We prioritized essential antenatal care, near normal care for high-risk pregnancies, institutional deliveries and postnatal care given in the community. **Essential antenatal care** included seeing all low-risk mothers after 32 weeks in regular frequency and **near normal care for all high-risk mothers** included seeing them in regular frequency irrespective of their POA. Hospital based intra natal care and immediate post-partum care continued as usual.

All hospitals with maternity services were advised to establish an isolation facility or beds for pregnant mothers who are quarantined or suspected of having COVID-19. All mothers were assessed for their birth preparedness and emergency readiness by the field public health midwives, because we knew that travelling during periods of multiple restrictions is difficult for the public. Mothers were educated on danger signals to prevent undue delays in reaching care.

Clinic visits and field care were optimized using new communication strategies. A classic feature of public health delivery is our ongoing system for updating knowledge, a vital component for adapting services in response to the pandemic. Continuous monitoring of the delivery of evidence based interventions was found essential to keep the impact on the system low. The information was useful for optimizing the care delivery for the general public and COVID-19 infected mothers. The DHIS 2 digital information system used to monitor the routine delivery of essential services. Additional individual data capturing systems were introduced to collect data on mothers who were infected with COVID-19 during antenatal and postnatal period and follow up information on their outcome of pregnancy and for COVID-19 vaccinations for pregnant mothers.

Family Planning services were identified as an essential service and provided through field clinics and public health midwife. The clinic sessions got reduced in 2021 as many clinics were conducted as many poly clinics functioned as single clinics.

Digital platforms were used to disseminate guidelines, train health care providers and discuss difficulties in providing services at the field level. Providing difficult to reach categories of health staff with new guidelines and including field health workers in national level reviews were cost effective with E-based communication.

Maternal death surveillance and response continued in 2021 with institutional death reviews, national reviews and immediate response as appropriate. This was instrumental in identifying delays and organizing the response to care for pregnant and postpartum women with COVID -19.

COVID-19 vaccination for pregnant mothers: In July 2021, the COVID-19 vaccination for pregnant mothers initiated in the country. Initially it was with Sinopharm vaccine and later Pfizer vaccine was given to pregnant mothers. The approvals were obtained from the Advisory Committee on Communicable Diseases and Technical Advisory Committee on Maternal Health. The data system for the pregnant mother vaccination was maintained digitally at the Family Health Bureau. Necessary guidance documents were prepared and a supportive network of clinical specialists were organized to guide MOHs in difficult circumstances.

FINANCIAL STATEMENT

In 2021, Family Health Bureau received funding from the treasury (GOSL budget lines), Primary Health Sector Strengthening Project [PSSP] and development partners. In addition to direct expenditure from the Family Health Bureau, the Medical Supplies Division of Ministry of Health purchased contraceptives, micronutrients for pregnant, lactating mothers and children, reagents and other logistics required for the functioning of the Family Health Program.

The funding received for the Family Health Bureau was mainly utilized for printing of documents pertaining to monitoring and evaluation, guidelines, IEC material and individual client records (CHDR, pregnancy records, obstetric and neonatal records), procurement of commodities pertaining to child nutrition, procuring essential equipment for delivery of services in the hospitals and field services and for reviews and consultative meetings to maintain essential functions of the RMNCAYH programme.

Sources of funding for Family Health Bureau in 2021

Description	Allocation (LKR in Mn)	Expenses (LKR in Mn)	% Expenditure
GOSL	110,458,108.97	45,637,242.26	41.32
PSSP	137,500,000.00	133,577,159.11	97.15
WHO	3,181,717.24	3,012,984.00	94.70
UNICEF	600,000.00	540,530.00	90.09
UNFPA	16,384,149.80	16,384,149.80	100.00
TOTAL	268,123,976.01	199,152,065.17	74.3

Table 5.1: Capital allocation and expenditure in 2020 for activities in Family Health Bureau

The financial utilization was maximum with the UNFPA funds, although the proportion received from that was less. The lack of expenditure observed from GOSL funds was pertaining to the poor cash flow from the capital budget lines.

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

The above calculation does not include recurrent expenditures such as salaries, vehicle and building maintenance and bills. Financial allocation from GOSL budget line reduced over the years. However, financial expenditure increased exceeding the original allocation in 2020 it was not so in 2021. Despite the allocation in GOSL funds, poor cash flow resulted in less expenditure of funds.

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.

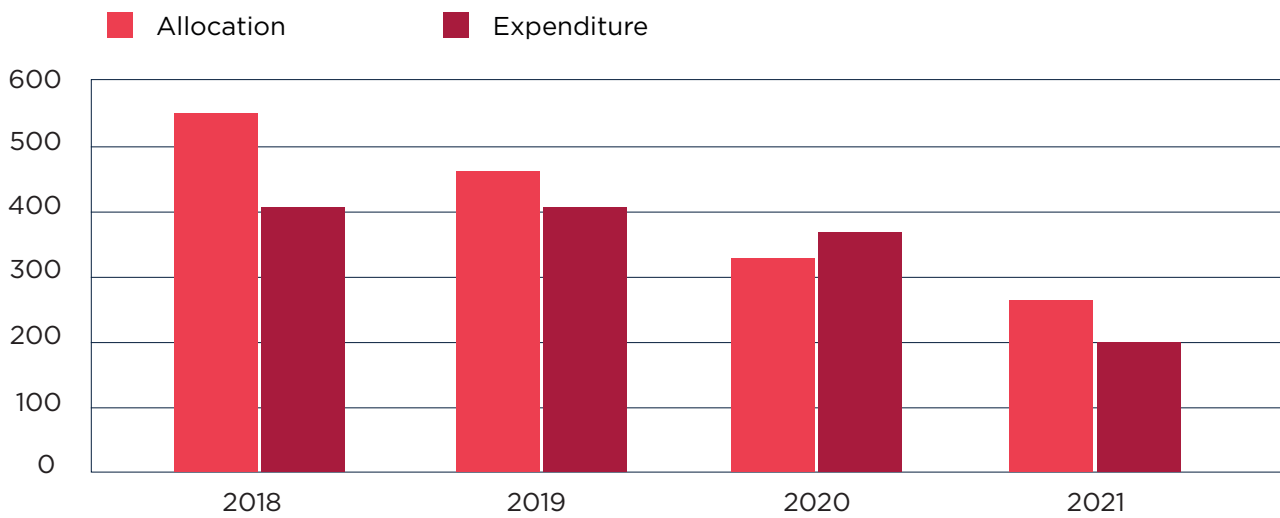


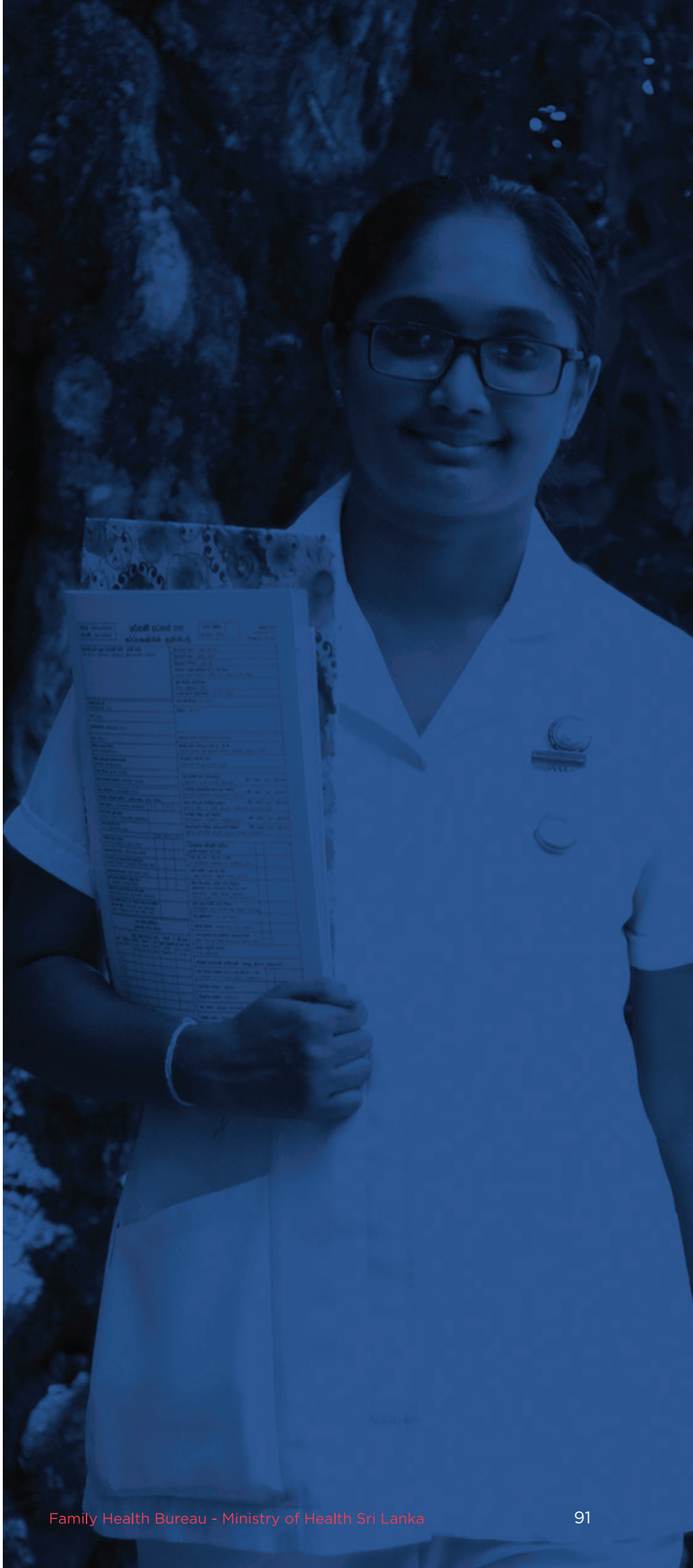
Figure 5.1 : Financial allocation & expenditure from 2018 - 2021

Challenges faced in relation to financial issues

Funding for the RMNCAYH program was mainly from the Ministry of Health. The Capital budget lines were received from the GOSL funding and through PSSP project (World Bank funding). In 2021, the capital expenditure was mainly for program design, capacity building, commodities and some logistics are from the Ministry of Health. The equipment and commodities purchased from the Family Health Bureau were distributed to hospitals and RDHS offices (to be re-distributed to MOH offices) for program implementation.

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 planned activities.

Deterioration of GOSL allocation and cash flow was observed in 2021. Use of tele communication increased in that year, however, programmes were unable to reimburse to the costs incurred by the participants.



ANNEXURES

Annexure 01

Population, birth rate, eligible families, pregnant mothers, and reported number of deliveries 2021

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	285575	52831.4	52722	4274	3900	5997.1	21	3756
Anuradhapura	948768	175522.1	187744	14957	12954	14990.5	15.8	12453
Badulla	892066	165032.2	159643	12515	11297	13024.2	14.6	10990
Batticaloa	583037	107861.8	113382	10862	9167	10436.4	17.9	9111
Colombo MC	594658	110011.7	78972	6135	5100	7968.4	13.4	4901
Colombo	1867770	345537.5	322439	20816	18531	25028.1	13.4	17477
Galle	1140249	210946.1	188600	14337	13172	17331.8	15.2	12590
Gampaha	2428445	449262.3	432995	30032	25890	28170.0	11.6	24999
Hambantota	674330	124751.1	120003	10473	9433	11396.2	16.9	9173
Jaffna	624950	115615.8	100781	9375	7986	9624.2	15.4	7623
Kalmunai	459047	84923.7	89275	9752	7685	9640.0	21	7659
Kalutara	984114	182061.1	173443	12648	11362	11514.1	11.7	10787
Kandy	1490538	275749.5	265059	20021	18013	22954.3	15.4	17243
Kegalle	894610	165502.9	150768	11214	10185	11987.8	13.4	9576
Kilinochchi	132091	24436.8	24042	2380	1954	2892.8	21.9	1840
Kurunegala	1732981	320601.5	314281	24333	21417	24954.9	14.4	20797
Mannar	113379	20975.1	23200	2397	2119	2097.5	18.5	2036
Matale	527301	97550.7	96062	7707	6844	7540.4	14.3	6788
Matara	869755	160904.7	148465	11440	10601	11393.8	13.1	10109
Moneragala	505229	93467.4	100688	8469	7425	7679.5	15.2	7080
Mullaitivu	98569	18235.3	22681	2050	1706	867.4	8.8	1614
NIHS	305430	56504.6	52890	4407	3873	3573.5	11.7	3620
NuwaraEliya	778212	143969.2	136881	10883	9792	10583.7	13.6	9345
Polonnaruwa	445895	82490.6	90552	7127	6206	7089.7	15.9	5995
Puttalam	842326	155830.3	165169	13294	11230	13898.4	16.5	11035
Ratnapura	1187617	219709.1	196324	7853	6945	17695.5	14.9	6727
Trincomalee	436474	80747.7	87342	8983	7785	9296.9	21.3	7409
Vavuniya	193279	35756.6	33932	3054	2542	2957.2	15.3	2291
Sri Lanka	22036695	4076788.6	3928335	301788	265114	321735.7	14.6	255024

Annexure 02

Antenatal Care 2021

RDHS	Percentage of pregnant mothers registered before 8 weeks	% of total teenage mothers registered	Percentage of primi pregnant mothers registered	Percentage of pregnant mothers with gravida 5 or more	Percentage of pregnant mothers protected for Rubella	Percentage of pregnant mothers with any antenatal morbidities	Percentage of mothers protected for Tetanus at the time of delivery	Percentage of mothers tested for blood group and Rh at the time of delivery	Percentage 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	90.1	2.6	29.2	2.1	99.4	46.3	99.8	99.8	99.8	98.2	3.7
Anuradhapura	83.2	4.8	29.8	2.7	99.1	41.7	99.5	99.5	99.4	94.3	4.2
Badulla	85.8	4.2	31.9	1.7	97.8	28.9	99.7	99.7	99.3	97.1	2.8
Batticaloa	82.6	7.3	36.5	2.4	99.1	34.3	99.7	99.7	99.6	95.2	5.2
Colombo MC	52.3	4.5	34.0	2.9	91.2	38.7	98.8	99.4	98.6	85.3	5.2
Colombo	72.9	2.8	38.6	1.3	97.0	37.6	99.0	99.5	99.1	94.3	5.2
Galle	85.5	3.6	31.0	2.3	97.9	35.0	99.4	99.5	99.0	94.6	4.2
Gampaha	76.9	3.1	35.7	1.8	98.7	39.4	99.4	99.6	99.4	90.1	5.3
Hambantota	89.9	3.3	28.7	2.8	99.6	39.3	99.8	99.8	99.6	97.9	6.2
Jaffna	88.8	3.3	36.7	1.2	99.2	43.2	99.4	99.5	99.2	97.2	5.7
Kalmunai	86.0	5.6	31.0	4.4	98.2	40.3	99.9	99.8	99.8	98.6	8.0
Kalutara	83.3	3.3	34.2	2.0	99.1	38.6	99.6	99.7	99.6	94.4	4.1
Kandy	82.4	2.7	31.3	2.7	97.0	32.6	99.3	99.2	99.0	94.2	3.7
Kegalle	82.4	2.9	31.3	2.0	99.2	34.2	99.5	99.5	99.1	94.5	4.2
Kilinochchi	84.5	7.2	37.4	2.4	98.6	46.6	99.2	99.0	99.1	97.1	13.0
Kurunegala	84.8	3.4	30.0	2.2	99.5	45.1	99.8	99.7	99.6	96.6	3.0
Mannar	78.4	4.5	32.7	2.7	95.1	47.9	99.7	99.8	99.6	96.1	13.6
Matale	85.0	3.8	30.8	2.7	99.8	37.4	99.9	99.8	99.9	96.3	5.9
Matara	85.5	3.3	30.2	2.7	99.6	36.2	99.8	99.9	99.8	96.9	4.9
Moneragala	89.0	3.9	27.7	2.1	99.1	36.8	99.6	99.6	99.2	96.8	2.7
Mullaitivu	81.3	5.2	36.5	2.2	97.8	48.6	99.0	98.9	98.7	94.7	14.5
NIHS	81.4	3.8	32.4	2.9	99.4	32.7	99.8	99.9	99.9	93.0	5.3
Nuwara Eliya	71.7	4.1	30.2	1.9	98.3	27.0	98.8	98.8	98.6	89.6	3.5
Polonnaruwa	87.7	3.9	29.7	2.3	99.6	42.0	99.8	99.8	99.8	93.2	5.1
Puttalam	81.3	5.8	31.5	2.9	99.1	41.8	99.8	99.8	99.4	95.1	3.3
Ratnapura	82.6	3.4	30.8	2.0	98.7	39.4	99.7	99.7	99.5	93.6	4.0
Trincomalee	82.4	3.9	32.0	4.6	99.0	37.3	99.7	99.4	99.2	96.9	7.9
Vavuniya	79.8	7.5	34.6	2.4	97.6	37.6	99.4	99.5	99.3	94.3	3.1
Sri Lanka	81.8	4.5	32.4	2.3	98.5	38.0	99.5	99.6	99.4	94.6	4.8

Annexure 03

Indicators of clinic care, ante-natal screening and status of BMI among pregnant mothers in 2021

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	93.6	6.1	35.8	0.49	35.7	31.2	86.6	15.1	32.8
Anuradhapura	96.7	6.6	90.8	0.26	32.0	25.7	87.1	13.5	36.1
Badulla	94.4	7.1	97.3	0.1	16.6	25.5	85.2	15.7	28.2
Batticaloa	96.8	6.1	98.4	0.3	22.4	54.7	86.2	15.0	33.2
Colombo MC	101.5	4.5	84.2	0.42	27.0	0.48	67.4	10.6	46.1
Colombo	90.2	3.9	84.3	0.17	20.5	16.6	68.8	10.8	36.3
Galle	92.7	5.2	64.4	0.21	20.9	4.7	79.4	16.0	29.0
Gampaha	96.8	4.6	90.3	0.09	24.0	3.4	75.7	11.3	35.0
Hambantota	95.5	5.2	90.6	0.02	25.9	27.2	88.3	16.0	26.7
Jaffna	91.5	6.6	31.3	0.76	29.4	25.6	86.9	13.3	32.2
Kalmunai	95.8	5.4	99.6	0	28.1	48.6	89.1	11.3	38.3
Kalutara	95.4	5.0	91.3	0.16	24.5	37.8	82.4	12.9	35.7
Kandy	94.0	5.5	88.0	0.59	18.4	24.1	82.5	13.0	32.8
Kegalle	89.0	5.1	96.0	0.2	23.7	31.6	77.7	15.1	30.4
Kilinochchi	88.9	11.3	28.2	0.52	31.5	14.7	84.2	19.7	28.5
Kurunegala	93.6	6.1	98.0	0.3	34.7	31.5	85.6	14.6	31.2
Mannar	96.9	6.3	0	0.28	28.0	2.1	88.3	13.2	37.5
Matale	95.9	5.9	99.6	0.01	26.1	30.8	89.4	13.7	35.0
Matara	95.5	6.0	82.9	0.12	23.8	31.3	84.4	15.7	28.0
Moneragala	93.0	5.1	107.1	0.3	24.7	51.9	85.9	16.2	30.0
Mullaitivu	158.0	5.4	61.5	0.12	28.1	52.7	86.2	16.7	28.7
NIHS	95.7	4.5	94.3	0.16	21.4	102.6	82.9	11.9	39.6
NuwaraEliya	93.8	7.1	83.1	0.37	14.2	21.6	75.4	16.2	26.7
Polonnaruwa	98.5	6.0	102.4	0.16	30.0	103.2	90.2	13.4	36.5
Puttalam	93.6	5.9	99.6	0.21	31.5	55.2	81.4	13.0	35.9
Ratnapura	96.2	6.4	99.8	0.12	27.4	55.1	84.0	17.0	27.3
Trincomalee	96.4	6.0	51.5	0.12	25.6	30.9	89.3	12.7	40.2
Vavuniya	114.3	6.5	17.6	0.24	29.1	13.0	80.8	14.6	29.9
Sri Lanka	95.2	5.6	85.3	0.23	25.1	30.4	82.1	13.9	33.1

Annexure 04

Natal Care 2021

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	3900	100.0	0.03	0.03	1	40.0	65.0
Anuradhapura	12954	99.9	0.06	0.02	3	35.8	86.4
Badulla	11297	99.8	0.21	0.08	9	35.9	86.7
Batticaloa	9167	99.8	0.17	0.13	12	34.5	87.8
Colombo MC	5100	99.9	0.06	0.06	3	35.6	64.0
Colombo	18531	100.0	0.04	0.03	5	49.4	74.0
Galle	13172	99.9	0.08	0.02	3	43.1	76.0
Gampaha	25890	99.9	0.07	0.04	11	49.7	91.9
Hambantota	9433	100.0	0.02	0.01	1	47.6	82.8
Jaffna	7986	99.9	0.08	0.05	4	37.3	83.0
Kalmunai	7685	99.9	0.07	0.07	5	45.5	79.7
Kalutara	11362	99.9	0.07	0.03	3	48.5	98.7
Kandy	18013	99.9	0.09	0.07	12	44.6	78.5
Kegalle	10185	99.9	0.11	0.08	8	48.7	85.0
Kilinochchi	1954	99.8	0.15	0.05	1	23.7	67.5
Kurunegala	21417	100.0	0.03	0.02	4	49.1	85.8
Mannar	2119	99.7	0.28	0.14	3	35.0	101.0
Matale	6844	100.0	0.04	0.04	3	49.3	90.8
Matara	10601	100.0	0.05	0.04	4	49.9	93.0
Moneragala	7425	100.0	0.01			38.1	96.7
Mullaitivu	1706	99.8	0.18	0.12	2	23.4	196.7
NIHS	3873	99.9	0.08	0.05	2	42.7	108.4
NuwaraEliya	9792	99.4	0.6	0.3	29	33.0	92.5
Polonnaruwa	6206	99.8	0.16	0.16	10	42.6	87.5
Puttalam	11230	99.9	0.11	0.06	7	42.4	80.8
Ratnapura	6945	99.8	0.19	0.09	6	40.4	39.2
Trincomalee	7785	99.9	0.13	0.08	6	29.1	83.7
Vavuniya	2542	99.8	0.16	0.08	2	39.0	86.0
Sri Lanka	265114	99.9	0.1	0.06	159	43.1	82.4

Annexure 05

Indicators of post-natal care, post-natal visits, Vitamin A supplementation, post-natal complications by districts 2021

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	93.1	93.6	97.2	9.2	18.6	34.7	0.05	12.9	13.4
Anuradhapura	94.7	81.0	101.3	9.3	16.8	32.5	0.08	12.6	12.9
Badulla	96.0	90.9	94.9	7.1	10.4	16.5	0.15	15.6	16.1
Batticaloa	95.8	85.5	98.7	6.9	12.3	20.7	0.1	15.9	15.9
Colombo MC	49.8	25.8	81.9	4.8	19.9	28.1	0.35	11.4	11.6
Colombo	85.7	70.6	88.5	13.7	11.9	18.8	0.17	10.3	10.5
Galle	98.0	92.8	91.7	19.0	11.4	21.2	0.2	12.0	11.8
Gampaha	88.3	58.1	92.9	10.7	12.9	25.3	0.1	11.2	11.3
Hambantota	97.8	94.9	95.5	13.5	12.7	24.9	0.01	11.3	11.7
Jaffna	96.9	78.8	98.4	5.6	23.5	29.4	0.06	11.8	12.2
Kalmunai	94.0	91.4	97.7	10.1	14.6	28.8	0.13	11.0	10.9
Kalutara	91.0	86.0	92.4	11.7	11.2	23.9	0.03	11.9	11.8
Kandy	94.3	88.1	80.3	13.2	10.7	16.4	0.05	12.1	12.6
Kegalle	91.7	75.4	88.2	8.3	13.2	25.1	0.13	13.8	13.8
Kilinochchi	98.5	87.2	100.2	3.4	17.7	33.2	0.15	10.1	10.5
Kurunegala	90.7	79.7	84.6	8.7	19.8	35.0	0.13	11.6	11.9
Mannar	91.1	95.5	97.4	4.9	14.4	26.4	0.24	11.5	11.8
Matale	95.4	83.1	96.4	11.7	11.9	24.1	0.19	12.7	13.3
Matara	96.3	90.1	98.7	13.4	13.5	22.6	0.3	12.3	12.9
Moneragala	91.4	80.4	94.7	8.8	12.6	25.4	0.05	13.4	13.4
Mullaitivu	87.2	86.9	97.5	4.6	16.7	29.9	0.29	10.3	10.5
NIHS	87.7	76.1	97.8	5.4	9.2	21.4	0.28	10.2	10.3
NuwaraEliya	95.0	82.0	93.4	9.5	11.8	14.4	0.23	20.7	21.1
Polonnaruwa	98.6	95.9	98.5	10.9	14.6	27.9	0.03	13.6	13.9
Puttalam	96.5	83.7	94.5	6.8	19.2	34.0	0.07	10.7	10.7
Ratnapura	95.9	81.8	94.6	12.1	14.0	25.8	0.24	14.3	14.1
Trincomalee	90.3	86.4	98.9	4.9	9.9	23.4	0.05	13.8	13.7
Vavuniya	88.9	60.5	96.0	6.3	21.7	27.8	0.27	10.7	10.7
Sri Lanka	92.2	80.4	92.8	10.2	14.0	24.8	0.12	12.5	12.7

Annexure 06

Indicators of child care service provision: Infant registration, field visits and vitamin A supplementation 2021

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	65.9	5.3	67.38	66.6	74.8
Anuradhapura	87.4	6.7	94.9	94.1	108.7
Badulla	88.0	9.7	92.8	90.7	97.3
Batticaloa	90.3	7.3	94.45	98.1	101.5
Colombo MC	70.8	3.6	1.24	1.7	2.2
Colombo	77.8	5.9	61.9	67.5	75.3
Galle	81.8	7.0	64.4	66.3	74.0
Gampaha	94.7	5.9	87.6	89.7	98.2
Hambantota	86.7	7.4	82.6	84.5	89.9
Jaffna	90.2	11.1	81.7	83.9	82.8
Kalmunai	81.7	9.1	93.6	103.4	109.0
Kalutara	100.6	7.4	88.8	92.9	103.4
Kandy	83.0	9.1	79.2	80.8	90.6
Kegalle	94.6	8.4	92.2	94.0	107.4
Kilinochchi	81.0	7.2	67.96	73.1	73.6
Kurunegala	85.3	6.8	87.3	87.9	99.6
Mannar	118.1	31.1	103.2	104.3	100.7
Matale	95.5	8.9	92.4	96.3	110.4
Matara	97.1	5.8	93	96.1	103.0
Moneragala	102.9	7.3	93.7	96.1	114.4
Mullaitivu	207.2	20.1	214.5	206.4	222.2
NIHS	110.5	6.4	101.5	109.2	122.7
NuwaraEliya	100.5	10.8	102.2	100.3	107.0
Polonnaruwa	90.5	6.0	95.7	94.8	107.1
Puttalam	82.3	6.6	91.1	91.3	104.2
Ratnapura	39.6	7.8	44.1	44.4	47.9
Trincomalee	82.9	7.4	86.19	87.5	96.2
Vavuniya	98.2	8.4	86.6	89.1	94.7
Sri Lanka	85.9	7.6	81.5	83.4	91.9

Annexure 07

Weighing coverage of children under 5 years 2017 - 2021 | Nutrition Month

	2017	2018	2019	2020	2021
Colombo	82.5	84.2	88.3	88.1	80.8
CMC	66.8	71.6	71.5	62	61.6
Gampaha	90.9	90.2	90.4	86	78.7
Kalutara	93.5	94.6	95.2	94.2	91.9
NIHS	93.5	91.7	91.8	93.3	90.4
Anuradapura	92.4	93	94.3	95.5	93.6
Polonnaruwa	97.8	98.4	98.9	99.4	98.1
Badulla	97.9	98.7	98.5	99.4	99.1
Monaragala	98.8	98.8	NO DATA	NO DATA	98.6
Galle	95.4	95.1	95.6	94.2	91.2
Matara	98.4	98.5	98.7	98.6	97.2
Hambantota	97.6	97.9	99.2	99.2	99.1
Kandy	91.2	91.9	94.8	95.6	94.8
Matale	97.4	97.9	97.8	98.8	98.2
Nuwara Eliya	94.6	95.2	96.7	98.3	97.8
Kegalle	96.6	97	98	96.2	95.4
Ratnapura	96.6	97.2	98.1	98.4	NO DATA
Kurunagala	94.5	94.4	93	93.2	91.6
Puttalam	95.7	95.1	95	94.2	85.4
Ampara	99.7	99.8	100	100	100.0
Kalmunai	97.5	97.4	97.9	98.4	97.9
Batticaloa	95.7	96.5	96.1	95.2	96.2
Trincomalee	98.9	98.7	99.4	98.7	99.2
Jaffna	99.2	99.6	99.7	98.5	98.8
Killinochchi	99.2	99.9	99.9	99.7	71.5
Mullaitivu	95.4	93.8	97.2	98	96.0
Vavuniya	95.9	95.9	95.6	97.6	96.1
Mannar	97.0	97.6	99	98.9	93.4
Sri Lanka	93.8	94.3	94.8	94.4	91.6

Annexure 08

Nutritional status of infants 2016 – 2020 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Colombo	6.3	6.2	6.0	5.8	6.1	3.9	3.6	3.1	3.1	3.1	4.6	3.9	3.8	3.6	3.9
CMC	9.9	10.8	10.2	9.4	8.3	7.2	5.5	5.8	5.3	5.6	8.2	7.7	7.4	5.2	5.7
Gampaha	7.0	7.0	7.6	6.8	6.3	4.2	4.3	4.5	3.8	3.4	6.3	5.5	5.7	4.8	4.2
Kalutara	7.3	7.7	7.5	7.3	6.7	4.2	4.5	4.4	4.0	4.0	6.3	5.4	4.9	4.7	3.9
NIHS	7.6	8.1	8.5	7.6	7.5	4.0	4.4	4.8	4.2	4.7	6.7	5.5	6.4	6.1	4.6
Anuradapura	8.2	8.4	9.5	7.1	7.4	4.8	5.1	5.3	4.3	4.5	8.9	7.5	7.4	5.2	4.8
Polonnaruwa	9.6	8.8	9.7	7.4	7.8	5.7	5.6	5.8	4.2	5.1	8.3	6.8	7.4	5.0	5.6
Badulla	9.9	10.8	10.1	9.2	8.8	7.1	7.4	7.1	6.0	6.3	9.0	7.9	6.8	5.6	5.4
Monaragala	6.6	7.3	NO DATA	NO DATA	6.4	4.6	4.9	NO DATA	NO DATA	4.3	5.9	5.2	NO DATA	NO DATA	4.0
Galle	7.1	7.6	7.2	7.5	6.9	4.6	4.6	4.3	4.0	4.0	6.7	6.5	6.2	5.8	5.2
Matara	7.8	7.9	8.6	8.2	8.2	4.5	5.0	4.5	3.8	4.1	7.8	6.8	7.5	6.4	5.6
Hambantota	6.8	6.3	6.3	5.9	6.1	4.4	3.9	3.7	3.8	4.0	5.6	5.2	4.7	4.5	4.9
Kandy	8.5	8.7	9.1	8.3	8.3	5.7	6.0	5.9	5.2	5.6	6.7	6.7	6.0	4.9	4.8
Matale	7.4	8.3	8.5	7	7.4	4.5	5.5	5.6	4.7	5.1	5.5	5.6	5.0	4.4	3.9
NuwaraEliya	14.6	15.7	13.0	13.4	14.0	14.1	13.3	11.8	11.6	11.5	11.3	10.2	8.7	7.9	6.9
Kegalle	9.2	10.2	9.5	8.1	7.9	5.0	6.0	5.0	4.5	4.5	7.3	6.7	6.0	4.6	4.5
Ratnapura	8.9	9.9	9.5	8.8		5.7	7.2	6.1	5.9		7.1	7.3	6.3	5.7	
Kurunagala	6.9	7.7	8.2	7.1	7.0	4.4	5.1	5.5	5.1	4.9	6.7	7.1	6.9	5.7	5.8
Puttalam	7.1	6.7	7.4	6.1	6.2	3.7	3.7	4.1	3.5	3.6	6.8	5.9	5.8	4.5	4.7
Ampara	8.9	8.3	8.8	7.9	8.1	4.7	5.0	5.3	5.2	5.5	5.7	5.2	5.1	5.1	3.7
Kalmunai	5.6	5.5	5.8	5.5	5.2	4.3	3.8	4.0	4.0	4.0	4.6	4.5	3.7	3.8	3.2
Batticaloa	4.9	5.2	5.3	5.1	5.9	4.0	4.1	3.7	4.8	4.5	3.9	3.8	3.7	3.6	3.8
Trincomalee	8.1	8.3	8.8	6.5	6.7	5.3	6.1	5.5	5.2	5.6	6.5	5.2	5.6	3.6	3.5
Jaffna	6.6	7.0	7.4	6.8	6.6	3.7	4.2	4.4	4.4	3.3	4.9	5.3	5.7	5.5	6.0
Killinochchi	4.8	4.7	5.5	3.8	5.9	2.8	3.3	3.1	2.1	3.3	2.1	2.4	2.6	1.5	2.5
Mullaitivu	5.7	5.6	6.6	6.5	4.9	3.1	3.3	2.6	4.3	2.8	3.0	1.5	3.1	4.0	2.5
Vavuniya	8.0	7.3	8.2	7.1	6.1	4.9	4.3	5.8	4.7	4.5	6.0	5.4	6.1	3.6	2.4
Mannar	4.8	5.1	4.5	4.5	3.5	3.0	3.5	2.5	4.4	2.7	3.2	3.5	3.9	4.3	3.3
Sri Lanka	7.8	8.1	8.1	7.4	7.2	5.1	5.3	5.0	4.7	4.7	6.7	6.1	5.8	5.0	4.7

Annexure 09

Nutritional status of young children (1 – 2 years) 2017 – 2021| Nutrition Month

	UW%					Stunting%					Wasting%				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Colombo	9.4	8.7	8.2	7.8	6.8	6.3	5.7	5.5	5.2	4.8	6.4	5.5	5.3	4.8	4.6
CMC	12.3	12.6	12.5	10.6	10.4	10.2	9.2	7.8	8.4	8.6	9.9	9.9	8.8	6.2	6.7
Gampaha	11.0	10.7	10.7	9.2	8.3	7.6	7.5	7.6	6.2	5.6	9.3	8.5	8.6	6.8	5.8
Kalutara	11.7	11.2	11.2	9.8	8.9	8.0	7.9	8.4	7.4	6.3	9.0	8.4	7.3	6.4	5.6
NIHS	11.7	13.3	12.4	10	9.6	7.9	8.1	9.3	6.6	6.7	10.1	7.4	9.0	7.2	6.2
Anuradapura	15.0	14.8	16.6	14.1	12.2	9.8	9.4	10.5	9.5	8.4	12.9	11.9	11.9	9.2	7.4
Polonnaruwa	15.7	15.6	16.4	12.8	11.3	11.1	9.5	10.5	8.6	7.5	12.1	12.4	11.4	8.9	8.9
Badulla	16.1	16.6	15.7	13.7	13	15.3	14.6	14.0	11.9	11.6	11.5	11.0	10.1	8	7.6
Monaragala	12.2	12.6	No Data	No Data	10.5	8.8	9.9	No Data	No Data	8.2	9.4	9.0	No Data	No Data	7.5
Galle	11.9	12.2	12.6	11.1	10.1	8.5	8.7	8.4	7.9	7.1	10.3	10.2	10.0	8.5	8.1
Matara	12.5	12.1	14.1	12.7	10.4	9.6	9.4	9.5	7.7	7.1	10.9	9.8	10.0	9	7.8
Hambantota	12.1	11.4	11.8	10.3	9.5	8.0	7.8	6.7	7.1	6.1	10.7	10.0	9.0	7.6	7.7
Kandy	13.6	13.4	14.2	12.3	11	11.2	11.1	11.7	10.7	9.9	9.8	9.1	9.0	7.2	6.4
Matale	13.4	13.5	14.7	11.8	10.4	9.6	10.3	10.9	8.7	8.2	9.5	9.3	9.2	7.7	6.4
Nuwara Eliya	20.4	21.1	19.1	18.9	18.6	23.3	25.0	20.8	23.3	20.1	14.3	12.6	11.1	9.5	9.0
Kegalle	15.1	15.4	14.3	12	10.4	9.9	10.8	9.4	8.5	7.1	10.4	9.9	9.7	7.2	6.1
Ratnapura	14.8	15.2	14.7	13.2		11.8	12.6	11.7	10.9		10.5	10.3	9.5	8.5	
Kurunagala	12.7	13.1	13.9	12.2	10.7	8.8	8.2	9.2	9.6	8.6	11.3	11.4	12.1	9.6	8.7
Puttalam	12.5	11.6	12.5	12	9.9	8.8	8.2	8.7	8.4	7.2	10.6	9.0	9.4	8	7.1
Ampara	14.5	15.1	16.2	12.8	12.1	9.6	10.5	10.4	8.7	8.7	9.5	9.7	9.5	7.9	7.2
Kalmunai	10.2	9.1	9.7	9.3	9	8.8	8.0	7.5	7.7	7.1	6.1	5.4	6.1	5.1	5.0
Batticaloa	10.3	9.3	10.3	8.8	9.4	7.8	7.4	7.9	7.6	7.5	6.4	5.5	6.4	6	6.2
Trincomalee	15.5	15.8	17.0	13.9	12.4	11.6	12.2	12.2	11.1	11.3	11.1	10.1	9.9	7.5	7.2
Jaffna	12.4	12.4	12.0	10	9.1	8.1	8.9	8.6	8.2	7.0	9.5	9.1	8.4	7.6	6.8
Killinochchi	12.5	9.5	10.0	9.6	11.9	10.2	7.3	8.0	7.8	8.0	7.0	5.5	6.9	5.3	6.7
Mullaitivu	13.7	13.7	15.5	12.1	10.2	10.4	6.5	7.9	8.9	6.0	6.4	6.7	7.3	7.5	4.7
Vavuniya	15.9	13.6	16.9	13.3	11	12.9	9.9	12.2	10.0	9.1	10.3	7.5	9.7	7.8	6.2
Mannar	12.1	10.1	11.1	9.5	9.2	7.4	7.8	7.6	9.0	7.0	8.4	7.6	7.3	7.1	6.7
Sri Lanka	13.1	12.9	13.1	11.6	10.4	9.9	9.8	9.6	9.0	8.2	10.0	9.4	9.2	7.6	6.9

Annexure 10

Nutritional status of pre-school children 2017 – 2021 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Colombo	11.5	10.2	9.7	9.3	8.3	6.4	5.6	5.1	5.0	4.4	8	7.1	6.6	6.1	5.6
CMC	16.3	15	14.1	13.5	12.5	10	9.7	7.7	6.9	7.1	12.4	11.2	10.1	8.1	8.8
Gampaha	13.3	12.8	13.3	12.2	11.1	6.7	6.4	6.4	5.9	5.4	12.0	11.2	11.4	10	9.1
Kalutara	15.2	14.6	14.1	12.9	12.0	8.2	8.1	7.8	7.0	6.2	12.1	10.9	10.3	8.6	8.2
NIHS	13.6	13.7	14.1	12.3	12.4	7.7	8.0	7.6	6.6	6.6	11.0	9.3	10.2	7.8	8.2
Anuradapura	19.8	19.7	20.3	18.2	17.4	10.0	10.3	10.6	9.3	8.4	16.0	14.3	14.5	12	11.7
Polonnaruwa	20.9	19.8	19.6	17.3	16.2	10.8	9.6	9.5	8.8	7.8	15.8	14.8	15.5	12.9	11.6
Badulla	22.1	21.8	20.8	19.9	18.6	13.8	14.2	12.7	12.1	10.7	16.1	14.8	14.1	12.2	12.2
Monaragala	17.2	16.7	NA	NA	15.2	8.8	9.6	NA	NA	8.0	12.6	11.7	No Data	No Data	10.1
Galle	15.9	15.7	15.3	15.4	14.3	8.4	8.2	7.8	7.8	6.9	13.9	13.2	13.0	12.3	11.4
Matara	17.3	16.2	16.3	16.2	15.6	9.5	8.9	8.6	8.6	7.8	14.5	11.9	12.8	11.2	11.4
Hambantota	16.1	14.8	15.7	14.5	14.3	8.5	7.1	7.6	7.8	6.9	12.9	11.3	11.4	11	11.2
Kandy	17.7	17.0	17.2	15.3	14.1	11.5	11.4	11.2	10.1	9.2	11.9	11.3	10.7	8.7	7.7
Matale	17.4	18.0	17.8	16.8	14.9	10.7	10.7	10.2	9.5	8.4	11.4	11.2	11.6	11	9.9
Nuwara Eliya	23.9	26.5	23.8	23	22.4	20.1	23.4	20.5	21.2	18.5	15.0	13.3	11.9	10.7	10.8
Kegalle	20.3	19.3	18.2	16	15.5	9.7	9.4	9.0	9.0	7.0	15.7	14.4	13.3	10.3	10.4
Ratnapura	20.5	20.7	19.1	17.4		11.9	12.5	10.8	10.8		14.2	14.0	12.6	11.5	
Kurunagala	16.5	17.1	17.1	15.9	14.5	8.5	8.8	8.5	8.7	7.7	13.7	14.1	14.1	12.7	11.9
Puttalam	16.1	16.2	16.5	15.1	13.2	8.9	9.1	8.5	9.2	6.8	12.4	11.3	12.0	10.5	9.8
Ampara	21.3	19.7	20.7	18.1	16.7	10.6	10.3	10.5	8.9	8.0	14.6	13.2	13.5	12.4	12.0
Kalmunai	12.7	12.6	11.5	12.3	11.3	8.5	8.6	7.8	8.2	7.3	7.3	6.7	6.6	6.2	5.9
Batticaloa	15.1	13.9	13.5	13.4	12.7	8.8	8.1	8.0	8.5	7.4	8.2	7.3	7.6	7.1	7.1
Trincomalee	21.2	20.8	20.8	19.3	17.5	13.3	12.3	13.0	12.1	11.3	13.3	12.2	11.7	10.1	9.6
Jaffna	16.1	15.8	15.0	13.9	13.1	9.9	10.0	8.9	8.9	8.3	11.2	10.9	9.9	9.3	8.7
Killinochchi	19.3	18.4	18.0	16.3	25.3	12.8	11.0	11.3	11.3	16.2	11.3	10.1	9.0	9.8	15.0
Mullaitivu	21.7	21.3	19.5	19.3	17.7	11.6	10.9	9.6	11.1	7.8	10.2	10.5	10.3	11.6	9.7
Vavuniya	20.4	18.2	19.9	19	16.6	13.1	11.4	10.7	10.5	9.1	12.7	11.5	12.7	10.9	10.4
Mannar	16.1	15.2	13.9	13.8	13.9	9.5	8.7	8.2	9.0	8.4	8.6	9.8	8.6	9.2	8.4
Sri Lanka	17.2	16.9	16.4	15.5	14.4	9.9	9.8	9.2	9.1	8.0	12.8	11.9	11.6	10.2	9.7

Annexure 11

Children under the age of 5 years from 2017 - 2021 | Nutrition Month

	UW%					Stunting%					Wasting%				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Colombo	9.9	7.7	8.6	8.2	7.5	5.8	6.6	4.8	4.6	4.2	6.9	6.1	5.7	5.3	5.0
CMC	13.8	13.5	12.8	11.8	11.1	9.4	8.6	7.3	6.9	7.1	10.8	10.1	9.2	7	7.6
Gampaha	11.5	11.2	11.5	10.4	9.4	6.4	6.2	6.2	5.5	5.0	10.2	9.4	9.6	8.2	7.3
Kalutara	12.9	12.5	12.2	11.2	10.3	7.4	7.3	7.3	6.5	5.8	10.3	9.3	8.6	7.4	6.9
NIHS	12.1	12.5	12.6	10.9	10.9	7.1	7.3	7.4	6.1	6.3	10.0	8.2	9.2	7.4	7.1
Anuradhapura	16.6	16.5	17.4	15.3	14.5	8.9	9.1	9.6	8.4	7.7	14.0	12.5	12.6	10.1	9.5
Polonnaruwa	17.7	16.8	17.0	14.5	13.7	9.8	8.8	9.0	7.9	7.2	16.9	12.7	13.1	10.6	10.0
Badulla	18.5	18.7	17.8	16.6	15.6	12.8	13.0	11.8	10.9	10.0	13.8	12.7	11.9	10.1	10.0
Monaragala	14.2	14.1			12.7	8.0	8.7			7.3	10.7	9.9			8.5
Galle	13.4	13.4	13.1	12.9	12.0	7.7	7.6	7.2	7.1	6.3	11.7	11.2	11.0	10.2	9.5
Matara	14.6	13.8	14.3	14.0	13.1	8.6	8.3	7.9	7.5	6.9	12.5	10.5	11.2	9.8	9.6
Hambantota	13.5	12.6	13.1	12.0	11.8	7.6	6.6	6.7	6.9	6.2	11.0	9.9	9.6	9.1	9.3
Kandy	15.0	14.6	15.0	13.3	12.4	10.3	10.3	10.2	9.3	8.7	10.5	10.0	9.5	7.6	6.9
Matale	14.7	15.2	15.3	14.0	12.7	9.3	9.6	9.4	8.5	7.7	9.9	9.7	9.8	9.1	8.1
Nuwara Eliya	21.5	23.5	20.8	20.4	20.0	19.6	21.8	18.9	19.8	17.4	14.2	12.6	11.1	9.9	9.7
Kegalle	17.1	16.8	15.8	13.7	13.1	8.9	9.0	8.3	8.0	6.6	13.0	12.1	11.2	8.6	8.4
Ratnapura	17.2	17.5	16.3	14.9		10.7	11.5	10.1	9.9		12.1	12.0	10.7	9.8	
Kurunagala	13.8	14.5	14.6	13.4	12.3	7.8	8.1	8.0	8.2	7.4	11.8	12.1	12.2	10.7	10.1
Puttalam	13.6	13.4	13.8	12.7	11.2	7.9	7.8	7.6	7.9	6.3	10.9	9.8	10.1	8.8	8.2
Ampara	17.6	16.7	17.5	15.1	14.2	9.3	9.3	9.5	8.2	7.7	11.9	11.0	11.1	10.1	9.5
Kalmunai	10.7	10.3	9.8	10.2	9.8	7.7	7.4	6.9	7.2	6.6	6.5	5.9	5.8	5.5	5.2
Batticaloa	12.1	11.1	10.9	10.6	10.7	7.7	7.1	7.0	7.5	6.9	7.1	6.2	6.5	6.2	6.3
Trincomalee	17.4	17.1	17.4	15.6	14.4	11.4	11.0	11.2	10.5	10.2	11.5	10.3	10.0	8.2	7.9
Jaffna	13.6	13.4	12.7	11.6	11.0	8.4	8.6	7.9	7.8	7.1	9.7	9.4	8.7	8.1	7.8
Killinochchi	15.2	13.8	13.4	12.3	16.8	10.4	8.7	8.7	8.6	10.6	8.7	7.6	7.0	7.1	9.5
Mullaitivu	17.5	16.8	15.9	15.1	13.5	9.9	8.6	7.7	9.3	6.4	8.3	8.0	8.1	9.2	7.2
Vavuniya	17.0	14.9	16.7	15.4	13.3	11.4	9.6	9.9	9.2	8.2	10.8	9.4	10.7	8.8	8.0
Mannar	13.1	12.2	11.3	11.0	10.7	7.8	7.5	6.9	8.0	6.9	7.5	8.1	7.4	7.7	7.0
Sri Lanka	14.5	14.3	14.0	13.1	12.2	9.0	8.9	8.4	8.2	7.4	11.1	10.2	9.9	8.6	8.2

Annexure 12

Nutritional status of infants and children (e RHMS) 2021

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)
Ampara	13.4	12.9	77.9	69.0	77.7	5.4	1.2	9.9	1.7	17.8	2.8
Anuradhapura	12.9	12.6	69.1	58.5	61.3	4.8	1.0	11.1	1.5	18.0	2.5
Badulla	16.1	15.6	79.3	72.6	74.6	6.4	1.5	11.5	2.3	18.8	3.3
Batticaloa	15.9	15.9	80.0	83.3	67.1	4.1	0.87	7.5	1.8	15.8	3.1
Colombo MC	11.6	11.4	40.3	25.3	22.4	5.0	1.1	8.0	1.5	11.5	2.0
Colombo	10.5	10.3	51.5	39.3	33.1	3.7	0.69	6.8	0.94	9.2	1.5
Galle	11.8	12.0	65.6	51.2	51.2	4.8	0.85	10.2	1.4	15.1	2.2
Gampaha	11.3	11.2	54.9	36.9	33.1	3.2	0.45	8.2	1.1	10.8	1.8
Hambantota	11.7	11.3	81.7	76.7	67.1	4.2	0.83	8.5	1.2	16.8	2.4
Jaffna	12.2	11.8	84.6	76.8	59.9	5.7	0.95	9.9	1.2	23.8	2.8
Kalmunai	10.9	11.0	78.6	72.8	56.4	4.2	0.96	8.3	1.7	14.5	2.6
Kalutara	11.8	11.9	74.7	49.8	55.5	3.9	0.56	8.5	1.0	11.9	1.7
Kandy	12.6	12.1	74.4	62.4	63.0	5.2	1.2	9.9	1.7	14.3	2.6
Kegalle	13.8	13.8	62.4	49.6	50.6	5.6	1.0	10.5	1.2	17.0	2.5
Kilinochchi	10.5	10.1	71.7	64.7	53.6	4.7	0.62	11.9	1.2	31.1	3.8
Kurunegala	11.9	11.6	60.8	48.4	55.1	4.7	0.95	9.9	1.5	13.5	2.2
Mannar	11.8	11.5	81.3	74.0	89.7	3.2	0.46	8.0	1.3	13.5	2.0
Matale	13.3	12.7	68.0	62.9	60.3	4.9	1.2	8.9	1.3	16.8	2.5
Matara	12.9	12.3	72.7	59.1	59.6	5.3	0.97	10.7	1.3	16.1	2.3
Moneragala	13.4	13.4	67.9	44.2	60.1	4.6	0.98	9.4	1.2	17.7	2.3
Mullaitivu	10.5	10.3	78.0	75.2	79.1	3.7	0.66	10.1	1.6	18.6	2.6
NIHS	10.3	10.2	62.6	46.9	45.8	4.4	0.77	8.5	1.4	12.5	1.7
NuwaraEliya	21.1	20.7	66.6	62.0	76.1	10.2	3.0	16.4	3.7	20.7	4.3
Polonnaruwa	13.9	13.6	79.1	72.8	73.6	5.3	1.1	10.3	1.5	18.7	2.7
Puttalam	10.7	10.7	63.6	47.4	45.5	4.2	0.92	10.4	1.7	15.7	2.7
Ratnapura	14.1	14.3	76.7	66.5	68.3	5.5	1.1	10.5	1.5	17.9	2.6
Trincomalee	13.7	13.8	81.4	75.5	71.2	5.3	1.1	11.2	2.0	20.2	3.4
Vavuniya	10.7	10.7	70.1	60.7	64.4	5.8	1.4	13.2	2.4	20.7	3.4
Sri Lanka	12.7	12.5	68.3	56.4	55.9	4.9	1.0	9.9	1.6	16.1	2.6

Annexure 13

Family Planning Performance 2021

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
Ampara	70.8	4.6	75.4	2.0	3.4	7321.5	0.1
Anuradhapura	65.1	7.4	72.5	3.8	2.8	29110.6	0.08
Badulla	69.4	5.1	74.5	4.2	2.6	21268.8	0.08
Batticaloa	50.8	7.2	58.0	5.3	2.4	32028.4	0.02
Colombo MC	55.2	11.4	66.5	9.5	2.2	13481.4	0.02
Colombo	56.2	11.2	67.4	6.7	4.9	54882.7	0.04
Galle	58.3	9.3	67.6	5.6	3.7	33804.3	0.26
Gampaha	52.1	12.5	64.5	8.1	4.5	79535.5	0.04
Hambantota	61.2	6.7	67.9	5.2	4.5	19983.7	0.12
Jaffna	53.9	7.8	61.7	2.8	4.2	25574.6	0.46
Kalmunai	50.2	10.8	61.0	5.1	3.6	21076.1	0.08
Kalutara	56.9	9.9	66.7	5.1	4.3	32959.0	0.08
Kandy	58.4	8.8	67.2	6.1	2.8	49630.9	0.12
Kegalle	58.7	8.9	67.6	6.0	3.2	27259.7	0.1
Kilinochchi	64.1	3.7	67.8	1.9	3.2	4984.7	0.02
Kurunegala	59.3	9.2	68.5	5.3	3.6	54549.8	0.11
Mannar	54.3	14.1	68.4	5.2	2.8	3958.4	
Matale	63.3	7.2	70.4	4.8	3.2	15641.9	0.11
Matara	61.3	8.5	69.8	6.3	4.1	21666.4	0.09
Moneragala	67.5	6.7	74.2	3.8	3.8	12612.8	0.45
Mullaitivu	66.2	4.6	70.9	3.1	2.0	4158.8	0.12
NIHS	55.6	12.1	67.7	6.4	4.7	8314.7	0.03
NuwaraEliya	68.1	5.5	73.7	6.6	2.0	16964.1	0.08
Polonnaruwa	66.7	6.6	73.3	3.2	3.8	13069.9	0.14
Puttalam	58.3	10.5	68.7	6.1	2.6	28427.5	0.04
Ratnapura	29.7	5.2	34.9	3.0	1.6	113541.3	0.08
Trincomalee	56.2	8.6	64.8	3.8	2.1	19842.2	0.16
Vavuniya	51.9	12.0	63.9	8.3	1.5	6894.8	0.04
Sri Lanka	57.4	8.9	66.3	5.5	3.4	772544.2	0.11

Annexure 14

Family Planning Performance 2021

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	7.5	26.7	8.9	9.8	4.8	13.1	0.01
Anuradhapura	10.5	21.5	10.7	6.8	6.3	9.4	0.0
Badulla	7.5	14.6	12.9	9.9	6.2	18.3	0.01
Batticaloa	5.8	22.5	2.9	3.6	6.9	9.1	0.0
Colombo MC	5.0	7.8	7.4	11.4	14.2	9.2	0.01
Colombo	7.6	6.4	11.8	6.7	14.7	8.9	0.02
Galle	9.9	10.6	11.2	5.0	11.0	10.6	0.01
Gampaha	8.6	7.8	9.5	4.8	12.3	9.1	0.01
Hambantota	9.0	10.4	15.8	5.6	9.9	10.5	0.01
Jaffna	6.1	8.1	4.2	4.5	10.8	20.2	0.02
Kalmunai	6.0	15.3	3.5	3.3	10.8	11.3	0.0
Kalutara	7.3	9.1	11.0	5.1	12.2	12.2	0.02
Kandy	8.6	9.5	8.4	6.9	12.7	12.2	0.02
Kegalle	9.6	13.8	8.1	6.5	8.7	11.9	0.01
Kilinochchi	4.2	15.3	12.5	7.9	5.9	18.4	0.01
Kurunegala	8.9	11.6	13.4	5.4	11.5	8.6	0.01
Mannar	6.4	12.8	3.2	4.8	9.7	17.5	0.01
Matale	10.6	13.1	11.3	5.2	10.9	12.9	0.01
Matara	10.3	10.8	11.5	6.4	12.6	9.8	0.05
Moneragala	8.3	17.5	16.5	7.5	6.3	11.4	0.0
Mullaitivu	7.7	17.1	6.2	15.8	4.5	15.0	0.01
NIHS	7.8	7.4	7.8	4.7	13.9	14.0	0.03
NuwaraEliya	6.8	11.0	8.3	10.9	5.3	25.9	0.04
Polonnaruwa	10.3	24.4	9.7	7.2	5.7	9.5	0.01
Puttalam	9.2	15.6	7.1	7.5	7.9	10.8	0.0
Ratnapura	5.1	6.6	4.7	2.7	4.4	6.1	0.0
Trincomalee	6.0	24.1	2.1	6.8	7.9	9.2	0.0
Vavuniya	7.0	12.2	2.2	6.5	6.8	17.2	0.04
Sri Lanka	8.2	12.2	9.5	6.2	10.0	11.4	0.01

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	2.9	2.7	5.1	4.7	6.7	6.2	8.0	7.4	4.2	4.0
Anuradhapura	6.0	5.6	7.1	6.6	8.8	8.2	10.6	9.8	6.4	5.9
Badulla	4.9	4.5	6.6	6.0	9.5	8.6	11.0	10.0	7.0	6.4
Batticaloa	5.4	5.4	7.2	7.3	11.0	11.0	12.2	12.2	7.1	7.1
Colombo MC	3.5	3.5	5.7	5.7	9.0	9.0	10.4	10.4	7.9	7.9
Colombo	3.8	3.8	5.8	5.8	8.2	8.1	9.1	9.0	6.0	5.9
Galle	4.4	4.1	6.0	5.5	8.2	7.5	9.1	8.3	6.5	6.0
Gampaha	4.8	4.7	6.7	6.4	8.6	8.2	9.4	9.1	6.0	5.7
Hambantota	4.5	4.2	5.7	5.3	7.5	7.0	8.6	8.0	4.7	4.4
Jaffna	4.7	4.5	6.3	5.9	9.3	8.8	13.2	12.5	8.5	8.0
Kalmunai	5.4	5.3	8.7	8.7	13.1	13.0	15.9	15.8	8.8	8.8
Kalutara	5.8	5.6	7.0	6.7	8.7	8.3	9.6	9.2	7.9	7.5
Kandy	4.2	3.9	5.9	5.4	8.7	8.1	10.0	9.3	9.0	8.3
Kegalle	5.2	4.8	7.4	6.8	10.7	9.8	13.6	12.5	6.8	6.3
Kilinochchi	5.4	4.8	7.1	6.3	12.0	10.6	14.1	12.5	8.6	7.6
Kurunegala	4.1	4.0	6.0	5.8	8.8	8.5	10.2	9.9	6.2	6.0
Mannar	4.9	4.7	6.4	6.2	10.8	10.4	12.8	12.3	6.8	6.6
Matale	3.8	3.8	5.0	5.0	7.4	7.3	8.5	8.5	7.3	7.2
Matara	3.7	3.4	5.4	5.1	8.6	8.0	9.1	8.5	6.3	5.9
Moneragala	4.8	4.5	6.5	6.0	7.6	7.1	9.0	8.4	5.9	5.5
Mullaitivu	6.8	6.6	8.7	8.3	10.5	10.1	11.8	11.3	8.6	8.3
NIHS	3.9	3.6	5.8	5.5	8.0	7.5	9.9	9.4	7.1	6.7
NuwaraEliya	7.4	6.8	9.1	8.3	13.4	12.3	16.9	15.5	10.8	9.9
Polonnaruwa	5.5	5.0	7.0	6.4	10.3	9.5	12.2	11.1	8.8	8.0
Puttalam	8.4	7.9	11.0	10.3	13.4	12.5	14.8	13.8	5.9	5.6
Ratnapura	4.9	4.6	6.8	6.4	9.7	9.1	11.4	10.8	5.8	5.4
Trincomalee	6.1	5.9	8.5	8.3	12.6	12.3	13.9	13.6	6.4	6.3
Vavuniya	10.9	9.9	13.1	11.9	18.3	16.6	24.9	22.5	5.2	4.7
Sri Lanka	5.0	4.8	6.8	6.5	9.5	9.0	11.1	10.5	6.9	6.6

Annexure 16

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	68.5	65.7	2.1	1501	22	24	183	230
Anuradhapura	50.3	48.8	9.4	3701	109	92	352	357
Badulla	58.8	57.8	0.25	4126	171	74	194	335
Batticaloa	49.0	48.9	1.9	2281	31	2	58	67
Colombo MC	10.4	10.0	11.0	477	33	10	44	19
Colombo	36.5	29.7	4.0	4441	241	240	318	358
Galle	35.7	33.3	2.7	3039	95	98	381	220
Gampaha	32.1	26.8	4.6	5199	1051	99	345	303
Hambantota	62.5	57.6	1.6	3105	58	78	285	237
Jaffna	26.5	23.7	8.6	1183	164	10	108	88
Kalmunai	72.8	71.5	16.7	2626	49	37	69	57
Kalutara	43.3	42.0	1.7	3305	146	177	161	170
Kandy	73.7	66.0	2.4	7869	233	203	579	543
Kegalle	39.4	36.8	5.9	2634	69	46	178	120
Kilinochchi	11.1	9.9	16.3	105	18	14	17	10
Kurunegala	34.9	32.7	10.2	4532	123	87	492	422
Mannar	58.7	54.6	2.3	495	77	12	38	33
Matale	82.1	77.9	6.6	3285	168	47	256	136
Matara	43.9	40.1	0.56	2788	89	65	72	152
Moneragala	63.2	60.3	4.0	2437	152	51	199	186
Mullaitivu	46.9	43.9	10.0	346	18	8	20	10
NIHS	55.2	46.9	5.1	1146	95	54	92	121
NuwaraEliya	53.6	51.2	3.5	3186	171	37	296	78
Polonnaruwa	64.4	60.4	1.3	2155	150	168	143	361
Puttalam	17.0	16.1	0.66	1087	67	21	34	50
Ratnapura	22.2	21.5	0.28	2039	86	67	184	97
Trincomalee	52.5	51.7	2.8	1804	9	21	156	147
Vavuniya	12.7	11.5	0.48	178		6	1	5
Sri Lanka	43.6	40.3	4.3	71070	3695	1848	5255	4912

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