



Annual Report 2023

Family Health Bureau

Ministry of Health

Sri Lanka

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FAMILY HEALTH BUREAU
MINISTRY OF HEALTH - SRI LANKA



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TABLE OF CONTENT

Message from the Director MCH _____	05
Acknowledgement _____	07
Who we are _____	09
Where we are in the health system _____	11
Implementation of National RMNCAYH Programme _____	12
What we do _____	17
Strategic directions _____	19
National programme performances _____	23
Data Sources for Performance _____	23
RMNCAYH Indicators _____	28
Preconception care for Newly Married Couples _____	30
Maternal and new-born health _____	32
Infant and child health _____	44
Adolescents and youth health including school health _____	50
Family planning _____	52
Gender and Women's Health including well woman programme _____	56
Oral Health Of Pregnant Women And School Children _____	61
Maternal death surveillance and response (MDSR) system _____	64
Special activities carried out during 2023 _____	69
Maternal and new-born care _____	71
Child health - Child Nutrition _____	75
Child Health - Childcare, Development and Special needs _____	77
Child Health - School health _____	83
Adolescent and youth health _____	84
Family planning _____	91
Gender and women's health _____	96
Well woman programme _____	102
Oral Health _____	107
Planning and Development _____	110
Monitoring and Evaluation _____	112
Financial statement _____	117
Annexures _____	123

MESSAGE FROM THE DIRECTOR MCH



Family Health Bureau, Ministry of Health is pleased to present the 33rd Annual Report for the year 2023. This report provides a description of the progress made in Reproductive, Maternal, Newborn, 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 2023, 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 the challenging period of economic crisis.

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 33rd 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 2023. 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.

Family Health Bureau of the Ministry of Health being the national focal point of the RMNAYCH programme in Sri Lanka is thankful to all relevant directorates in the Ministry of Health for the support extended to strengthen the national RMNAYCH 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, Perinatal Society of Sri Lanka, Sri Lanka Medical Nutrition Association and Sri Lanka College of Nutrition Physicians for providing valuable technical inputs and involving themselves actively in the National programme during 2023.

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. Lahiru Fernando. I greatly appreciate their contributions. 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 these challenging years.

Dr. Kaushalya Kasturiaratchi

Consultant Community Physician
Monitoring and Evaluation Unit
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Ministry of Health

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 comprehensive MCH and FP services, the Family Health Bureau [FHB] was established in 1968 within the Ministry of Health to implement the programme uniformly island wide. This institution was initially named as the Maternal and Child Health Bureau and 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 comes 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)

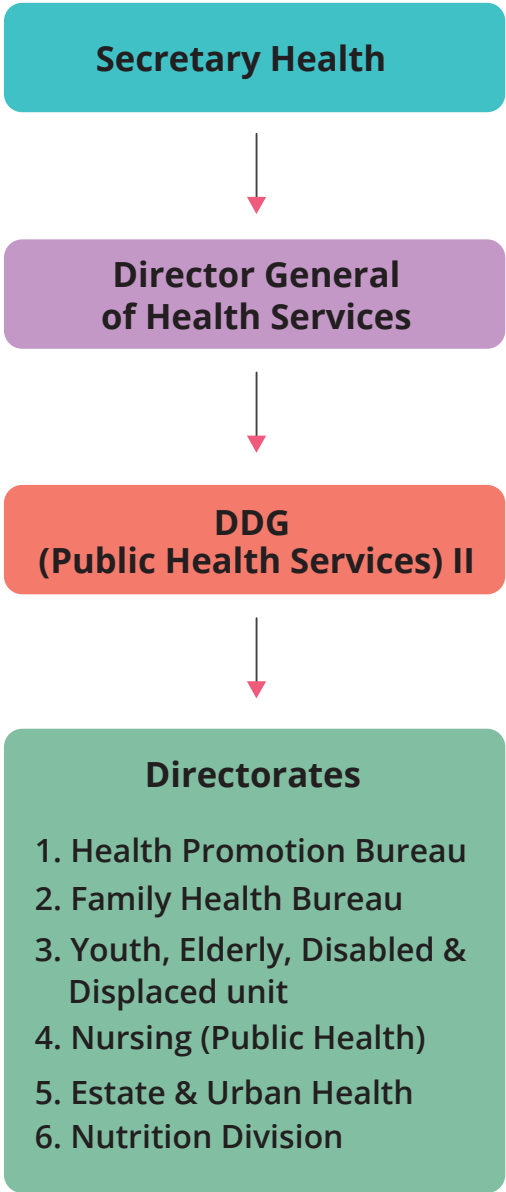


Figure 1.1

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 that correspond to each of the districts in a given province (figure 1.2).

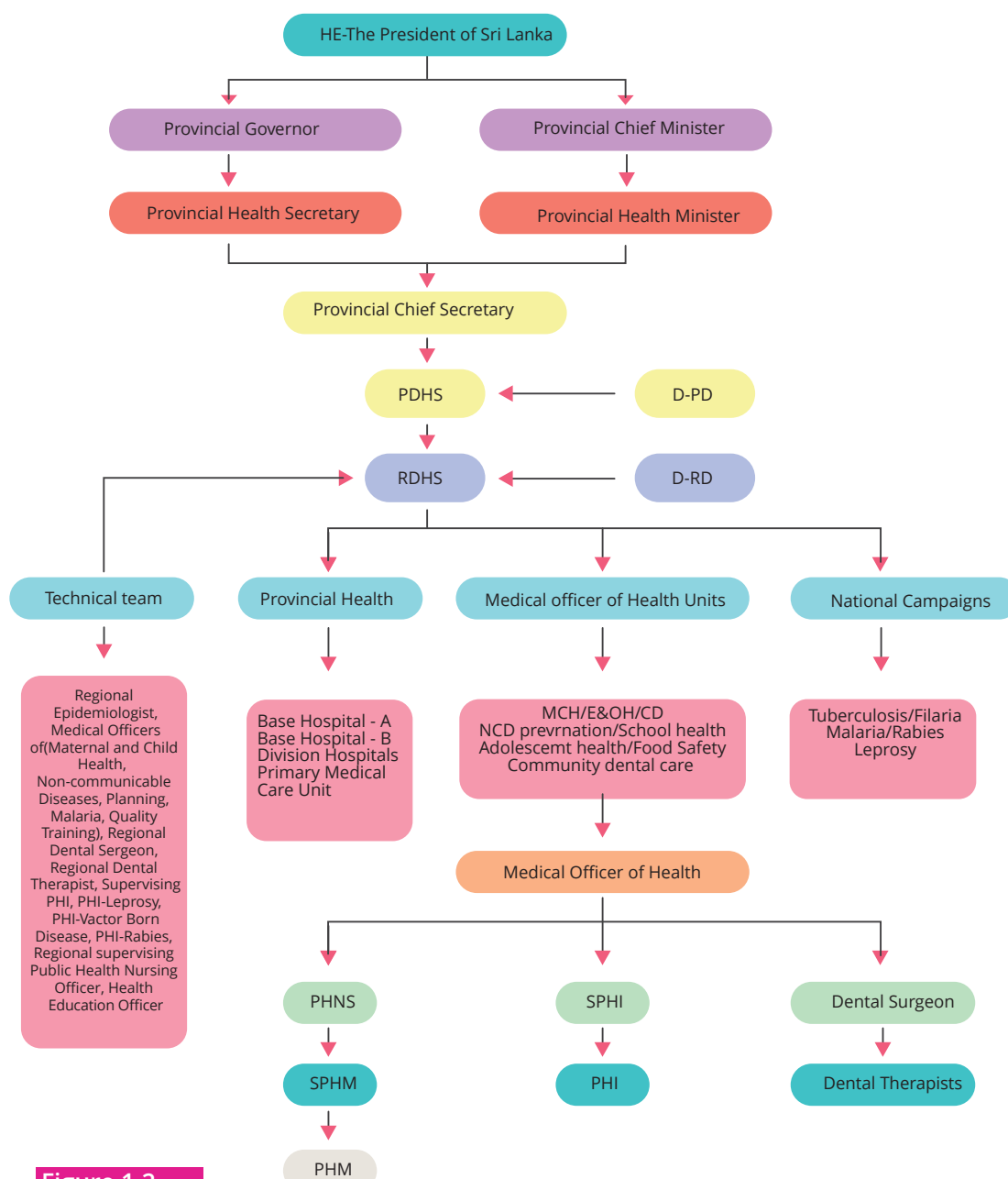


Figure 1.2

Administrative hierarchy of the Provincial health system

Source: MoH

IMPLEMENTATION OF THE NATIONAL RMNCAYH PROGRAMME

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

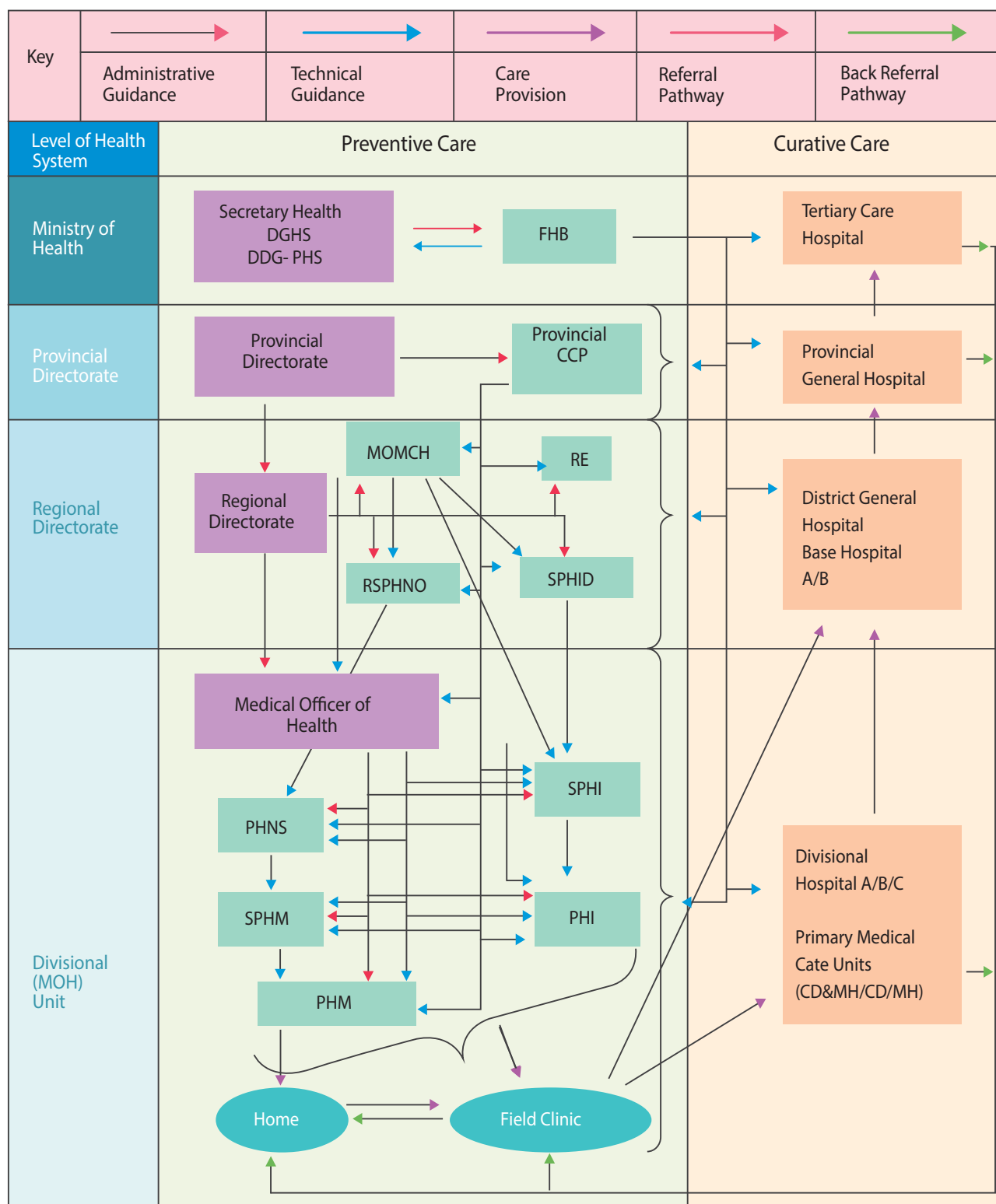
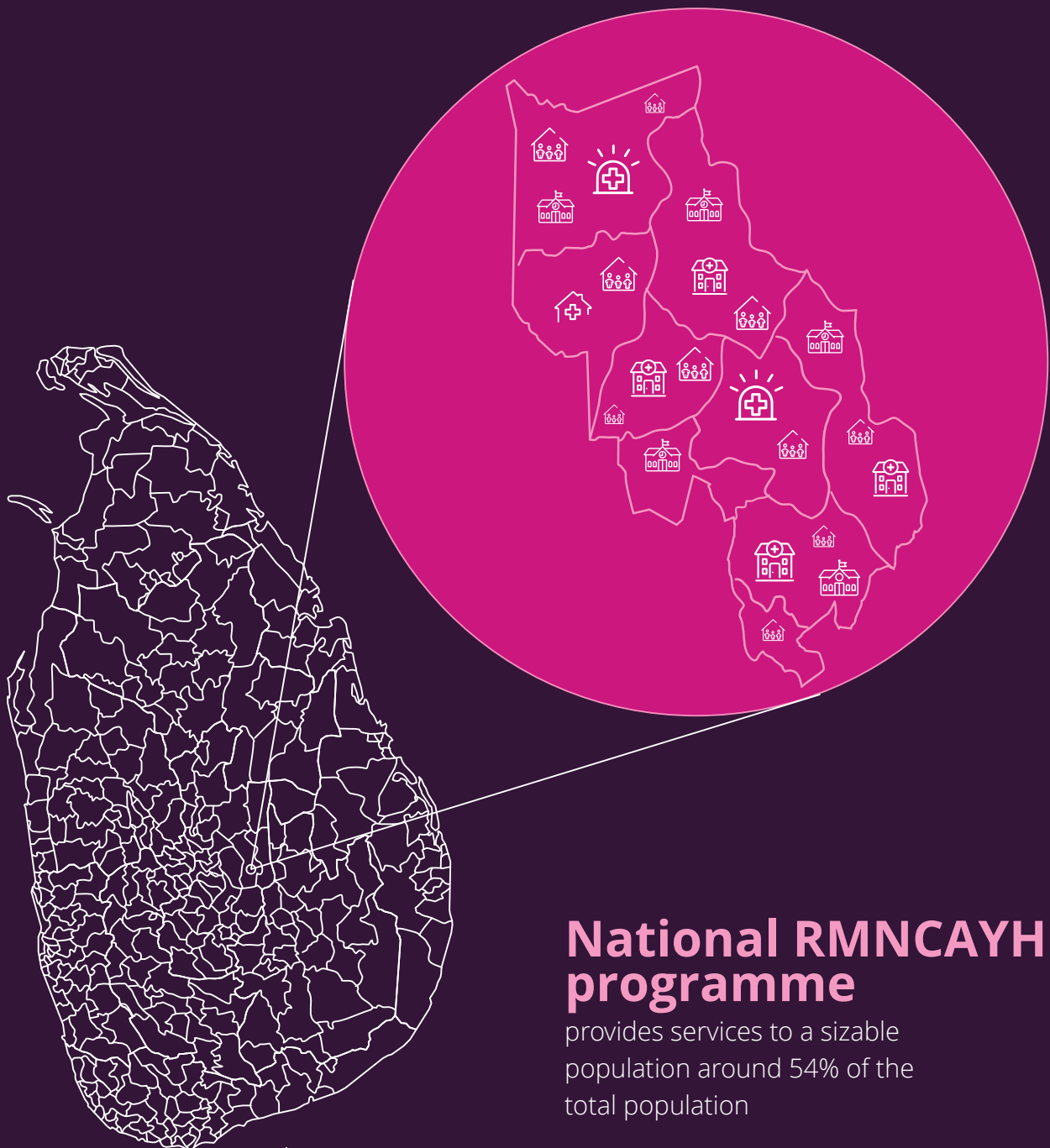


Figure 1.3 Organization of RMNCAYH Programme at Different Levels of Health System *Source: FHB*

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 361 MOH areas are distributed within the 26 health districts.



 Households
  Primary Care Hospital
  MOH Office
 Field Clinics
  School

MOH Areas

361

PHM Areas

6,916

PHI Areas

1,863

Clinics

4,351

Schools

10,765

Figure 1.4

Geographical distribution of 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 qualified MBBS 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 principal responsibility of the PHM centers around maternal and child health activities, the PHIs are primarily responsible for school and adolescent health programmes, environmental and occupational health activities including control of communicable diseases, ensuring water and food safety and sanitation related interventions. Several other intermediate level supervisors are available in the MOH team. They assist the MOH in supervision of activities of grass root level staff. While the Public Health Nursing

Sisters (PHNS) are responsible for supervising the 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 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 2023 is given in table 1.1

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

Staff category	Approved cadre	Cadre in position	Ratio for population	Ratio (Officers /100,000 population)
MOH	374	310	1:71,364	1.4
AMOH	420	381	1:58,285	1.7
PHNS	423	281	1:79,027	1.3
SPHI	344	238	1:93,305	1.1
SPHM	418	240	1:92,528	1.1
PHM	6,838	6,118	1:363	27.6
PHI	1,825	1,648	1:13,475	7.4
SDT	462	71	1:312,769	0.3

Source: eRHMIS, FHB 2023

A healthcare worker in a white uniform is measuring a young child's height against a wall-mounted stadiometer. The worker is smiling and holding the child's arm. The child is standing and holding onto the stadiometer's bar. The background is a plain wall.

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 Gynaecologists 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. The Reproductive center is functioning under a Consultant Obstetrician and Gynecologist.

Under the directorate of Maternal and Child Health, more than 160 staff members are functioning in various capacities.



Figure 1.5 Distribution of staff at Family Health Bureau *Source: FHB*

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

With the aim of reaching the SDGs in 2030, the national RMNCAYH 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 - 2020 was developed targeting improving child nutrition.



Adolescent and Youth Health including School Health



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

Gender and Women’s Health including Well Woman Service

With the vision of empowering Sri Lankan women to lead healthy and productive lives, and with the specific targets of increasing Well Woman Clinic (WWC) coverage to 80% among the 35-year age cohort and 60% among the 45-year age cohort by 2023, the National Strategic Plan for the Well Woman Programme (2019–2023) was developed. Provincial and district-level health managers are expected to strengthen the implementation of the programme within their respective jurisdictions by establishing at least one fully functioning WWC for every 15,000 population.

Furthermore, the National Action Plan for the Health Sector Response to the Prevention and Management of Gender-Based Violence in Sri Lanka was published in 2020 to guide a comprehensive and coordinated response to GBV within the health system. The plan aims to enhance public awareness of GBV, integrate GBV considerations into health policy, address GBV through reproductive health interventions in both curative and preventive sectors, and strengthen data management related to GBV. Effective implementation of activities related to GBV prevention and women’s health must be systematically monitored at all administrative levels to ensure the achievement of the outlined 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 the national programme are given in table 1.2.

Table 1.2 Family Planning targets for Sri Lanka.

#	Indicator	2015	2016	2017	2018	2019	2020	2021	2022	2023	2025	2030
1	CPR(%)	64.6	66.4	66.6	67	66.9	66	66.5	67.8	69.4	66.4	
2	mCPR(%)	53.6	57	57.3	57.9	57.9	57	57.7	58.8	60.2	57.2	
3	UMN(%)	7.5	6.2	6.3	6	5.8	5.7	5.6	5.4	5.4	5.7	
4	Demand Satisfied by modern method (%)	74.3	78.5	78.6	79.3	79.6	79.5	80.1	80.3	80.5	79.0	81.0
	Source	SLDHS 201		HMIS		FP 2023			SDG			

Source: FHB

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.

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 were used as denominators and for comparisons. In comparison to Registrar General's Department information and information from Department of Education, an attempt is made below [table 1.3] to identify where the national RMNCAYH programme stands in 2023.

Table 1.3 Size of the different target population of RMNCAYH programme in Sri Lanka 2023

Indicator	Estimated/Actual	Reported
Midyear population	22,037,000*	22,396,646
Eligible families	4,143,379	3,972,905
Pregnant mothers	302,853	284,008
Births	247,900*	257,953
Infants under care	284,848*	267,531
1-2 years under care	301,706**	300,763
2-5 years under care	905,564**	919,726
Number of schools≤ 200	4,707***	5,568
Number of Schools≥ 200	4,521***	5,002
Adolescent	3,740,239	2,185,100
Preconception	171,136	108,642
Total school children under care at the beginning of year	4,272,289***	4,197,674

Source: RGD & FHB, eRH MIS2023

* 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

A difference was observed in estimated pregnancies and births vs. reported pregnancies and births. Also, a notable difference was observed in estimated adolescent population and Preconception age population vs reported population.

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.

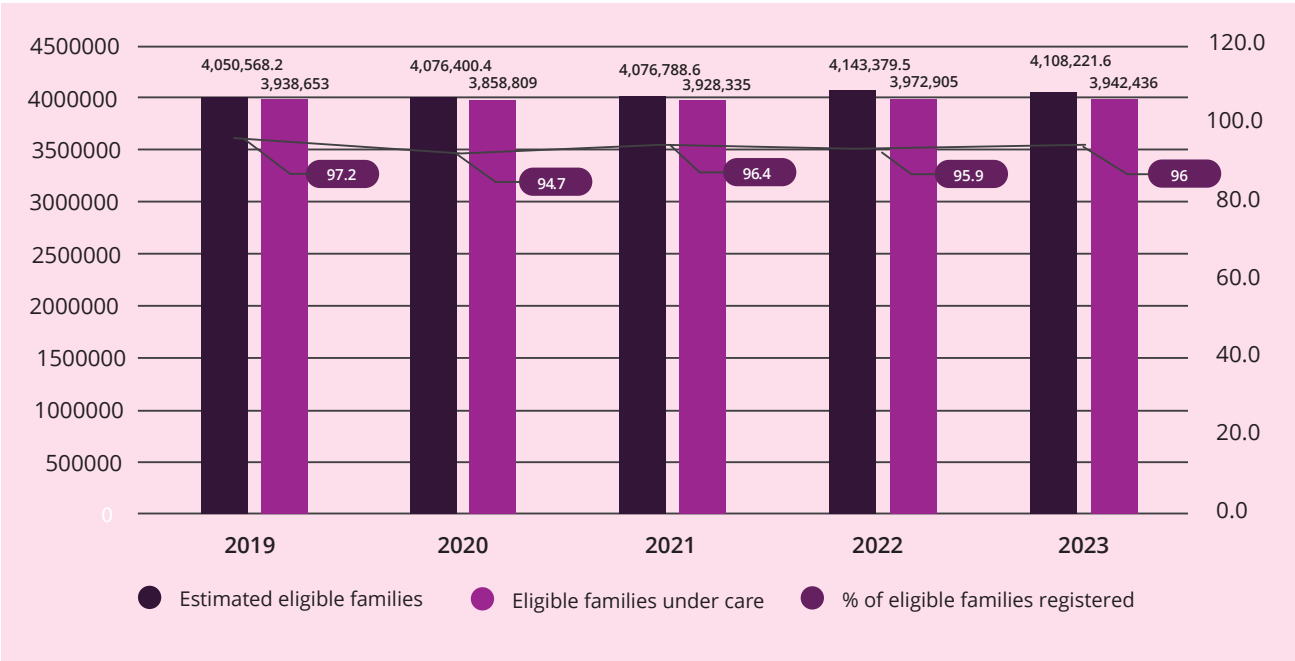


Figure 1.6 Comparison of numbers of estimated and registered eligible families
Source: RGD & FHB, eRHMS 2023

Percentage of eligible family registration was within the national targets in 2023.

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 into a web-based system. The data elements in these returns cover a wide scope. These include information on eligible families, performance of maternal care, childcare, 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 the introduction of the electronic system, data is now available for analysis and visualization by each PHM area and for each field clinic (Figure 1.7).

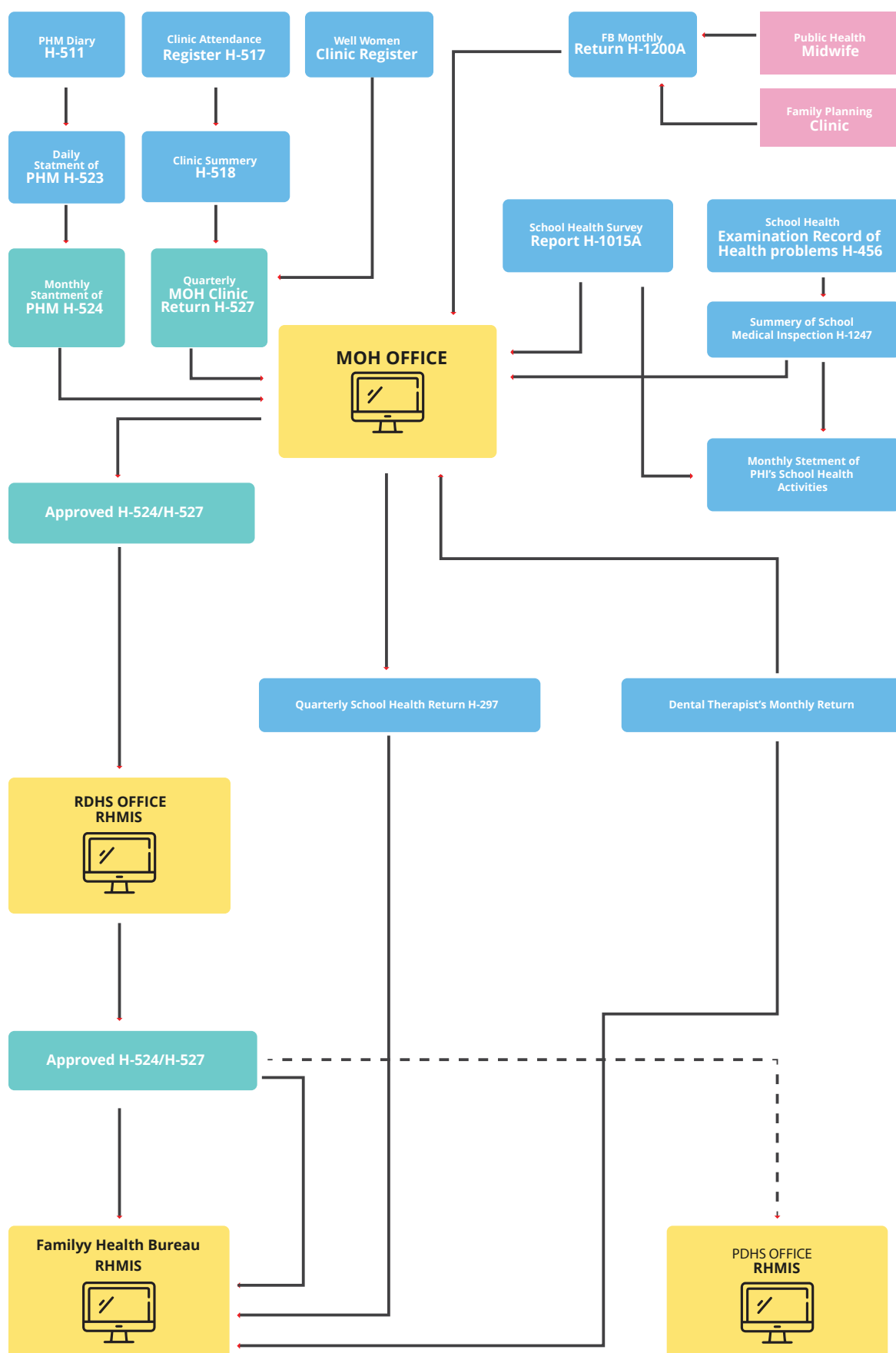


Figure 1.7 Sources & pathways of data used in the Annual Report *Source: FHB, 2023*

3. Electronic Reproductive Health Management Information System 2 [eRHMIS]

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 eRHMIS 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 10,449 live births were reported in 2023 from these major private hospitals in Colombo which includes Asiri Hospital, Durdans Hospital, Hemas Hospital, Lanka Hospital, Nawaloka Hospital, King's Hospital and Ninewells Hospital. This contributes to 26.4% of all live births registered in Colombo district by the Registrar General for year 2023.

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 1.9].

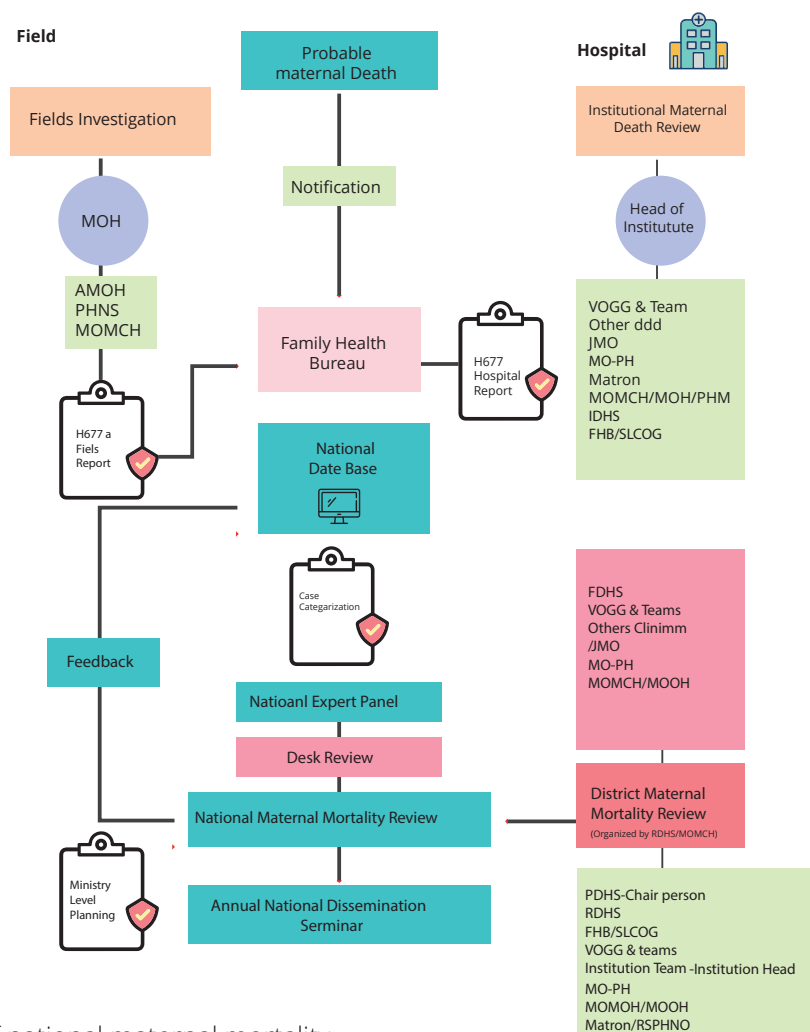


Figure 1.8

Information flow of national maternal mortality surveillance system Source: FHB, 2023

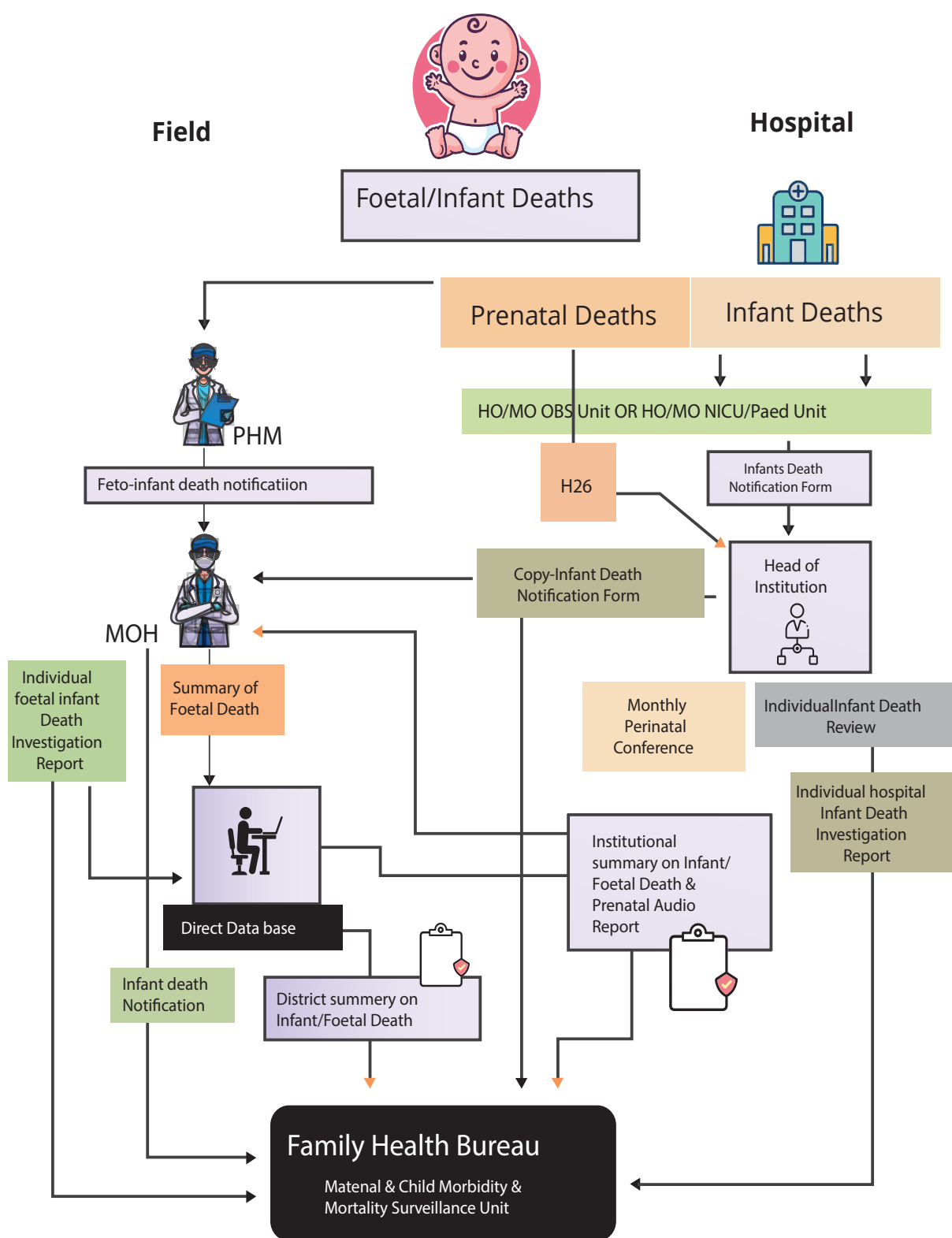


Figure 1.9 Information flow of national maternal mortality surveillance system
Source: FHB, 2023

RMNCAYH INDICATORS

All districts in the country provided MCH data with a reporting rate of nearly 100%. MOH and their teams need to be appreciated for their hard work and commitment.

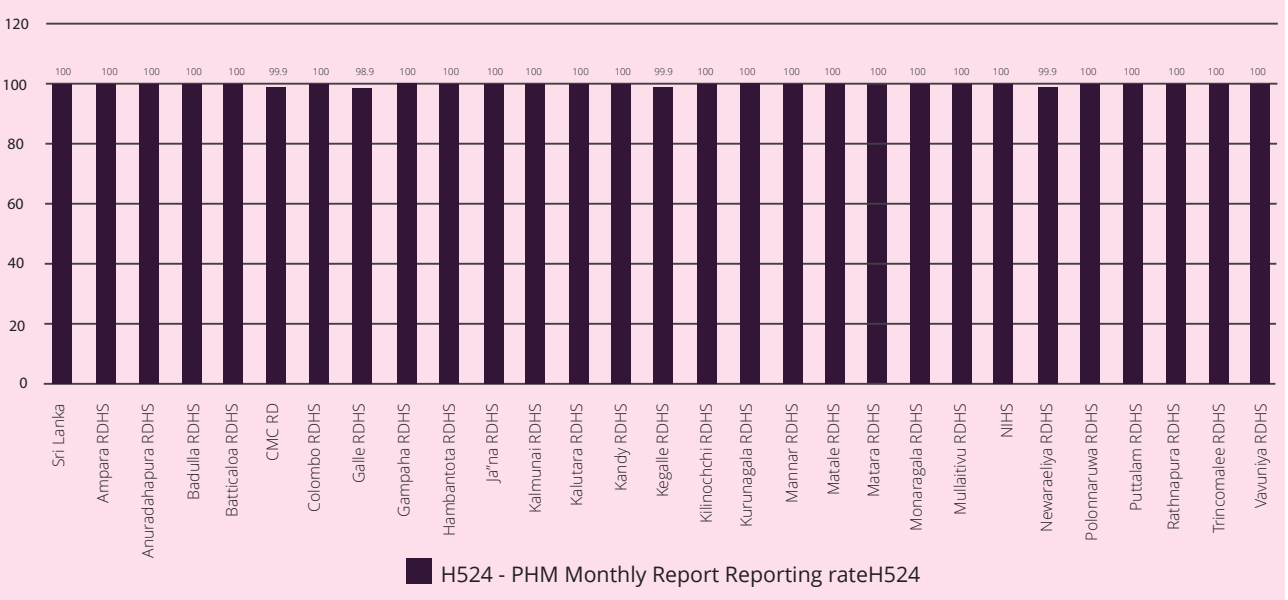


Figure 2.0 Reporting Rates of Public Health Midwives' Monthly Return [H524] – 2023
Source: FHB, eRHMS 2023

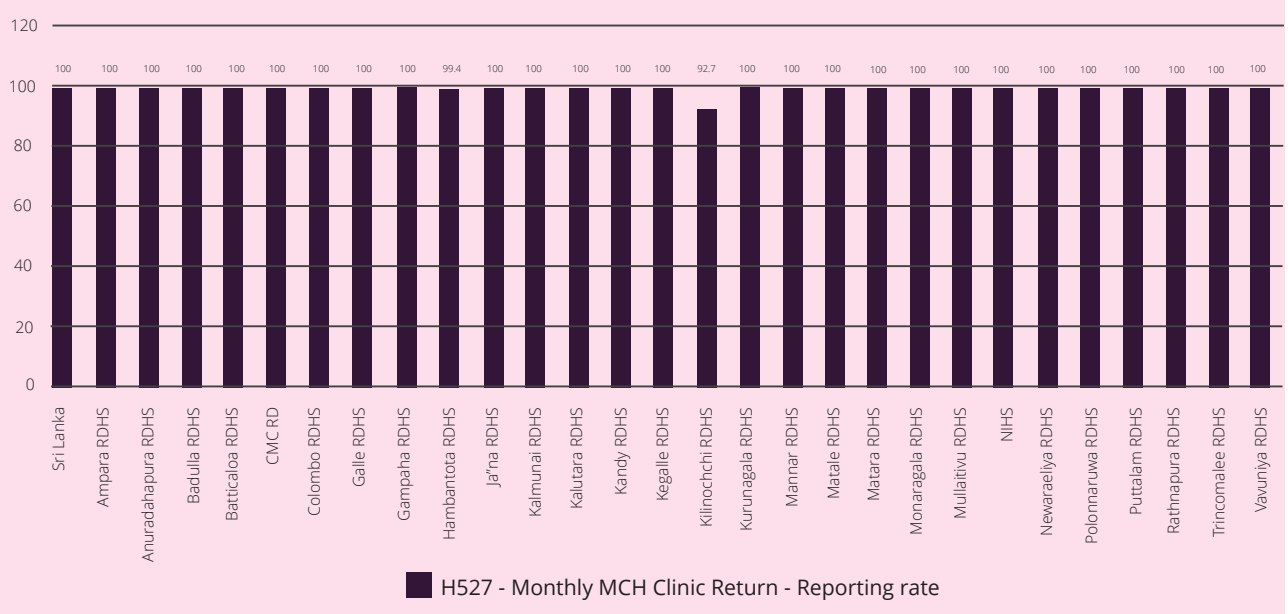


Figure 2.1 Reporting Rates of MCH Clinic Return [H527] - 2023
Source: FHB, eRHMS 2023



School health surveys were completed in 98.8 % of schools in the country and 99.1%. School Medical Inspections were completed during 2023.

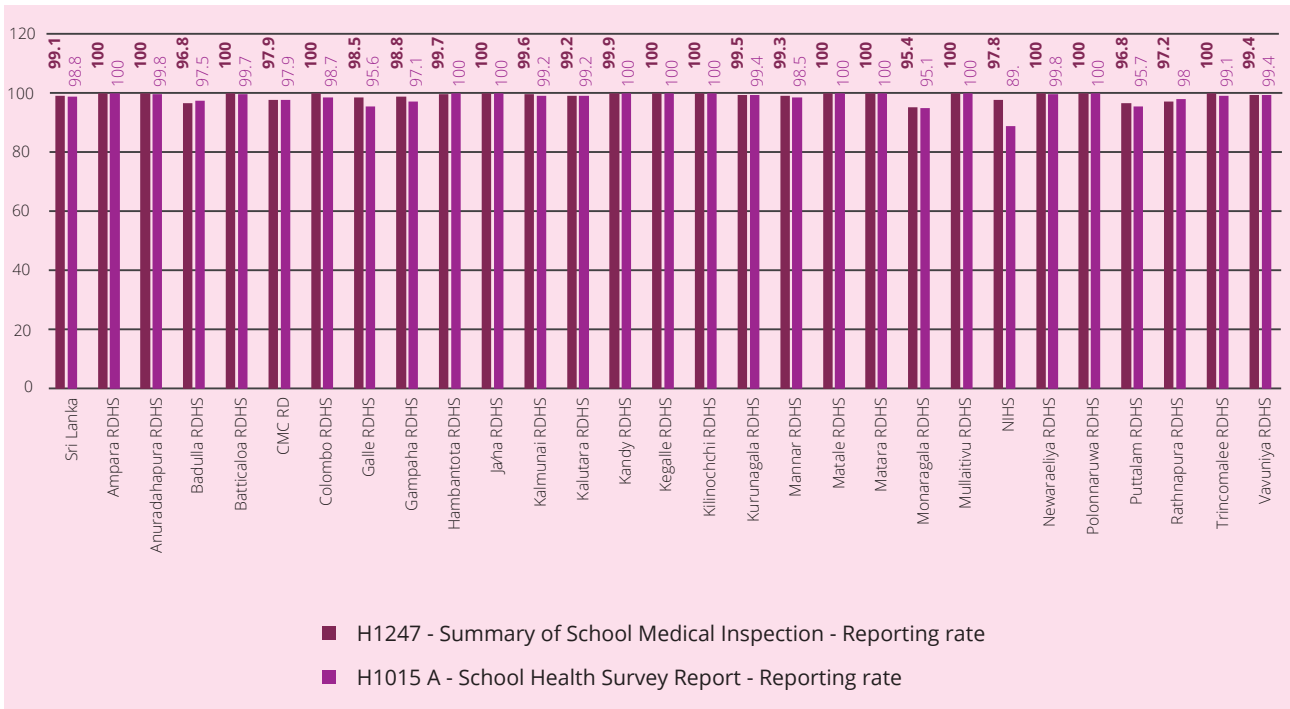


Figure 2.2 Reporting Rate H1247 and H1015 in 2023
 Source: FHB, eRHMS 2023

PRECONCEPTION CARE FOR NEWLY MARRIED COUPLES

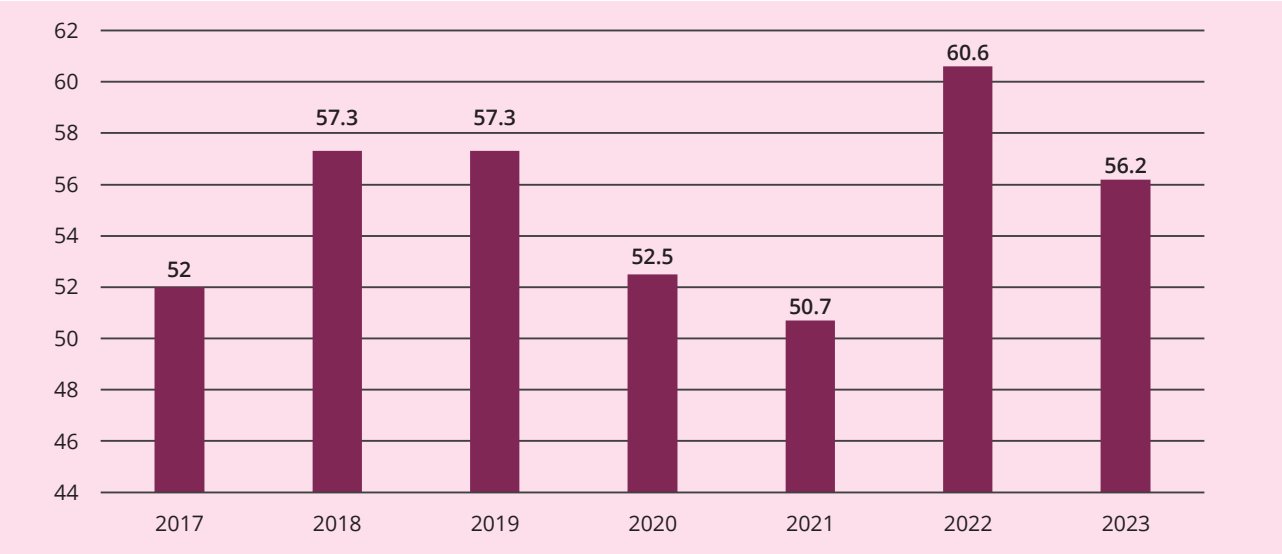


Figure 2.3 Percentage of Newly married couples registered out of the estimated number of marriages 2017 to 2023
Source: FHB, eRHMS 2023

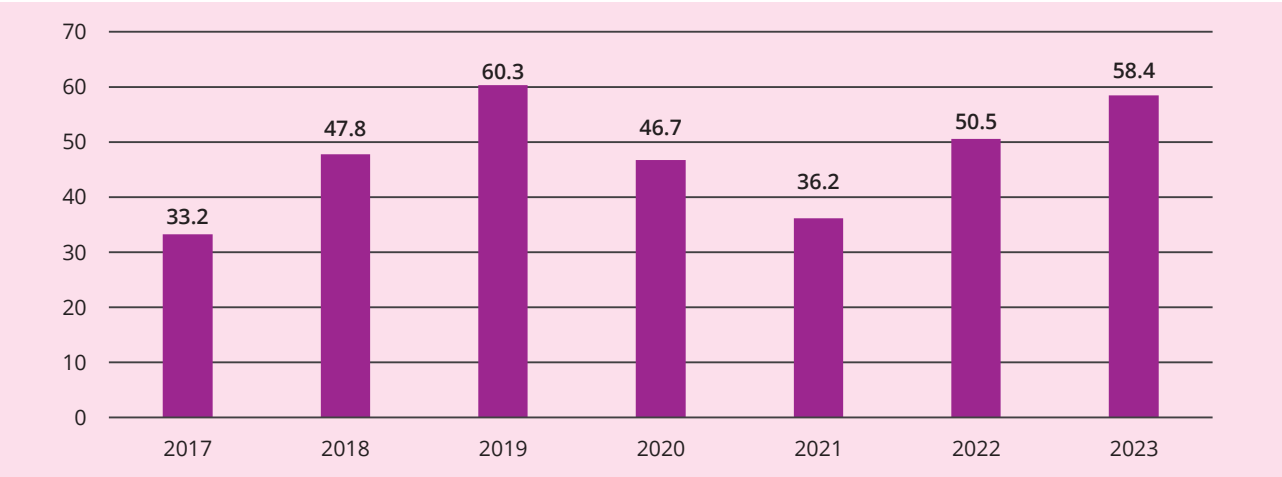


Figure 2.4 Percentage of Newly married couples attended Preconception care sessions among registered 2017 to 2023
Source: FHB, eRHMS 2023

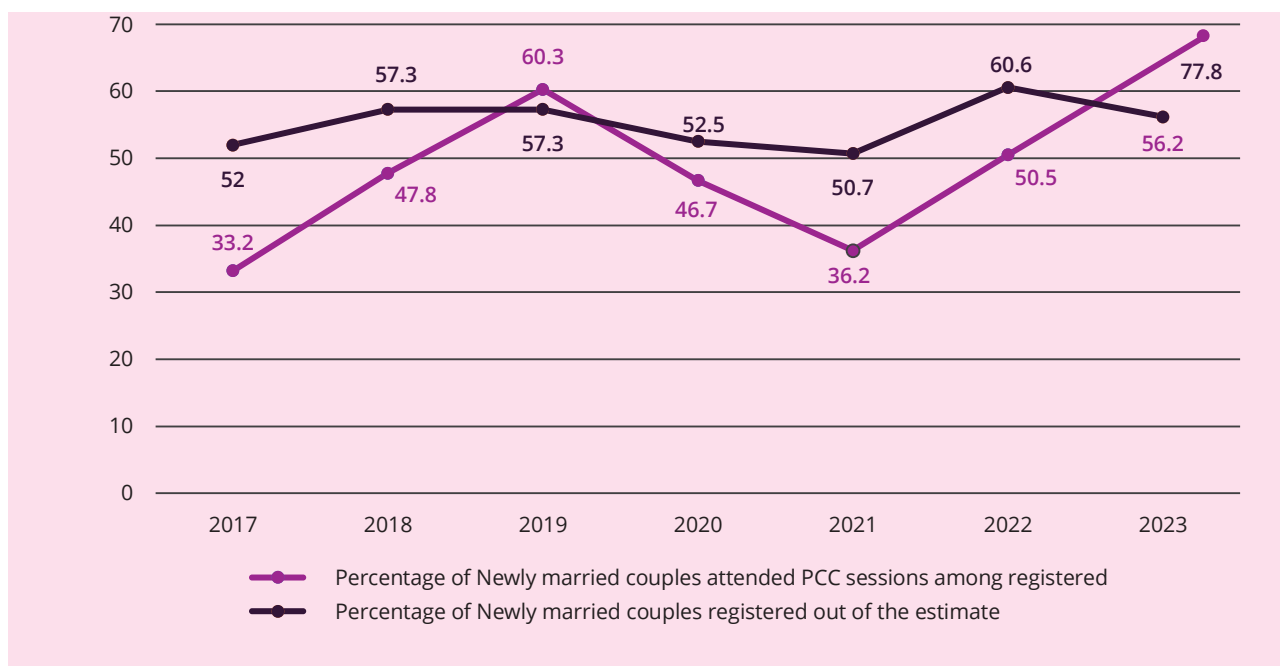


Figure 2.5 Newly married couples registered Vs Attended PCC sessions 2017 to 2023
Source: FHB, eRH MIS 2023

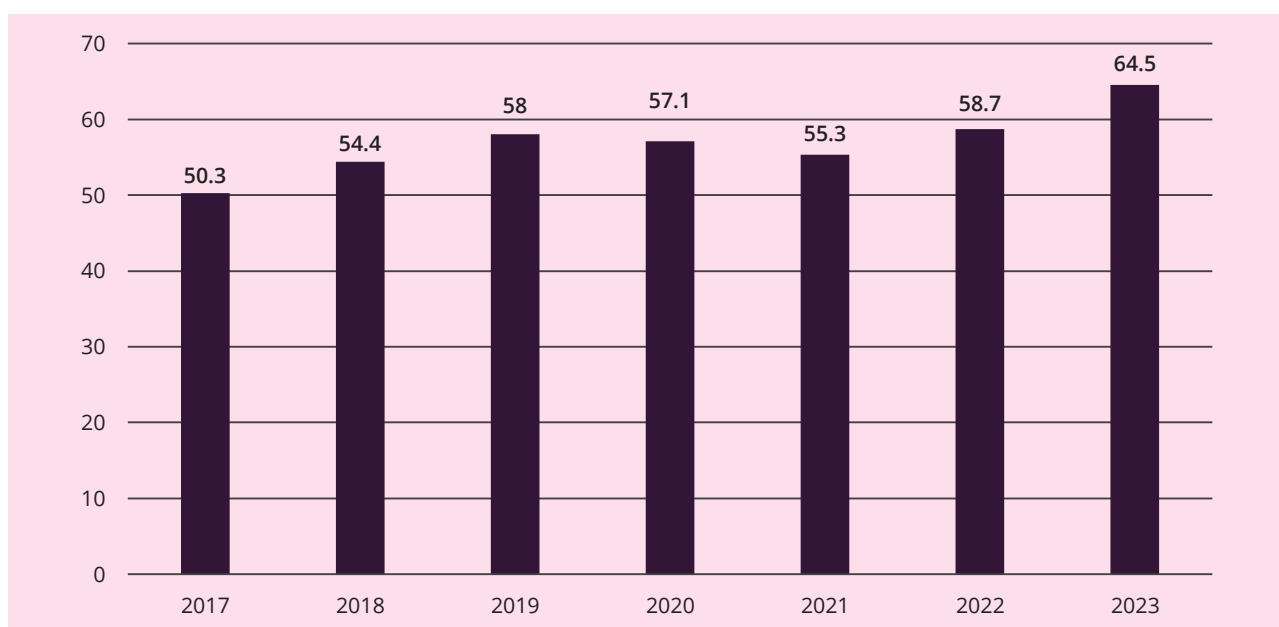


Figure 2.6 Percentage of Primi mothers undergone Preconception care 2017 to 2023
Source: FHB, eRH MIS 2023

MATERNAL AND NEWBORN HEALTH

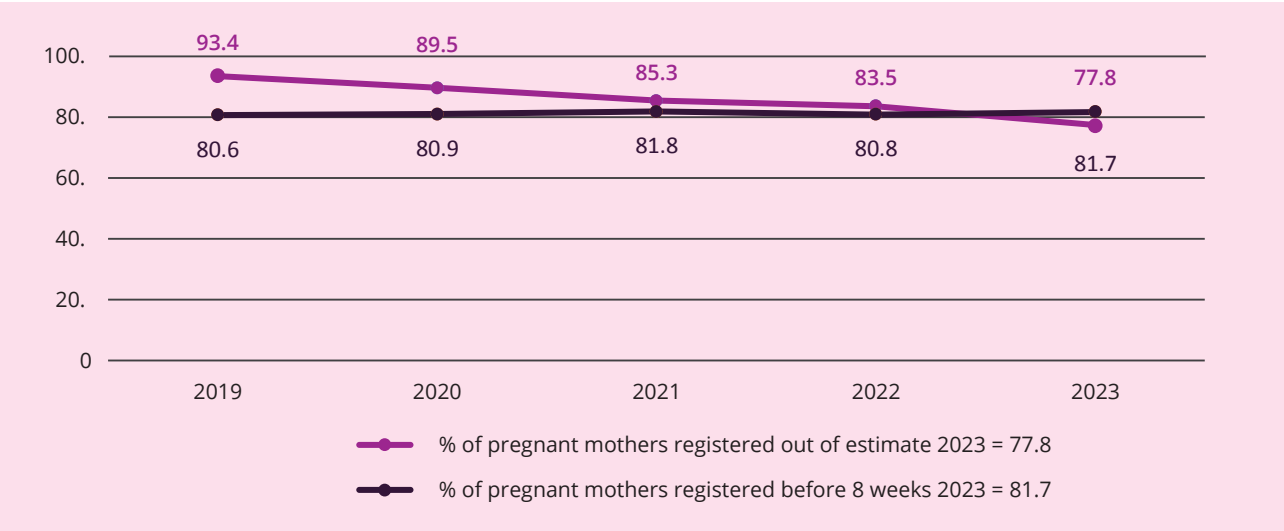


Figure 2.7 Registration of antenatal women and registration before 8 weeks 2019 to 2023
Source: FHB, eRH MIS 2023

Over the last 5 years, pregnant mother registration has been reducing whereas registration before 8 weeks of pregnancy remained at more than 80%.

Table 1.4 Percentage of antenatal women who were visited at least once and the average number of home visits by PHMs 2019 – 2023

Indicator	2019	2020	2021	2022	2023
% of registered pregnant women visited at least once at home by PHM	94.3	94.2	93.9	96.2	97.5
Average number of PHM field visits per pregnant woman	4.0	4.1	3.9	4.0	4.2

Source: FHB, eRH MIS 2023

Table 1.5 Percentage of antenatal women visiting field antenatal clinics (at least once) and average number of clinic visits 2019 - 2023

Indicator	2019	2020	2021	2022	2023
% of pregnant women making at least one field clinic visit out of registered pregnancies	95.4	95.6	95.2	96.9	96.6
Average number of clinic visits by pregnant women	6.4	5.7	5.6	5.9	6.3

Source: FHB, eRH MIS 2023

Table 1.6 Percentage of antenatal women screened at ANC 2019 - 2023

Indicator	2019	2020	2021	2022	2023
% of antenatal women tested for VDRL at the time of delivery out of estimated deliveries	99.5	99.5	99.5	98.5	98.6
% Antenatal women tested for HIV at field clinic	86.1	84.7	85	59	89.3
% of antenatal women whose blood is tested for grouping and Rh at the time of delivery out of reported deliveries	99.7	99.7	99.6	99.6	96.5
% of antenatal women whose BMI is assessed before 12 weeks out of total attending antenatal clinics	83.8	80.3	82.1	81.9	82.7
% of antenatal women screened for Hb at the field clinic out of total attending antenatal clinics	30.8	33.4	40.2	28.4	47.9
% of antenatal women tested for VDRL at field clinic out of total attending antenatal clinics	86.2	85.1	85.3	58.8	90.7
% of antenatal women whose blood Grouping and Rh tested at field antenatal clinic	29.7	28.8	30.4	25.3	27.9

Source: FHB, eRHMS 2023

Table 1.7 Percentage of antenatal women who had been protected with rubella & tetanus vaccination 2019 - 2023

Indicator	2019	2020	2021	2022	2023
% of antenatal women protected against rubella out of registered pregnancies	98.5	98.5	98.5	98.7	99.1
% of antenatal women protected against tetanus out of total reported deliveries	99.6	99.6	99.5	99.4	99.5

Source: FHB, eRHMS 2023

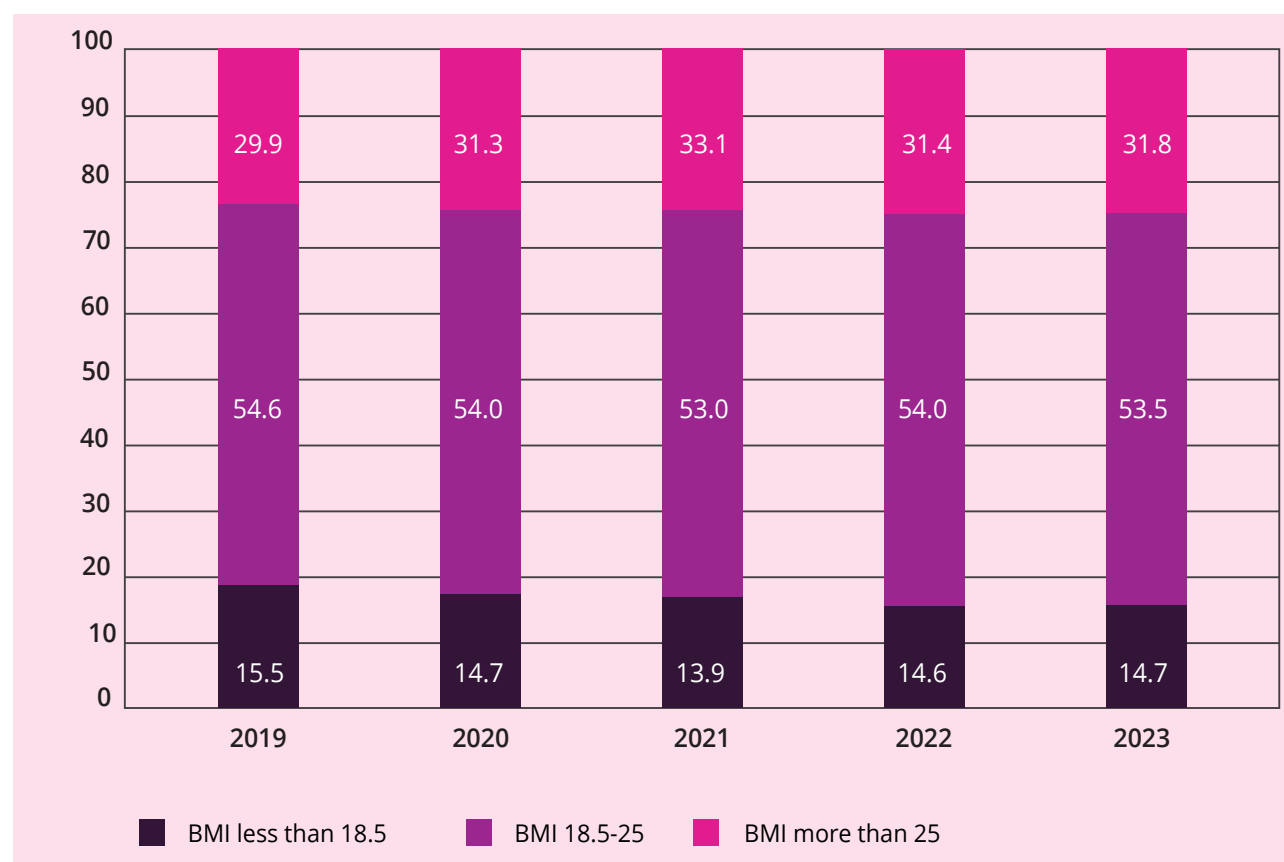


Figure 2.8 Percentage distribution of antenatal women according to their BMI status at booking visit (before 12 weeks) from 2019 - 2023
Source: FHB, eRH MIS 2023

Much emphasis should be made for high BMI among pregnant women. BMI more than 25 Kg/m2 has increased from 29.9% to 31.8% over a period of 5-years.

Table 1.8 Percentages of antenatal women whose haemoglobin level was tested at field clinic

Indicator	2019	2020	2021	2022	2023
% of pregnant women tested for haemoglobin at field clinics	15.4	16.7	20.1	14.2	13

Source: FHB, eRH MIS 2023

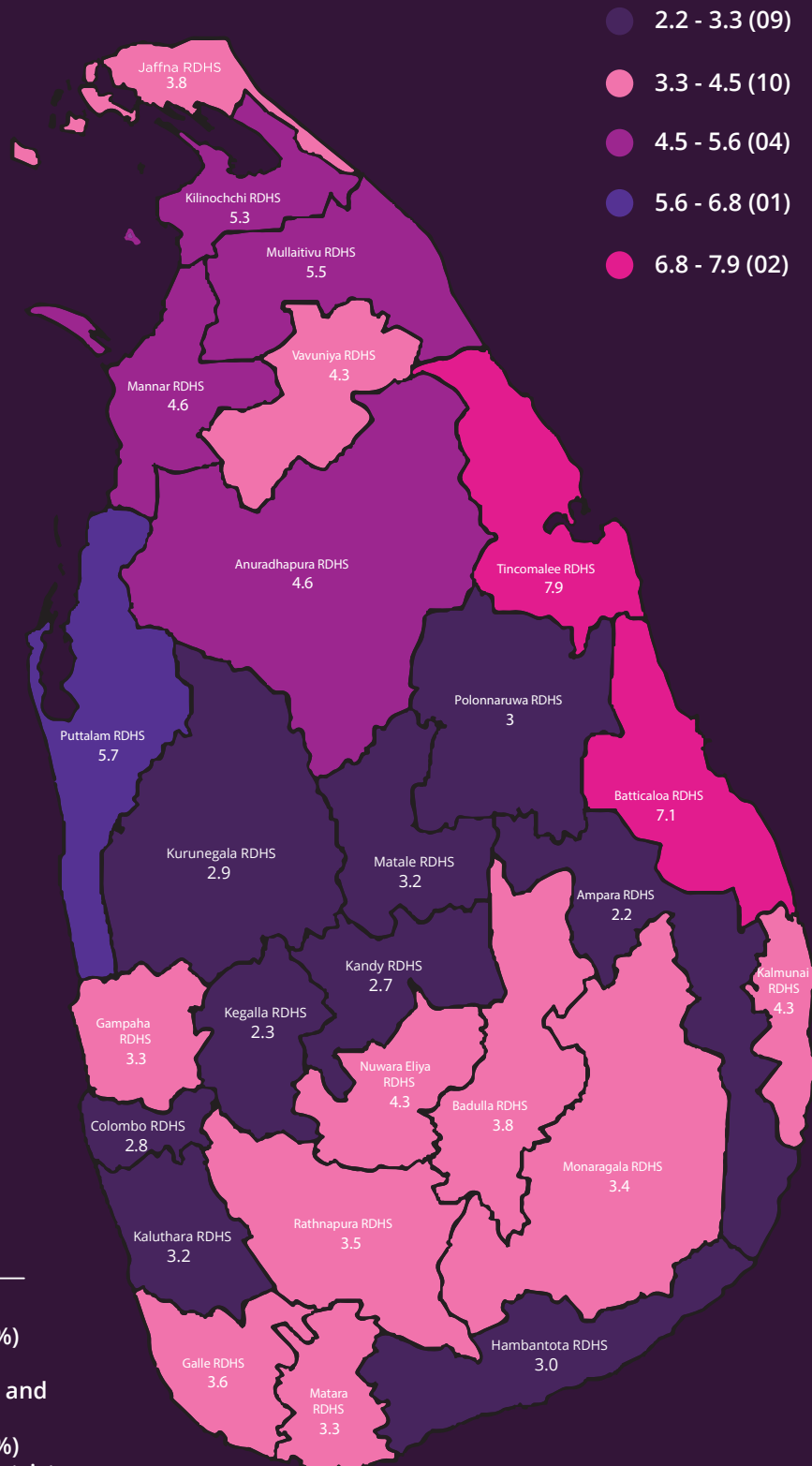
Investigations carried out in the field clinics are reducing gradually, which need to be considered by the district health authorities.

Table 1.9 Number and rate of antenatal morbidities reported in 2023

Data Element	2019		2020		2021		2022		2023	
	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancies	Number of cases	Cases per 10,000 pregnancies
Chronic High blood pressure	1043	31	1150	35	1206	40	1271	45	1172	48
Chronic Diabetes	3826	112	4220	128	4476	148	4406	155	4096	167
Heart Diseases	1620	47	1495	46	1220	40	943	33	967	39
Gestational Diabetes	18247	534	20608	627	18823	623	16610	585	15235	621
Pregnancy induced Hypertension	9696	284	10302	314	9609	318	8972	316	8305	339
Anaemia	92,035	2,693	83,351	2,537	66608	2207	56642	1994	54668	2230

Source: FHB, eRHMS 2023

MCH | 03.5 Percentage of teenage pregnant mothers registered 2023



Highest teenage pregnancy rate (7.9%) reported from Trincomalee district and lowest teenage pregnancy rate (2.2%) reported Ampara District with an overall 3.8% of teenage pregnancy rate in Sri Lanka for 2023

Figure 2.9

Percentage of teenage pregnancies by district in 2023

Source: FHB, eRHMS 2023

Table 2.0 Pregnancy outcome and postpartum care for mothers registered from 2019-2023

Indicator	2019	2020	2021	2022	2023
% Pregnancy outcome reported out of registered pregnancies	88.0	85.4	82.0	81.8	77.4
% of deliveries reported out of total live births registered by Registrar General	92.3	95.0	93.1	92.3	88.9
% of deliveries reported out of total estimated pregnancies	83.7	85.9	82.4	82.2	82.7
% Institutional deliveries out of total reported deliveries	99.9	99.9	99.9	99.9	99.9
Number of home/non institutional deliveries	257	244	274	309	283
% of home/non institutional deliveries out of total reported deliveries	0.09	0.09	0.1	0.12	0.13
% of untrained deliveries out of total reported deliveries	0.06	0.05	0.06	0.08	0.09
% Caesarean sections out of total institutional deliveries reported	40.5	41.7	43.1	43.1	44.4
% Postpartum visits 1 - 5 days	66.0	66.6	62.1	62.8	63.6
% Postpartum mothers receiving at least 1 visit by PHM during 1st 10 days out of estimated births	85.9	80.9	76	76.6	77.9
At least 1 visit during 1st 10 days out of reported deliveries	93.3	93.3	92.2	93.2	94.2
Postpartum visits by PHM at or around 42 days out of reported deliveries	83.0	81.3	80.4	84.9	89.3
Average number of home visits during first 10 postpartum days	1.7	1.7	1.7	1.7	1.8
% of PP visits by PHM around 42 days (out of estimated births)	73.5	70.0	66.3	69.8	73.8

Source: FHB, RHMIS 2023

The Caesarean section rate is increasing from 43.1 in 2018 to 44.4% in 2023.

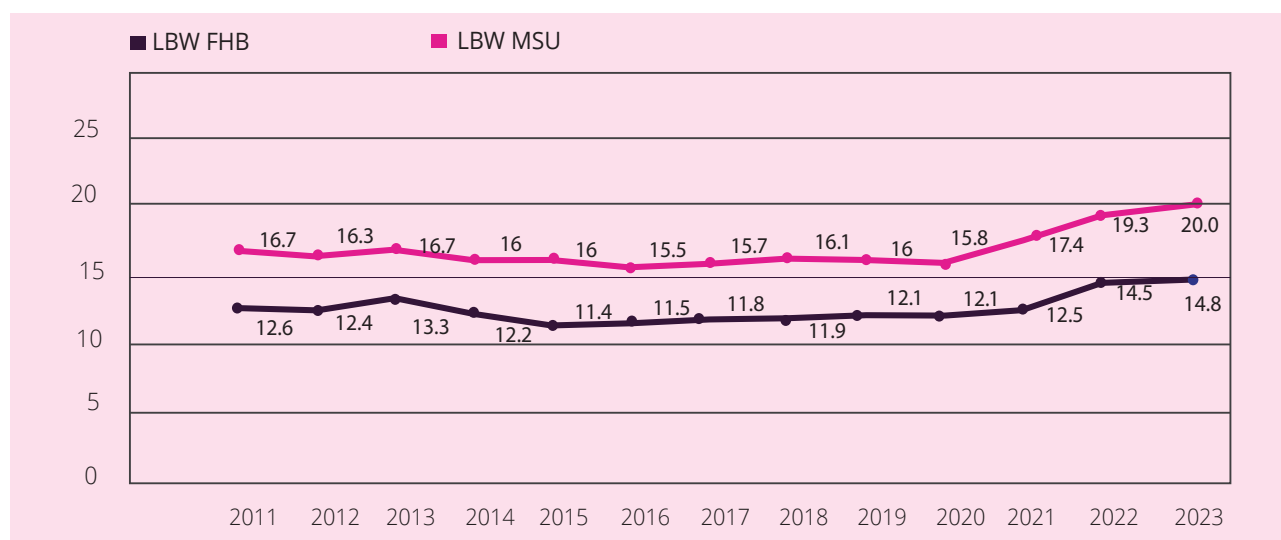


Figure 3.0 Low birth weight percentages among newborns from 2019-2023
Source: FHB, eRHMS 2023

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

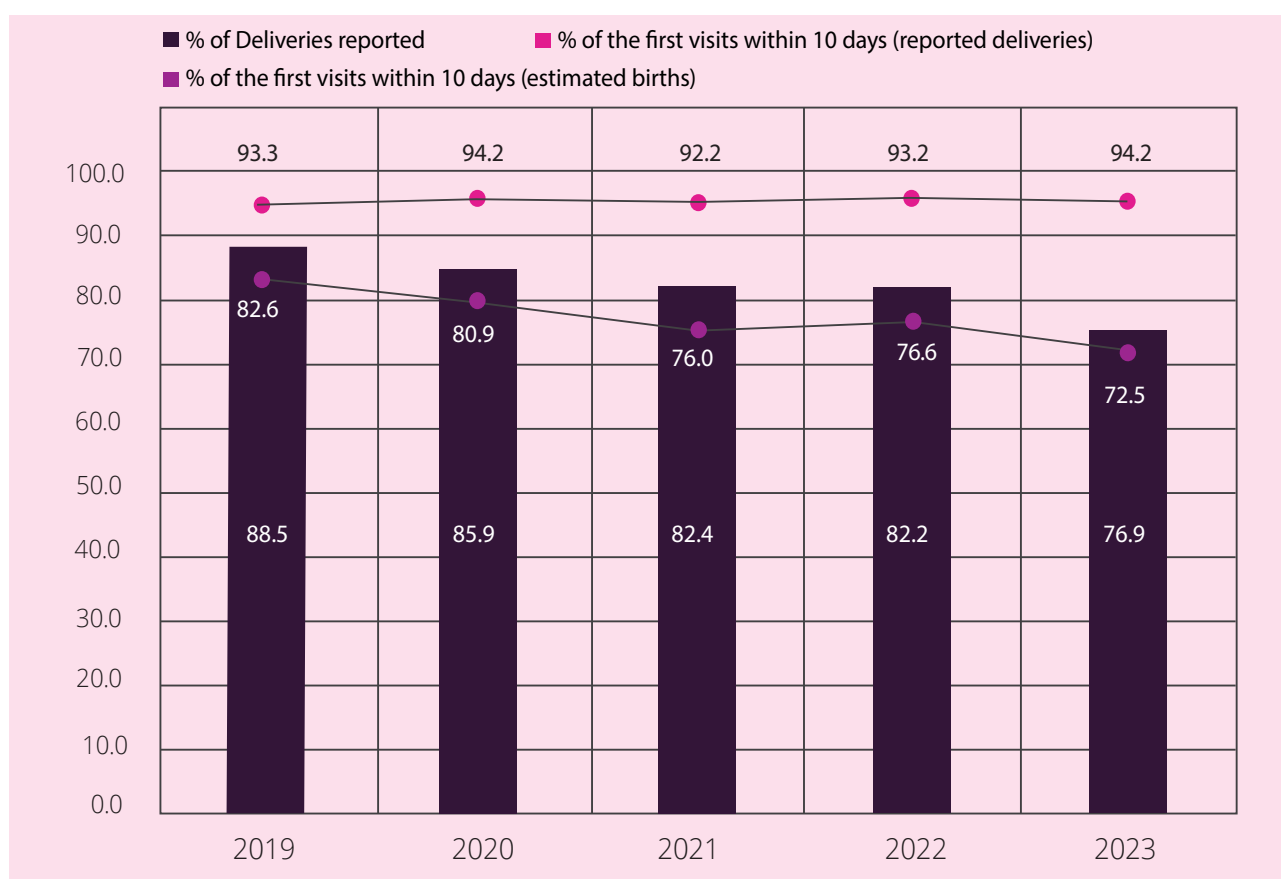


Figure 3.1 Percentage of estimated births, who were receiving the first post-natal visit within the first 10 days of delivery in 2019-2023
Source: FHB, eRHMS 2023

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

Table 2.1 Number of mothers reported with postpartum morbidities in 2023

Data Element	2019		2020		2021		2022		2023	
	Number of cases	Cases/10000 deliveries	Number of cases	Cases/10000 deliveries	Number of cases	Cases/10000 deliveries	Number of cases	Cases/10000 deliveries	Number of cases	Cases/10000 deliveries
Heart Failure	90	3	72	3	62	2	48	2	67	3
Deep Vein Thrombosis	83	3	98	3	71	3	70	3	88	4
Postpartum Depression	403	14	418	15	338	13	452	17	565	26
Foreign material in vagina	151	5	156	5	118	5	130	5	139	6
Reproductive Tract Infections	270	9	14	0	166	6	169	7	175	8
Postpartum Psychiatric Illness	803	27	788	27	653	25	785	30	914	41
Diabetes Mellitus	847	29	988	34	809	31	791	31	765	35
Breast Abscess	344	12	327	11	223	8	266	10	276	13
Urinary Tract Infection	1050	36	981	34	806	30	821	32	868	39
Cracked Nipple	2529	86	2714	95	2091	79	2405	94	2590	118
Haemorrhage	1773	60	1717	60	1445	55	1378	54	1476	67
Hypertension	3007	102	3191	111	2717	102	3049	120	3080	140
Separated Epis	4174	142	3578	125	2784	105	3485	137	3525	160
Engorged Breast	5301	180	5456	190	4210	159	4780	188	4875	221
Infected LSCS scar	6593	224	6241	218	5113	193	5208	205	5137	233

FHB, eRHMS 2023

Further improvement in postpartum morbidity reporting needs to be emphasized.**Table 2.2** Number of registered births from 2019 - 2023

	2019	2020	2021	2022	2023
No. of births (RG)	319,010	301,706	284,848	275,321	247,900

Source: RGD 2023

Private sector performances in maternal and new-born health

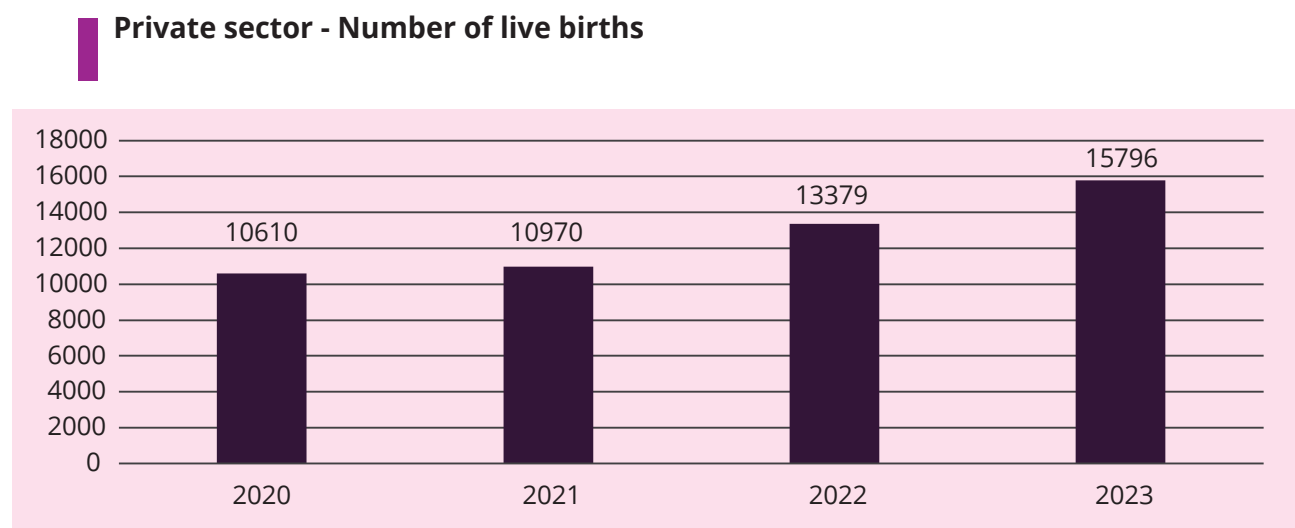


Figure 3.2 Number of live births by the years, Sri Lanka
Source: FHB, eRHMS 2023

A total of 15,796 Live births were reported from private healthcare institutions in Sri Lanka.

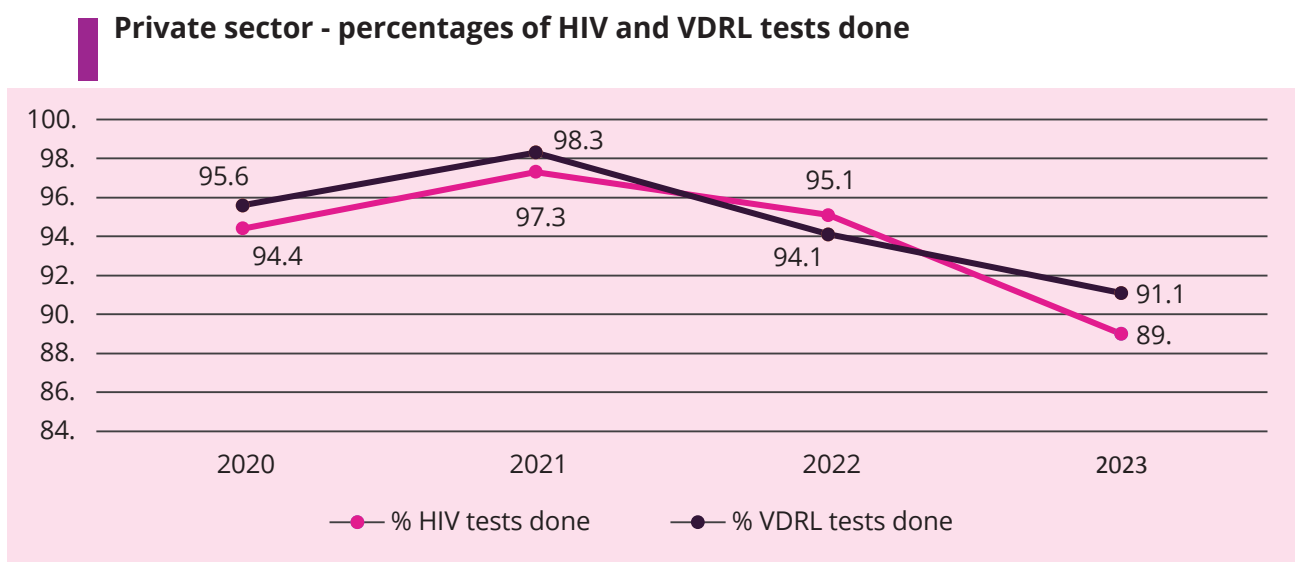


Figure 3.3 Percentages of HIV and VDRL tests done in private sector 2019- 2023
Source: FHB, eRHMS 2023

HIV and VDRL screening coverages reported from private healthcare institutions in Sri Lanka were 89% and 91.1% respectively in 2023.

Private sector – low birth weight

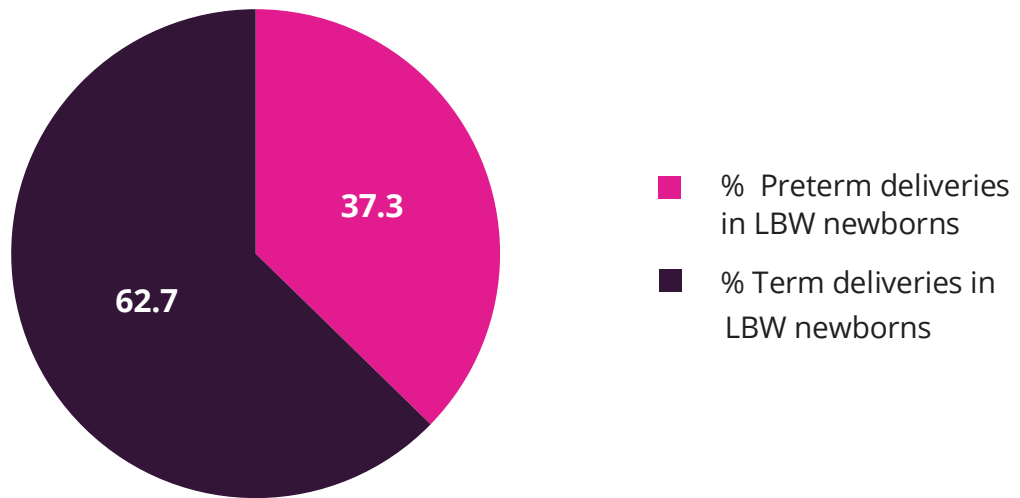


Figure 3.4 Private Sector, Sri Lanka - Low Birth Weight
Source: FHB, eRH MIS2 2023

Out of reported live births, 13.8% were with low birth weights. Among the low-birth-weight newborns, 62.7% were term babies in 2023.

Private sector - kangaroo mother care (KMC)

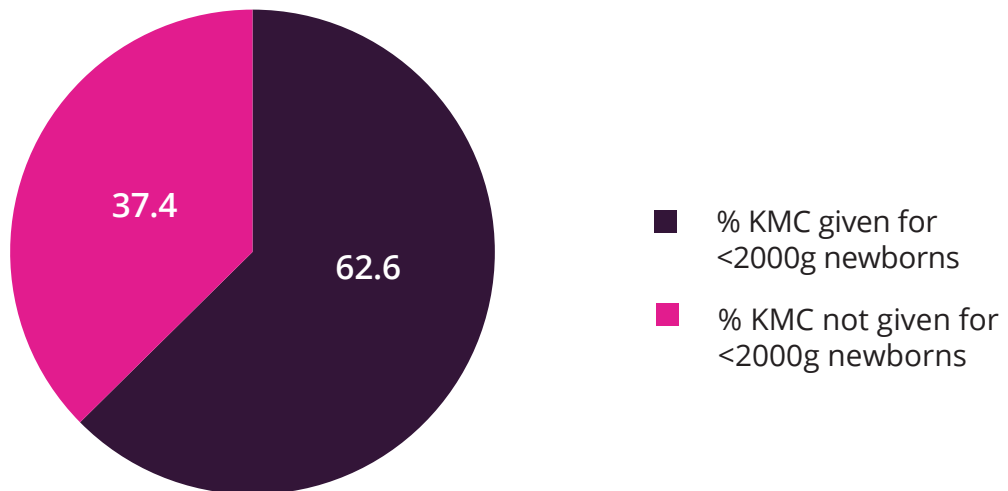


Figure 3.5 Private Sector- Sri Lanka, KMC
Source : FHB, eRH MIS2 2023

Kangaroo mother car [KMC] is a method of care for preterm infants involving infants being carried, usually by the mother, with skin-to-skin contact. Only 62.6% of newborns with birth weight less than 2000g were given KMC out of 66.4% KMC which could be improved more.

Private sector – mode of delivery

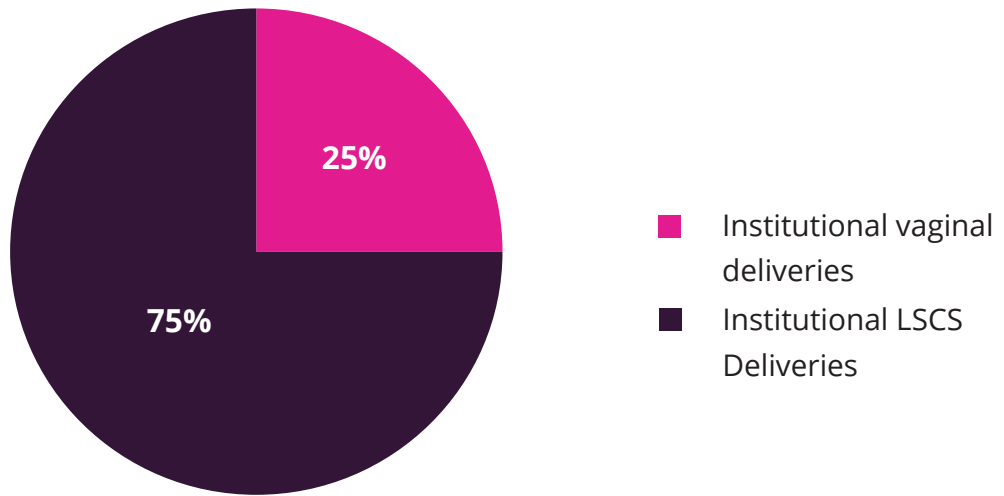


Figure 3.6 Delivery Mode
Source: FHB, eRH MIS2 2023

Considering the mode of delivery, the majority of the 75% were elective cesarean sections and normal vaginal deliveries were only 25%. Availability of health insurances and patient's preference contribute to this high trend of LSCS in the private sector.

Private sector – Breastfeeding within one hour

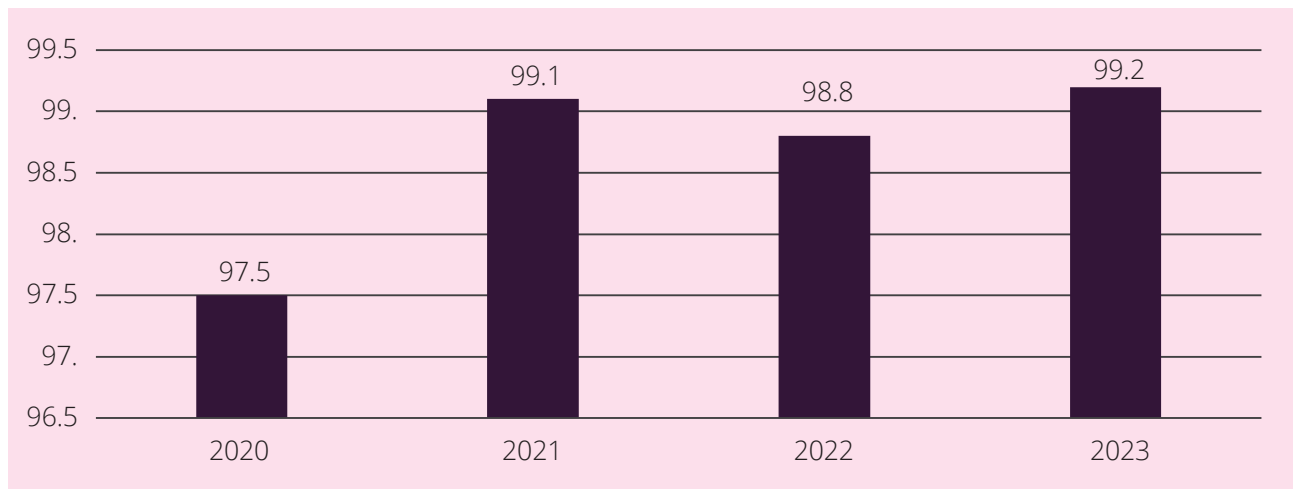


Figure 3.7 Breastfeed within one hour
Source: FHB, eRH MIS2 2023

It was encouraging to observe that the initiation of breast feeding within first hour in private healthcare institutions was 99.2% in 2023.

Private sector – neonatal mortality rate, still birth rate and maternal mortality

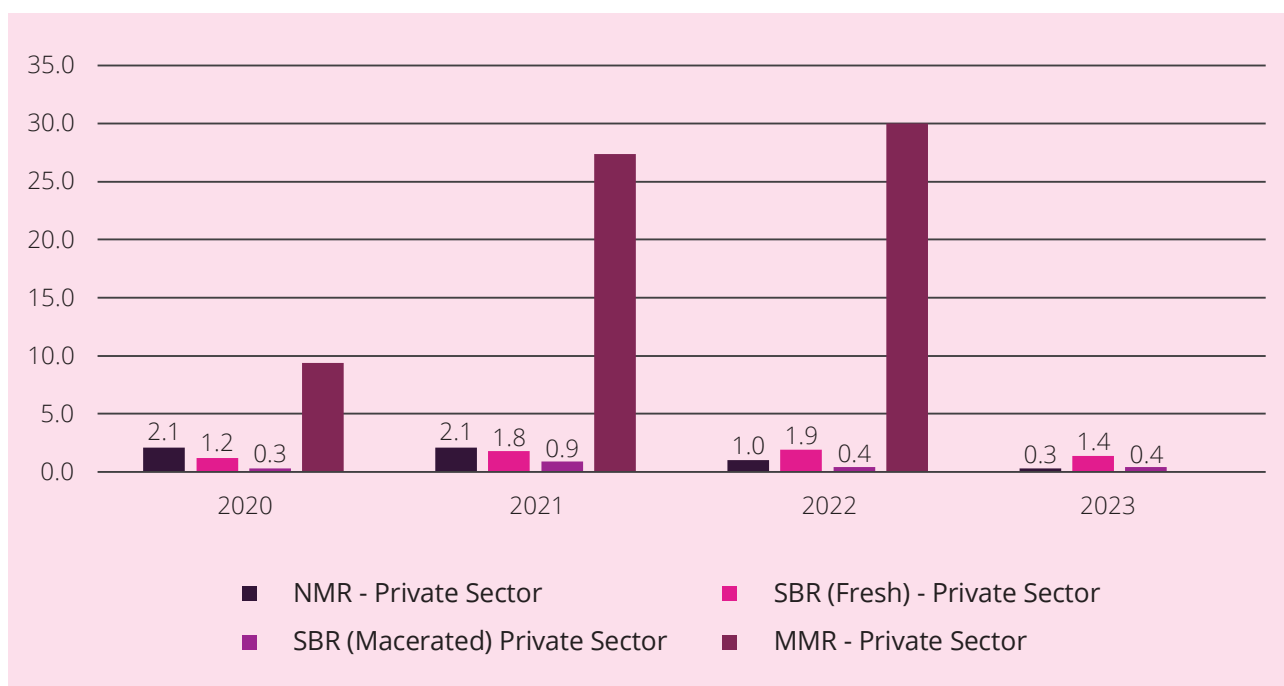


Figure 3.8 NNMR, SBR and MMR comparison of private sector hospitals in Sri Lanka
Source: FHB, eRH MIS2 2023

CHILD NUTRTION

Table 2.3 Infant and childcare provided by the field staff from 2019 – 2023

Indicator	2019	2020	2021	2022	2023
Infants registered by PHMM out of Estimated Births	93.8	90.8	85.9	86.6	87.1
% Infants under care	93.3	90.6	81.6	86.3	87.1
% Infants having at least 1 home visit after 42 days out of registered infants	51.4	49.1	45.6	50.9	55
Average number of home visits per infant	7.6	7.5	7.6	7.7	8.6
% of infants weighed	90.2	67.8	68.3	83	90.1
Average number of clinic attendance for an infant	5.1	5.3	5.5	5.2	5.5
% of estimated infants given Vitamin A at 6 Months	78.9	78.6	81.5	76.3	80.3
% of young children under care (1-2 years)	97.6	98.1	90.6	91.7	94.3
% of young children (1-2 years) weighed	83.6	60.9	56.4	73	83.7
% of estimated children given Vitamin A at 18 Months	78.6	85	83.4	83.5	84.7
% of Preschoolers under care (2-5 years)	93.6	92.8	98.1	91.9	88.7
% of 2-5-year -old children weighed	81.7	62.3	55.9	70.6	82.3
% of estimated children given Vitamin A at 3 years	83.1	87.1	91.9	91.5	98.7

Source: FHB, eRHMS 2023

Table 2.4 Percentages of underweight in infants, young children and preschoolers from 2019 to 2023

Indicator	2019	2020	2021	2022	2023
% Moderately Underweight infants	5.3	5.0	4.9	5.5	6.2
% Severely Underweight infants	1.1	1.1	1	1.2	1.5
% Moderately Underweight young children (>1-2 years)	10.6	10.2	9.9	10.4	11.7
% Severely Underweight young children (>1-2 years)	1.8	1.7	1.6	1.8	2
% Moderately Underweight preschoolers (>2 - 5th year)	16.9	16.4	16.1	16.3	18.7
% Severely Underweight preschoolers (>2 - 5th year)	2.8	2.6	2.6	2.8	3.1

Source: RGD 2023

The underweight rates of all 3 age groups have increased in 2023.

► Trends in infant, young child and preschool underweight

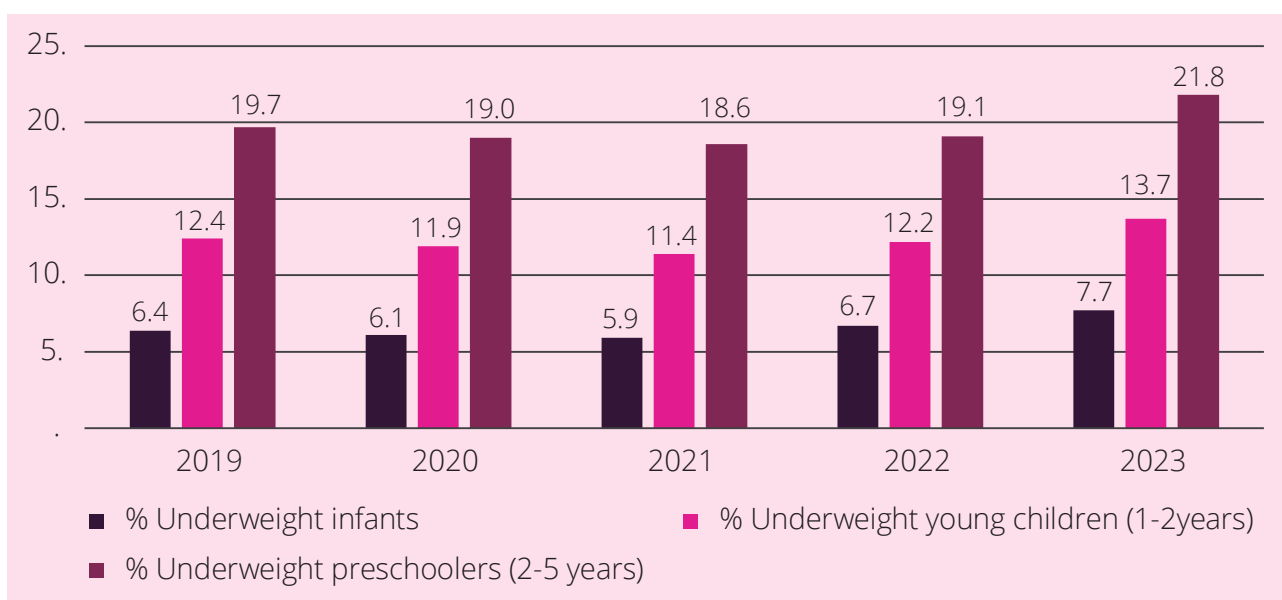


Figure 3.9 Trends in infants, young children and preschool underweight (moderate and severe) from 2019 - 2023
Source: FHB, eRHIMIS2 2023

The increasing trend of underweight with increasing age and between the years 2021 - 2023 is presented graphically in figure 3.9.

Table 2.5 Trends in infant, young child and preschool stunting (moderate and severe) from 2019 - 2023

Year	4 months	9 months	18 months	3 years
2019	1.1	1.7	2.1	1.8
2020	1.3	2	1.8	1.7
2021	1	1.5	1.7	1.5
2022	1.1	2.6	1.8	1.5
2023	1.7	2.4	3.0	2.7

Source: FHB, eRHIMIS2 2023

Gross under-reporting is observed which is an area that needs to be addressed. Therefore, these data reporting has been included in the MCH review slides.

► Nutrition month data

■ Nutrition month data reporting rates from all districts were as follows.



Figure 4.0 Nutrition month data reporting rates from all districts were as follows.
Source: FHB, NM 2023

► Under nutrition among under five children

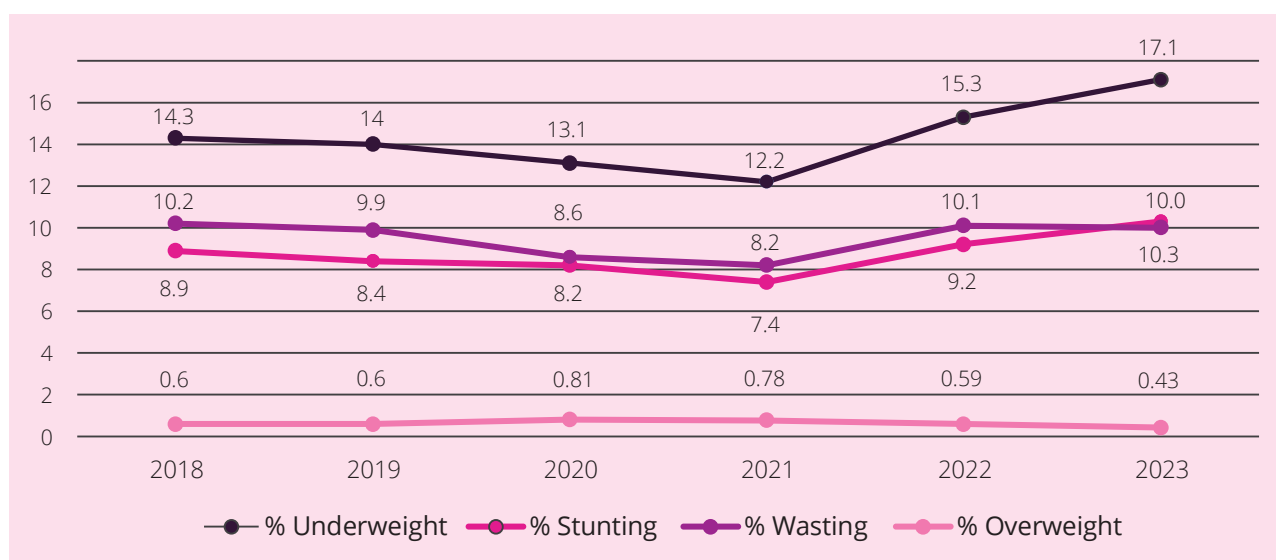


Figure 4.1 Under nutrition among under five children from 2018 to 2023
Source: FHB, NM Data 2023

According to the National Nutrition Month data, underweight, and stunting have increased compared to the previous years. While wasting is stagnant between 2022 and 2023, overweight has reduced from 0.6 in 2018 to 0.43% in 2023.

CHILD MORTALITY

► Infant & under 5 years mortality

■ Still Birth Rate

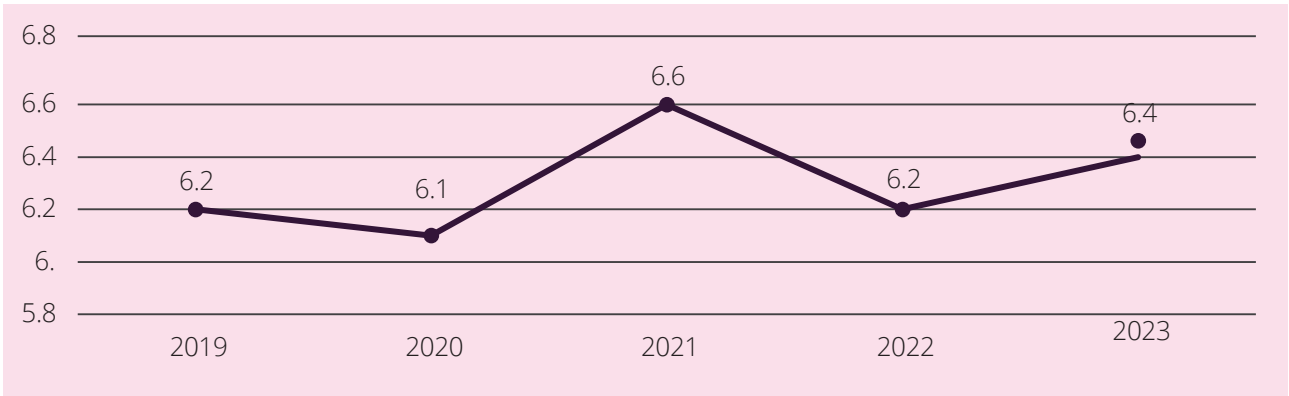


Figure 4.2 Still Birth Rate from 2019 to 2023
Source: FHB, eRHMS 2023

Still birth rate is stagnant at around 6 per 1000 live births from 2018 to 2023.

■ Neonatal Mortality Rates

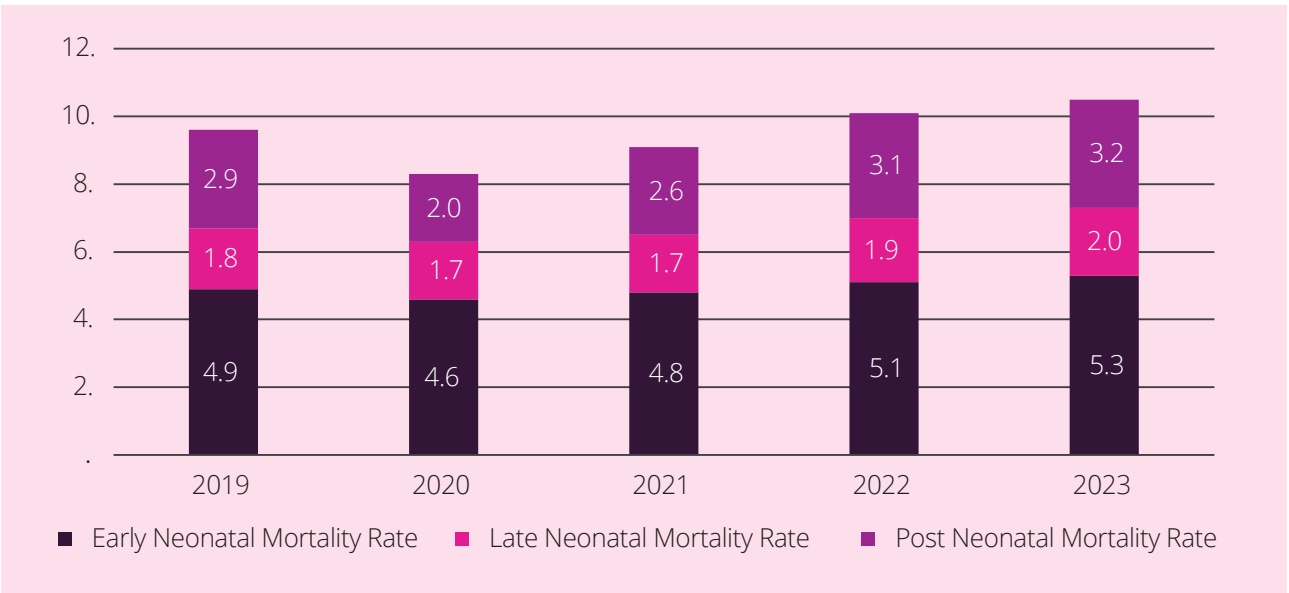


Figure 4.3 Neonatal Deaths from 2019 to 2023
Source: FHB, eRHMS 2023

Still birth rate is stagnant at around 6 per 1000 live births from 2018 to 2023.

■ Infant Mortality Rate

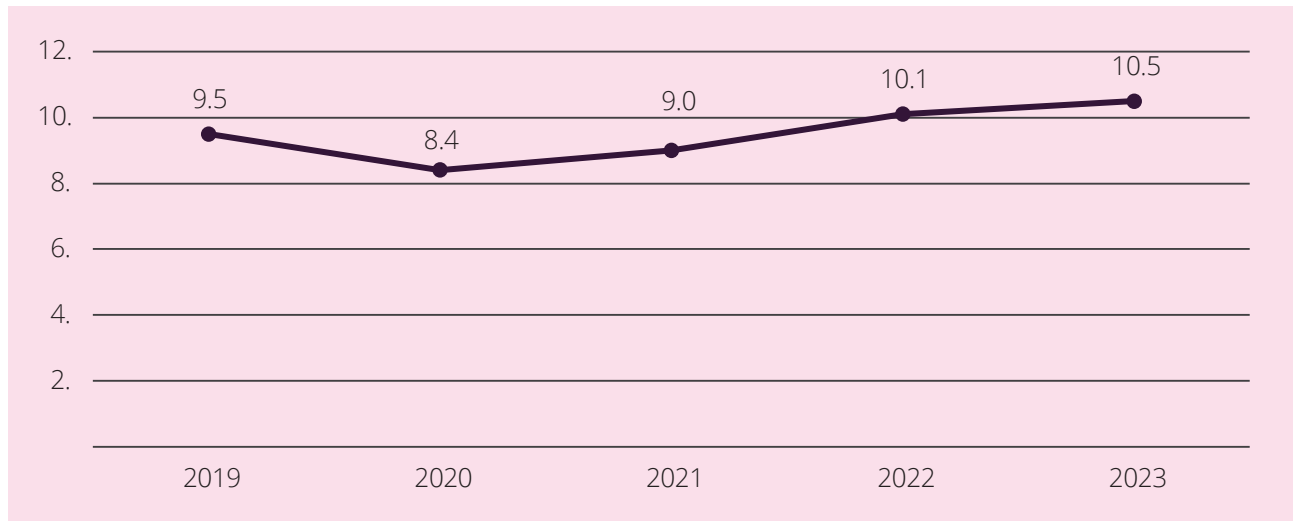


Figure 4.4 Infant Mortality Rates from 2019 to 2023
Source: FHB, eRHIMIS 2023

■ Causes of Infant Deaths

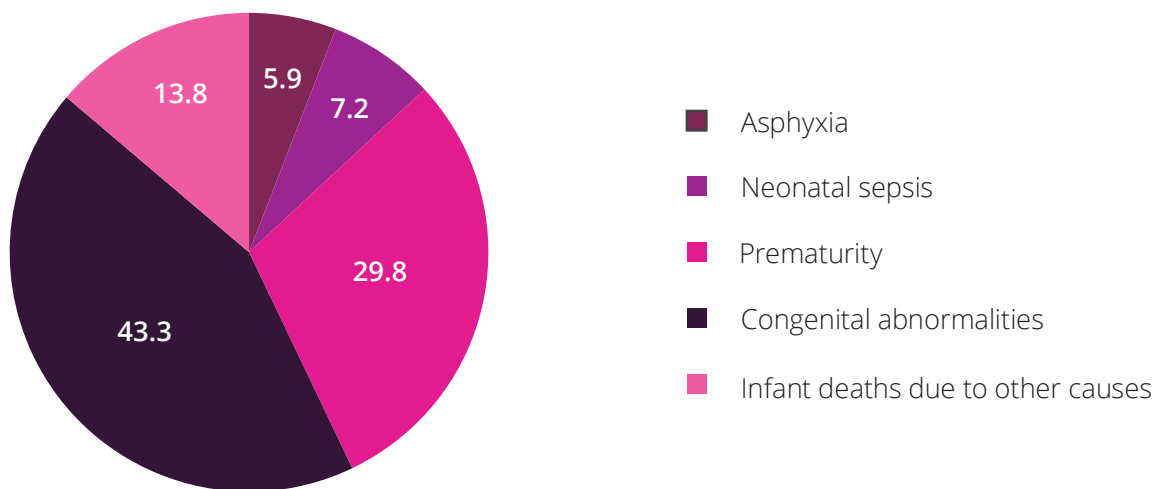


Figure 4.5 Causes of Infant deaths
Source: FHB, eRHIMIS 2023

■ 1 - 5 Year Mortality Rate

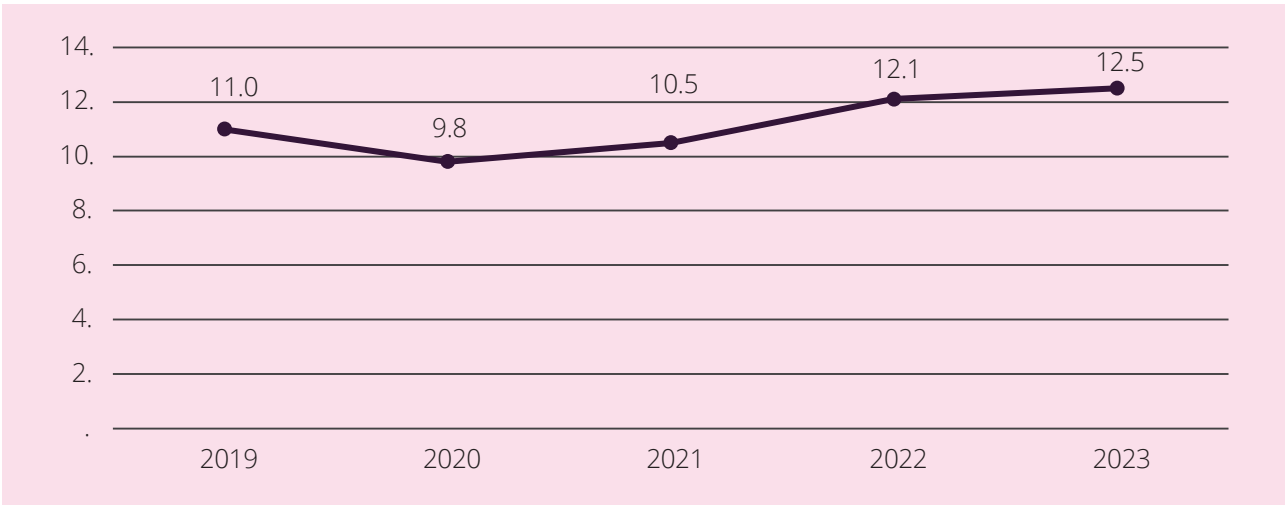


Figure 4.6 1 - 5 years Old Mortality Rates from 2019 to 2023
Source: FHB, eRHMS 2023

■ 1 - 5 Year Deaths

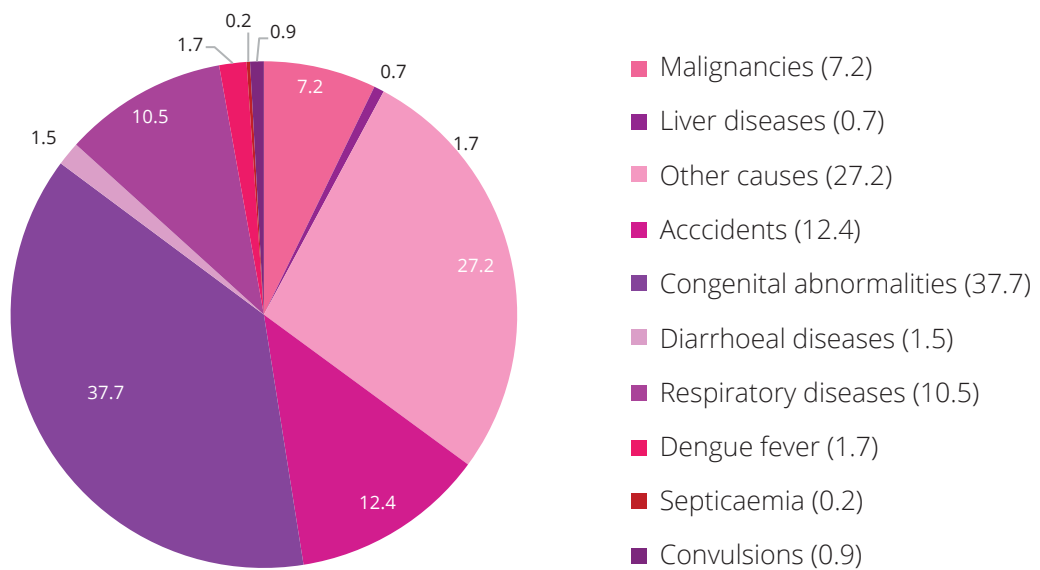


Figure 4.7 Causes for 1-5 year deaths
Source: FHB, eRHMS 2023

ADOLESCENTS AND YOUTH HEALTH INCLUDING SCHOOL HEALTH

Adolescents and Youth Health

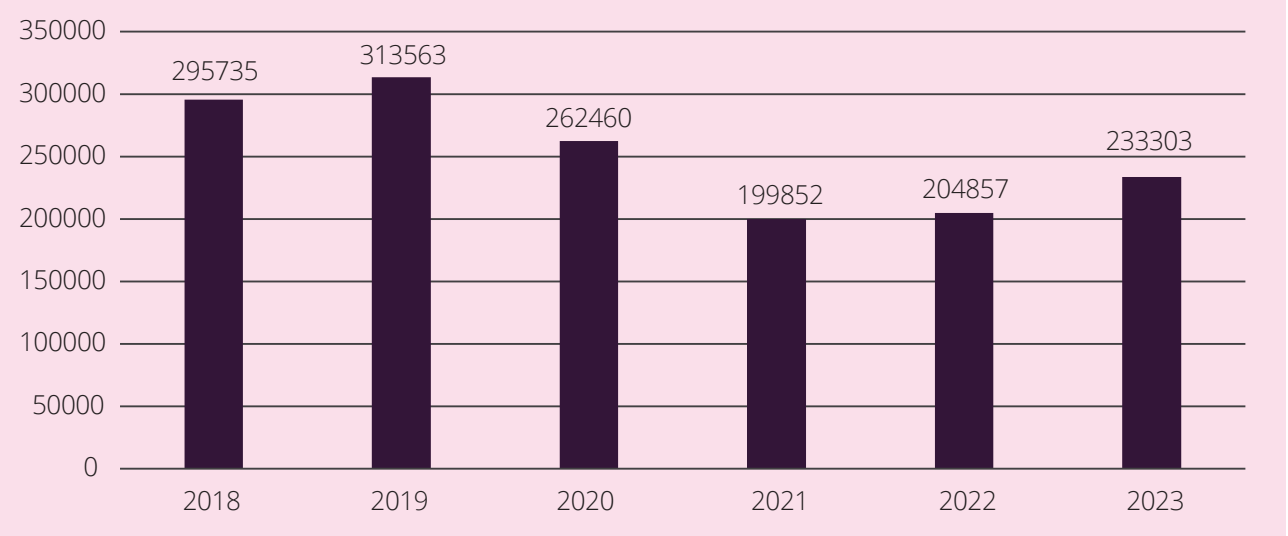


Figure 4.8 Adolescents Newly Registered 2018 - 2023
Source: FHB, eRHMS 2023

School Health

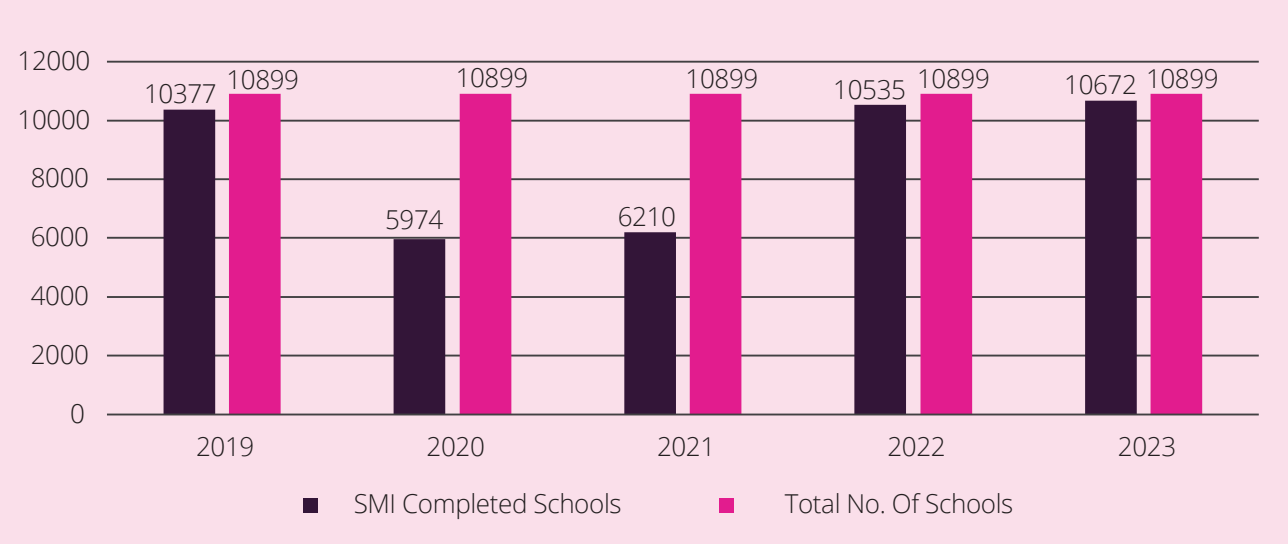


Figure 4.9 Total number of schools versus number of schools where SMI were conducted 2019 to 2023
Source: FHB, eRHMS 2023

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

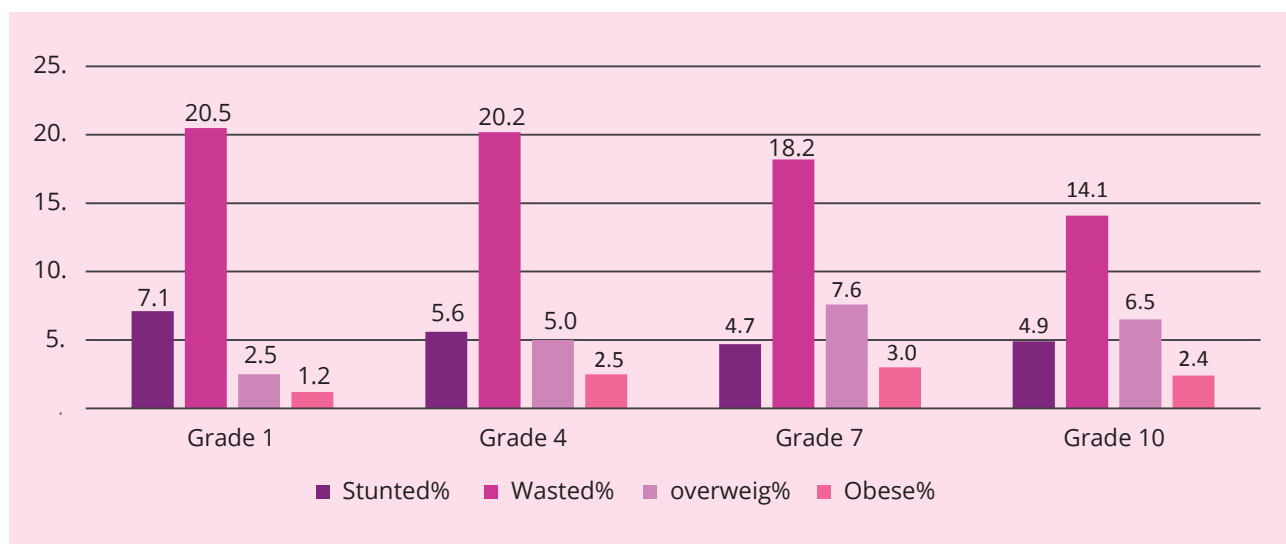


Figure 5.0 Percentage Distribution of School Children in Grades 1, 4, 7 & 10 with Stunting, Wasting, Overweight and Obesity 2023
Source: FHB, eRHIMIS2 2023

In 2023, it was noted that almost 5% (4.9%) of children in grade 10 who were in their second growth spurt were stunted. Wasting among these children showed a gradual decline with age from 20.5% to 14.1%. Overweight and obesity showed a slow rise from grade 1 (2.5% & 1.2%) to 7 (7.6% & 3%).

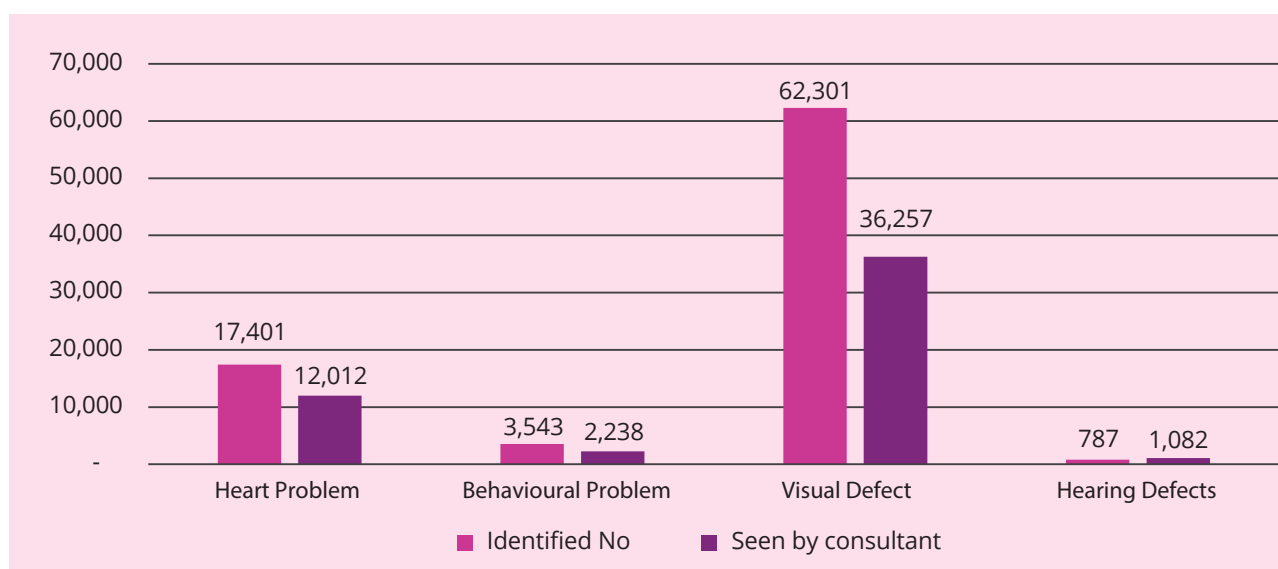


Figure 5.1 Total number of selected defects among examined school children Vs number seen by a consultant 2023
Source: FHB, eRHIMIS2 2023

FAMILY PLANNING

Table 2.6 Percentage of eligible families using all methods 2019 - 2023

Indicator	2019	2020	2021	2022	2023
Modern methods	57.9	57.1	57.4	59.4	60.2
Natural/Traditional	9.0	9.0	8.9	9.1	9.2
All	66.9	66.1	66.3	68.5	69.4

Source: FHB, eRH MIS 2023

■ Current users of modern family planning methods

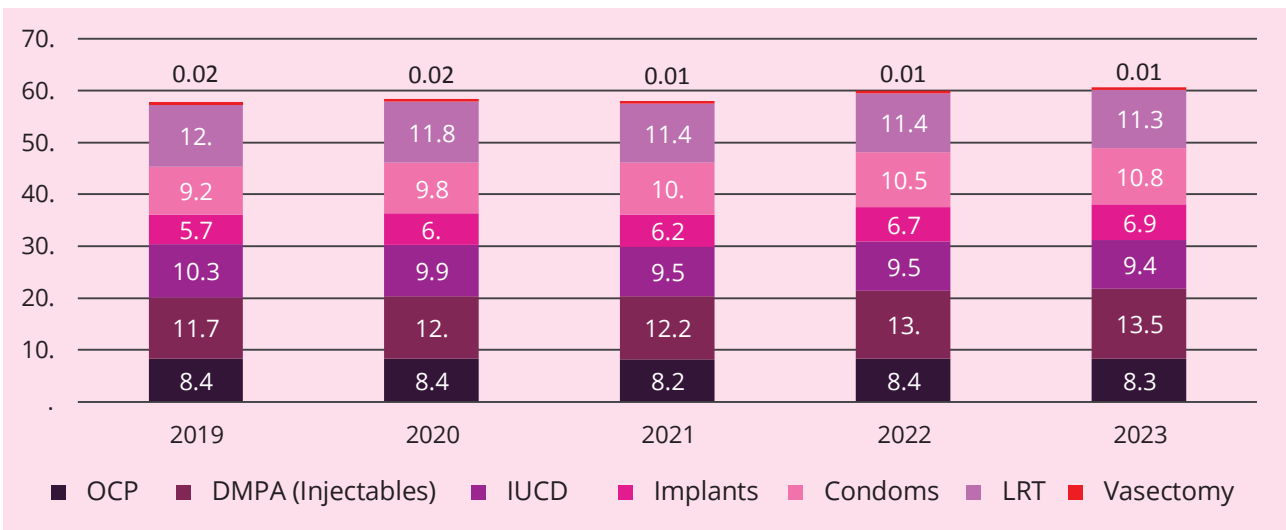
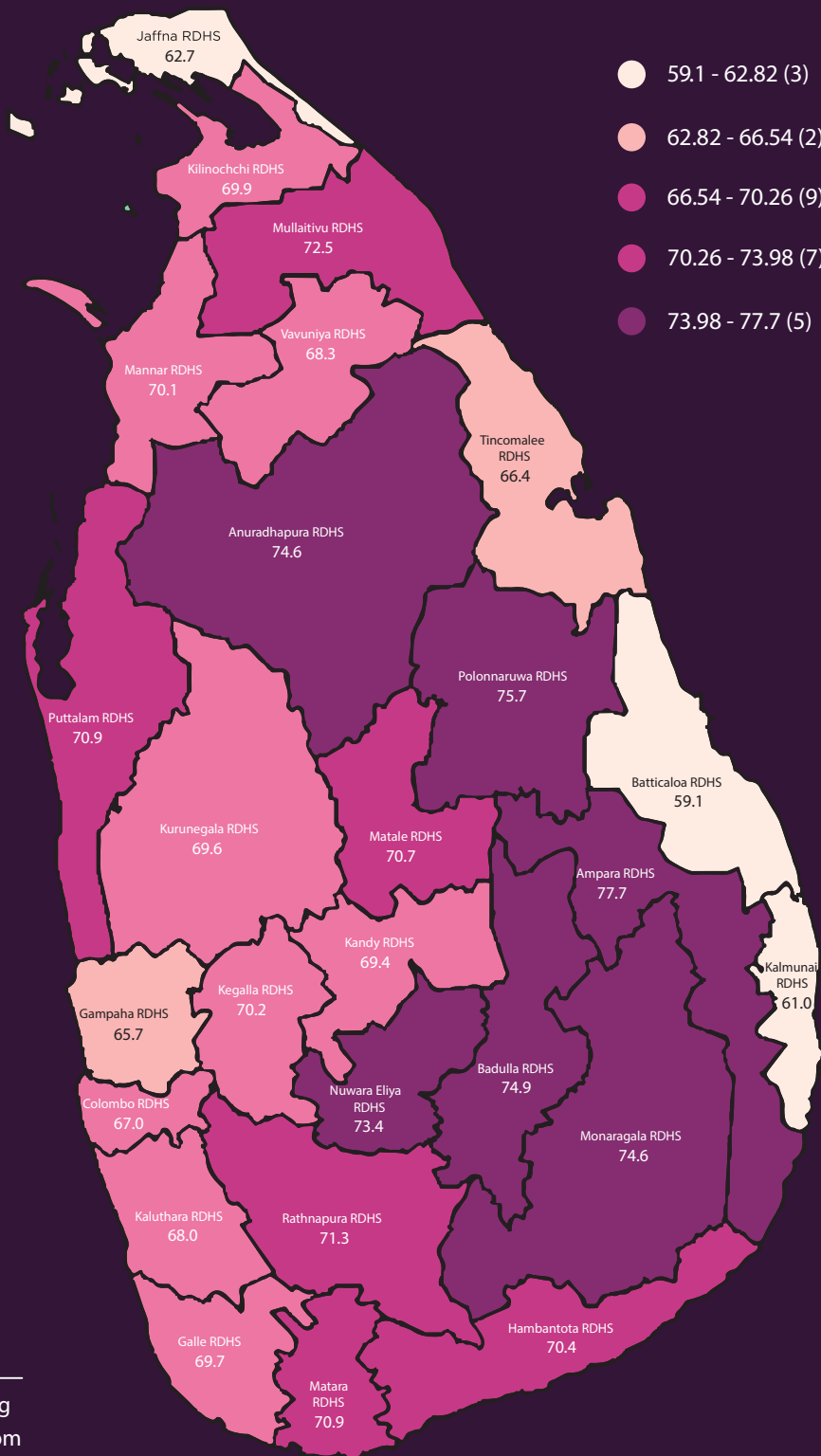


Figure 5.2 Current users of modern family planning methods, from 2019 - 2023
Source: FHB, eRH MIS2 2023

There has been no significant change in the trends of family planning usage observed over the last 5 years.

MCH | 13.10 Percentage of eligible couple using any family planning method 2023



Highest family planning usage was reported from Ampara district (77.7) whereas lowest is reported from Batticaloa (59.1)

Figure 5.3 Shows the district variation in CPR (All methods) in 2023
Source: FHB, eRHIMIS2 2023

■ Contraceptive methods new acceptors

Table 2.7 Contraceptive methods new acceptors by method from 2018 – 2023

	2018	2019	2020	2021	2022	2023
New Acceptors (No.)	171,397	152,532	128,799	225,822	258,902	234,102
IUD	29,382	24,214	17,320	28,622	36,733	36,981
Oral Pills	26,188	22,949	22,902	44,480	50,459	43,860
Sterilizations	15,783	13,883	11,212	30,116	30,632	28,521
Injectable	53,208	53,131	40,295	79,700	86,824	81,539
Implants	46,836	38,355	37,070	42,904	54,254	43,201

FHB, eRHMS 2023

* 2018-2020 New Acceptors (No.) data from the H1200B

In 2023, new acceptors for each family planning method have decreased except for IUD.

■ Various contraceptive methods

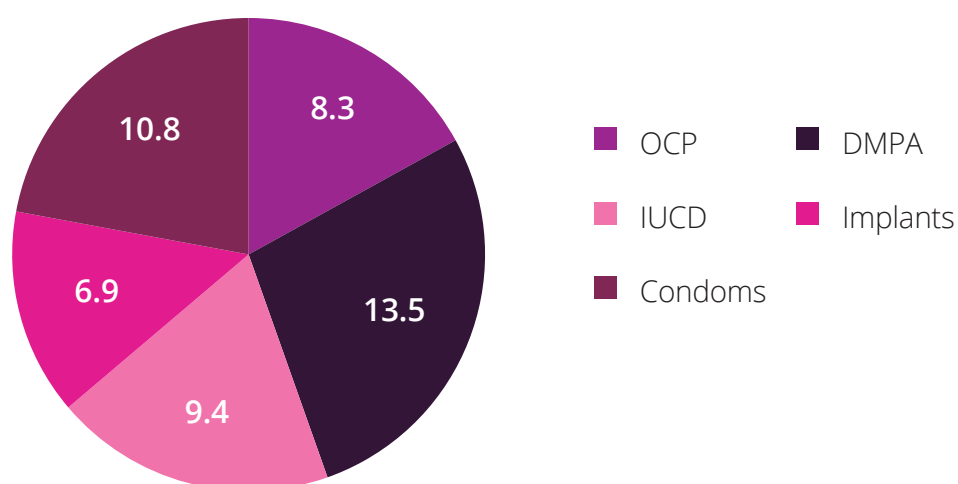


Figure 5.4 Distribution of various contraceptive methods in 2023
Source: FHB, eRHMS2 2023

The mostly used family planning method was DMPA with a rate of 13.5

■ **Contraceptive Failure Rate**

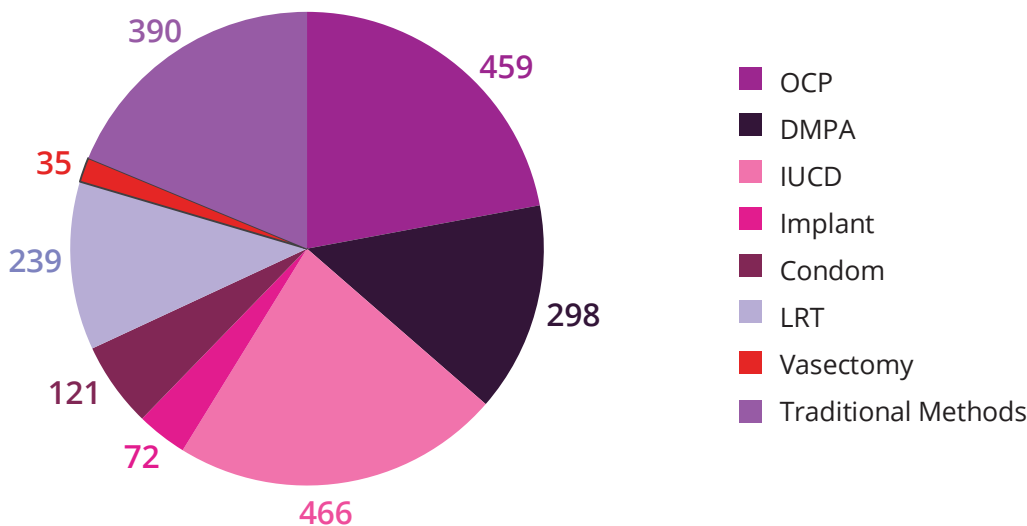


Figure 5.5 Contraceptive failure rate in 2023
Source: FHB, eRHMS2 2023

■ **Percentage of eligible couples having unmet need for family planning**

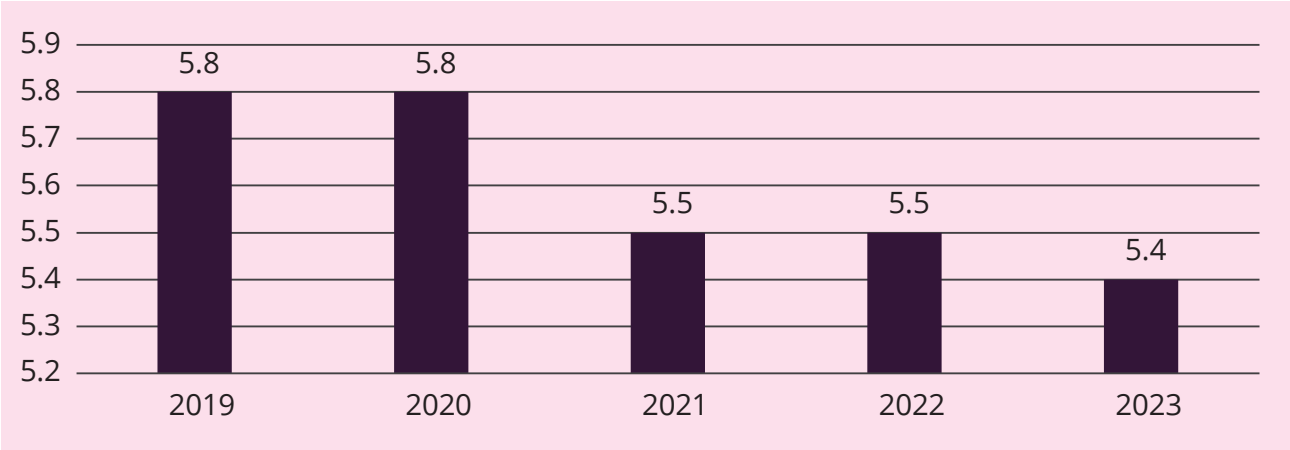


Figure 5.6 Percentage of eligible couples having unmet need for family planning 2019-2023
Source: FHB, eRHMS2 2023

Unmet need seems to be reducing over the years and in 2023, it is 5.4.

GENDER AND WOMEN'S HEALTH INCLUDING WELL WOMAN PROGRAMME

■ Health Sector Response to Gender-Based Violence

Table 2.8 Services provided by Mithuru Piyasa; hospital based GBV care centres
centres from 2011 to 2023

Year	Number of Mithuru Piyasa centres	Total number of new GBV survivors seeking care over the year	Total number of followup sessions held with survivors	Total number of sessions held with the family members of survivors	Total number of sessions held with the perpetrators	Total number of consultations held during the year
2011	06	447	230	232	101	1010
2012	08	870	355	432	249	1906
2013	16	1722	726	827	471	3746
2014	20	2949	1360	1309	717	6335
2015	31	4670	2683	2135	1261	10749
2016	45	7577	4131	3077	2243	17028
2017	55	7463	4743	3276	2834	18316
2018	61	8943	5579	4418	3205	22145
2019	68	9426	5966	4445	3049	22886
2020	76	9735	5581	4003	3229	22548
2021	81	7309	7005	3631	2905	20850
2022	84	10871	7772	4847	5687	29177
2023	87	12198	9875	4701	6237	33011

Source: FHB, Consolidation of monthly returns sent from Mithuru Piyasa centres

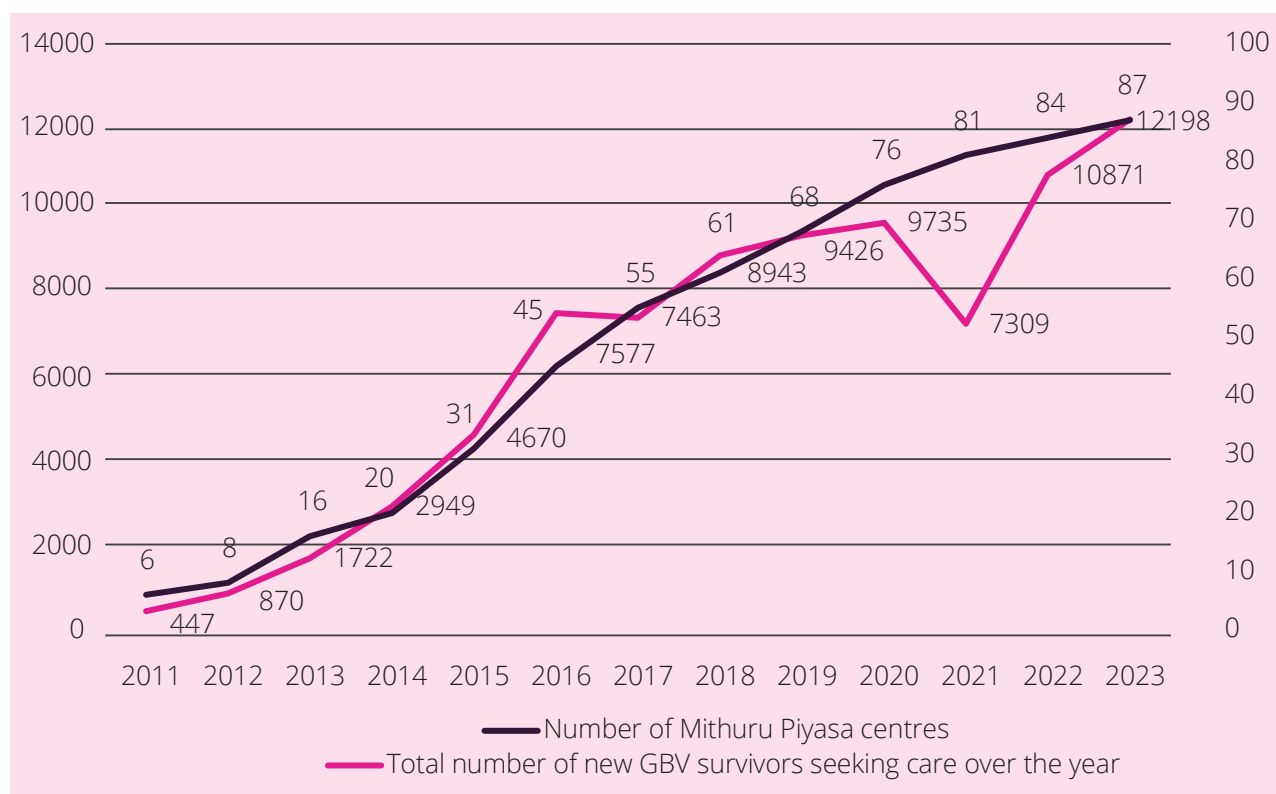


Figure 5.7 Number of Mithuru Piyasa centres Vs New GBV survivors seeking care over the years
 Source: FHB, Consolidation of monthly returns sent from Mithuru Piyasa centres

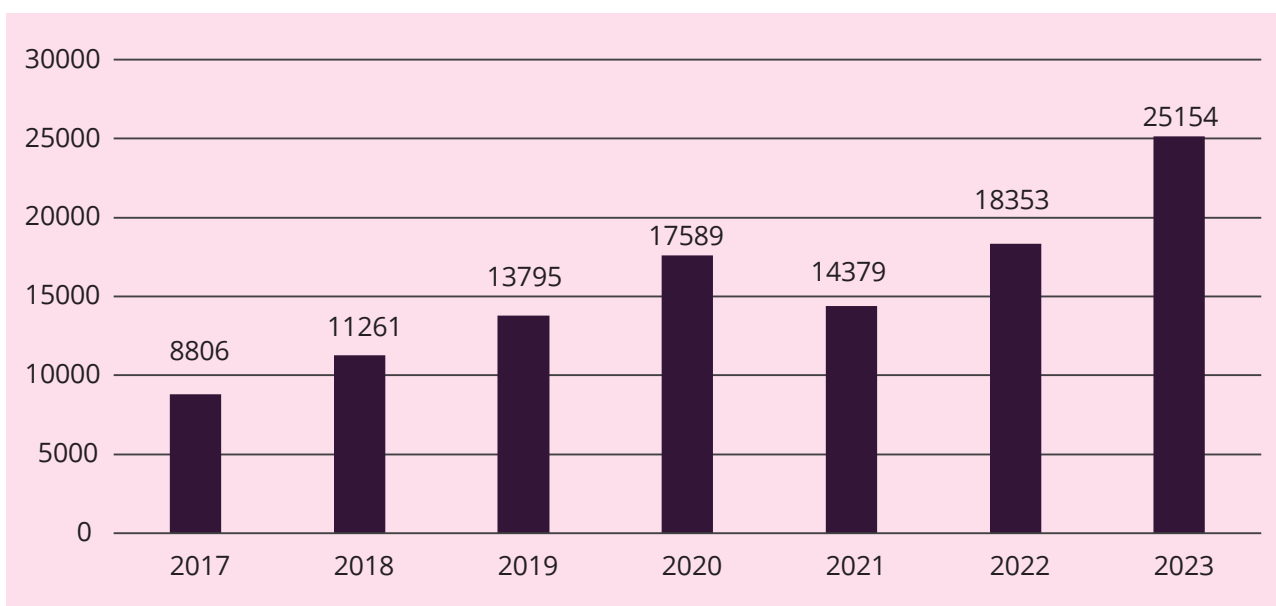


Figure 5.8 Total number of GBV Survivors identified by the Public/ Field health staff (2017-2023)
 Source: FHB, eRHMS 2023

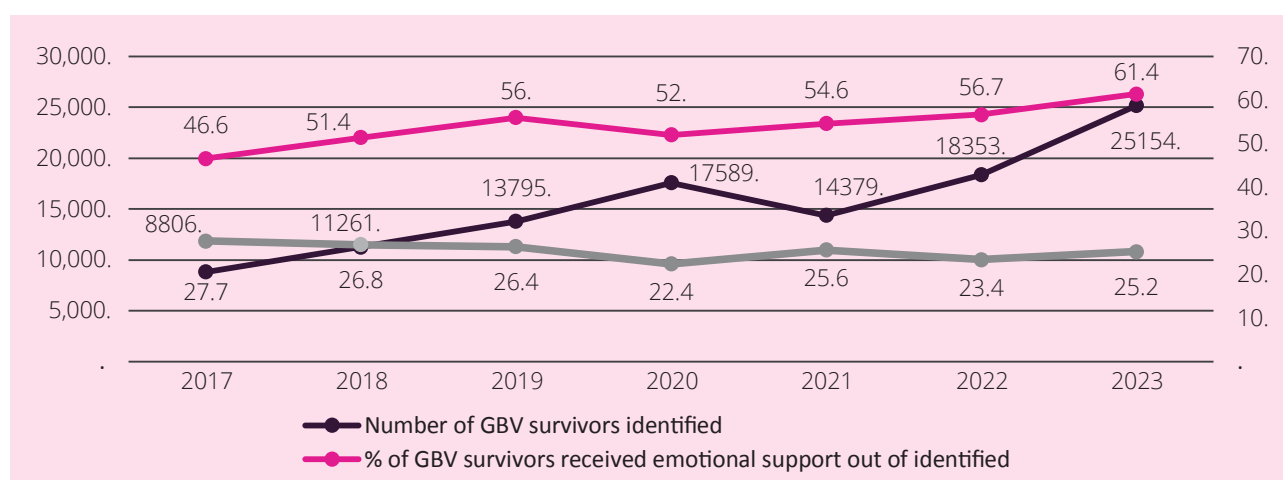


Figure 5.9 GBV Survivor care provided by the Public/ Field health staff (2017-2023)
Source: FHB, eRH MIS 2023

Well Woman Programme

Table 2.9 Number of first visits to WWCs from 2019 to 2023 (by age group)

Indicator	2019	2020	2021	2022	2023
35 Years (first visit)	129,321	102,389	76,890	98,835	116,456
45 Years (first visit)	44,634	36,841	31,640	53,863	83,007
Other ages (first visit)	45,518	22,592	11,016	25,153	32,258
Total	219,473	161,822	119,546	177,851	231,721

Source: FHB, eRH MIS 2023

Table 3.0 Well Woman Clinic attendance by women aged 35 years and 45 years (2019-2023)

Indicator	2019	2020	2021	2022	2023
Percentage of women aged 35 years who attended the WWC	59.1	58.1	43.6	55.2	65.6
Percentage of women aged 45 years who attended the WWC	25.5	20.9	17.9	30.1	46.7

Source: FHB, eRH MIS 2023

MCH | 15.04.02 Percentage of 35 year age cohort coverage who had undergone papsmear screening out of 0.8% of the population : 2023

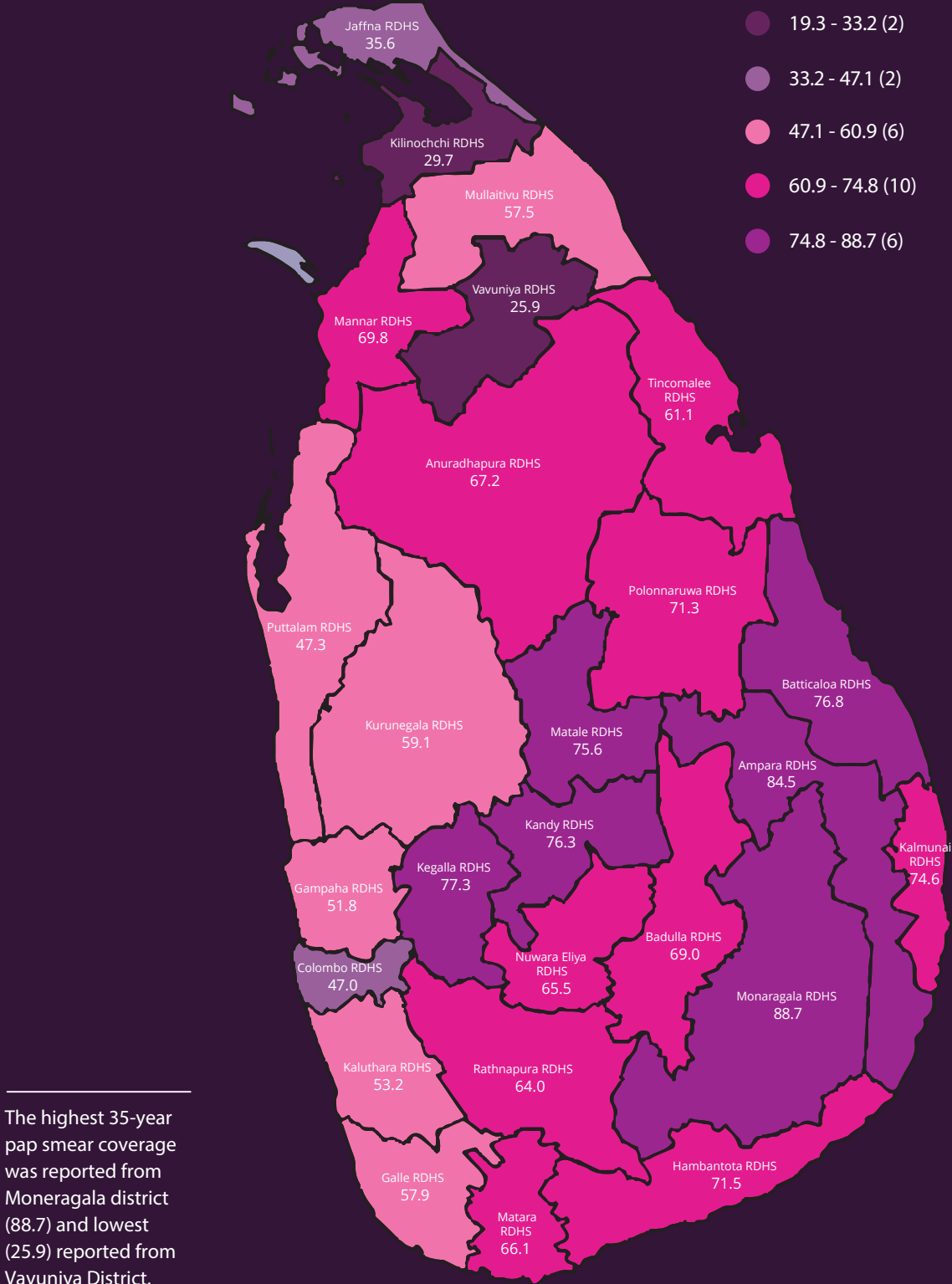
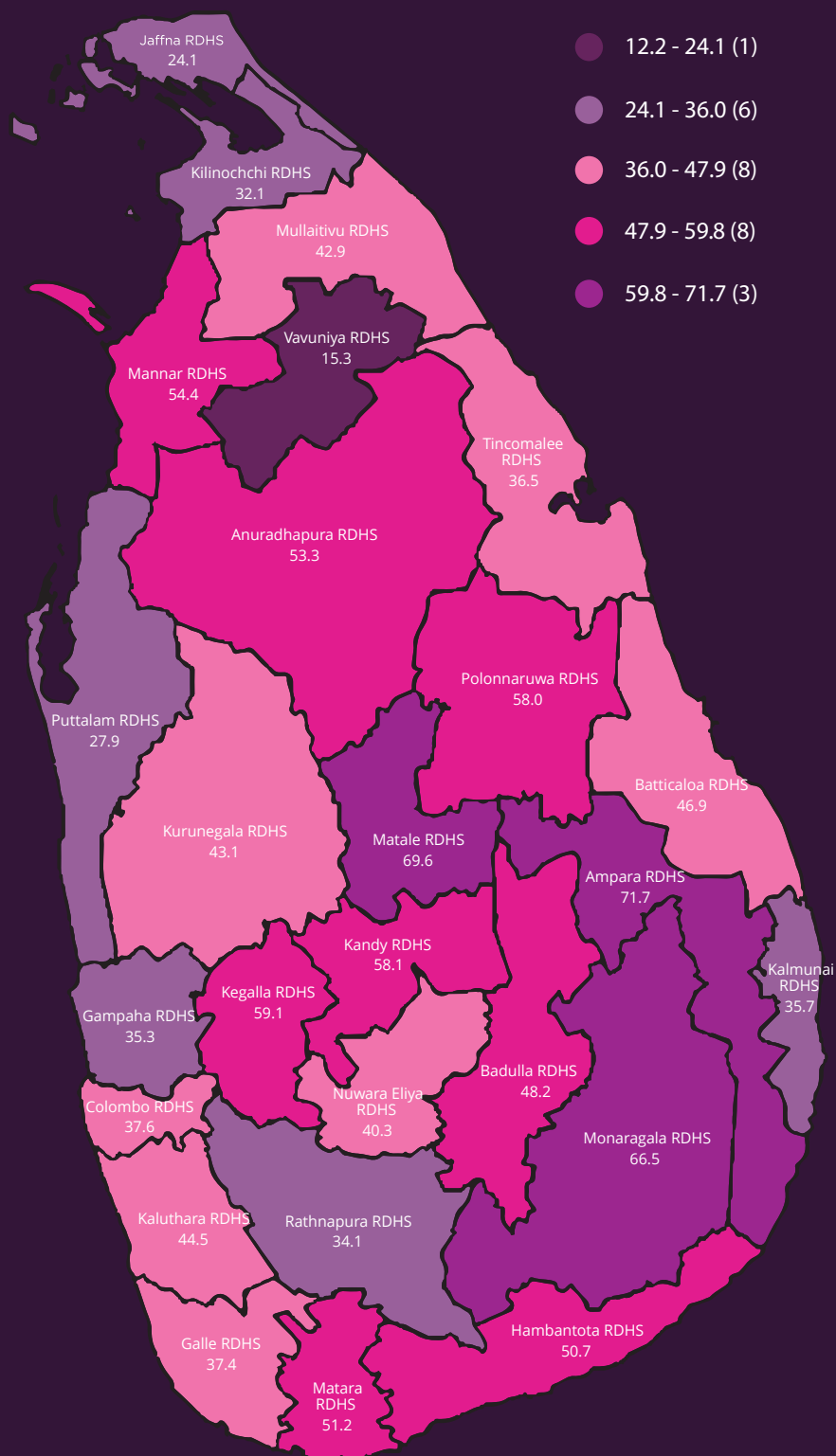


Figure 6.0 Map of the Coverage of the 35 years cohort by districts (2023)
Source: FHB, eRHMS 2023

MCH | 15.05. Percentage of 45 year age cohort coverage who had undergone papsmear screening out of 0.8% of the population : 2023



Highest 45-year pap smear coverage was reported from Ampara district (71.7) and lowest from Vavuniya District (15.3)

Figure 6.1 Map of the coverage of the 45 years cohort by districts (2023)
Source: FHB, eRHMS 2023

Table 3.1 Clinic attendance (first visits) and morbidities detected (2019-2023)

Indicator	2019	2020	2021	2022	2023
Number of 35year women attending WWC clinics	129321	102,389	76,890	98,852	116,456
Cervical smears reported as high and low-grade lesions	704	347	378	565	589
Cervical smears reported as malignant (Carcinoma)	34	3	9	3	12
Breast abnormalities detected	3726	2780	1848	3762	5278
Diabetes Mellitus detected	5955	4959	5255	8837	6079
Hypertension detected	7618	6259	4912	7729	10784

FHB, eRHMS 2023

Number of 35-year cohort women attendance and morbidities reported were comparatively higher in 2023.

ORAL HEALTH OF PREGNANT WOMEN AND SCHOOL CHILDREN

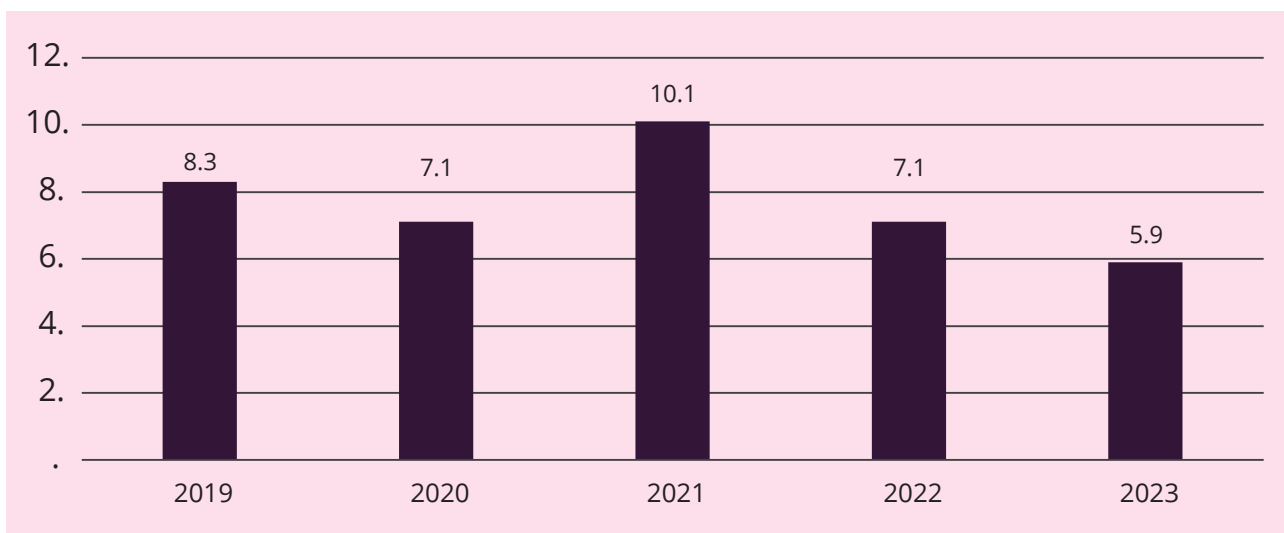


Figure 6.2 Percentage of 12-year-olds with untreated caries (Grade 7)

Source: FHB, eRHMS 2023

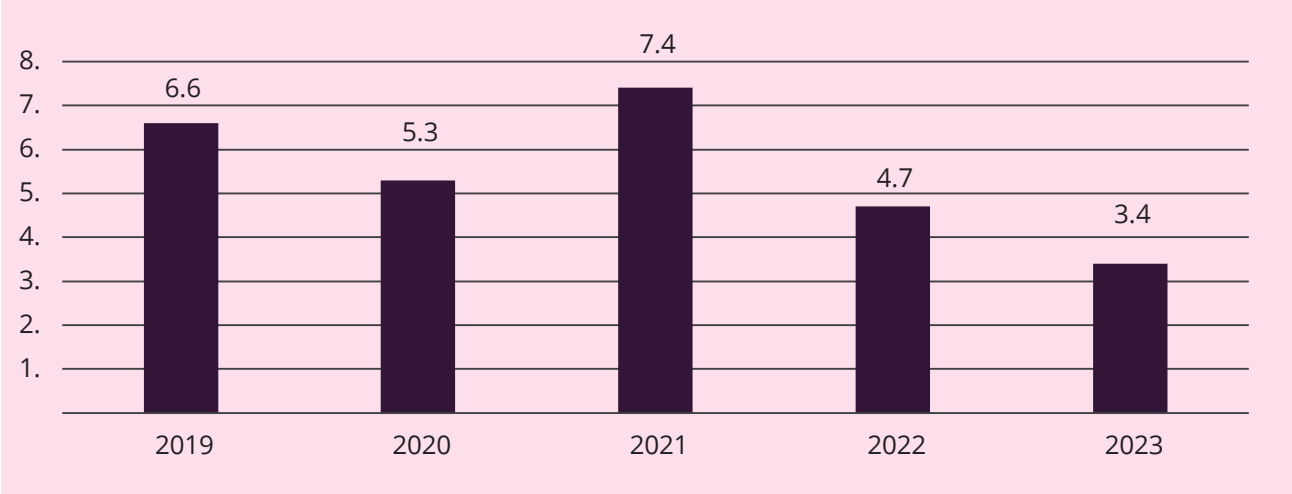


Figure 6.3 Percentage of 12-year-olds free from calculus (Grade 7)
Source: FHB, eRHMS 2023



Figure 6.4 Grade 1 Caries percentage
Source: FHB, eRHMS 2023



Figure 6.5 Grade 4 Caries Percentage
Source: FHB, eRHMS 2023

Table 3.2 Oral health indicators of school children and pregnant women

Indicator	2020	2021	2022	2023
Grade 7 (perm) caries percentage	14.6	17.2	17.3	16.8
Percentage of 12- yearolds free from calculus (Grade 7)	5.3	7.4	4.7	3.4
Overall healthy percentage	48.5	47.4	45.6	44.5
Preschool healthy percentage	48.	50.2	48.5	49.8
Grade 1 healthy percentage	44.2	40.7	41.4	40.9
Grade 4 healthy percentage	35.5	38.7	37.4	35.8
Grade 7 healthy percentage	63.2	62.7	61.4	59.4
Total (1,4,7 & Other) treatment completion percentage	60.9	50.3	71.3	77.5
Percentage of pregnant mothers screened for dental problems	80.6	64.6	73.	83.7
Percentage of screened pregnant mothers identified as having dental problems	20.6	16.6	17.5	20.9

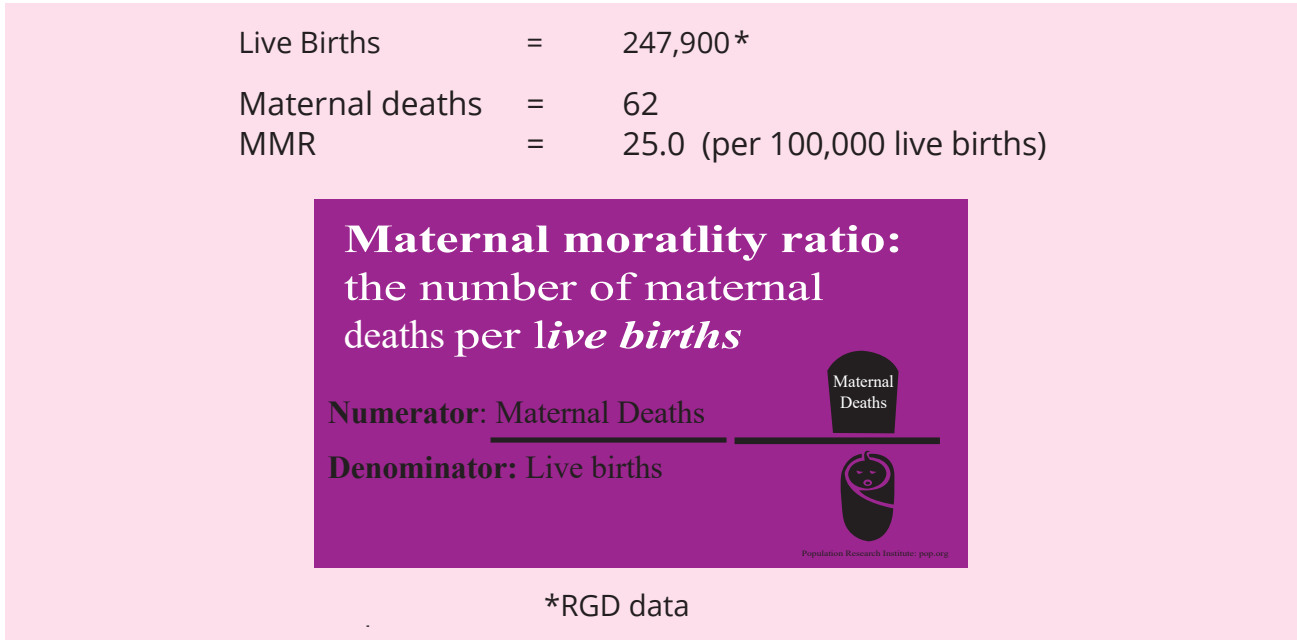
FHB, eRHMS 2023

Maternal Death Surveillance and Response (MDSR) system

Maternal Mortality Metrics

Maternal Mortality Ratio (MMR) is the globally accepted indicator to quantify the burden of maternal deaths in a country. MMR evaluates obstetric risk, or the possibility that a woman could die during pregnancy. It is calculated as the number of maternal deaths per 100,000 live births. MMR is also used as an indicator to assess the overall maternal health and the health status of a country.

In the year 2023, out of all reported deaths, 62 deaths were categorized as maternal deaths giving a national Maternal Mortality Ratio (MMR) of 25.0 per 100,000 live births (Figure 6.4). Live births reported by the Registrar General's Department for the year 2023 was taken as the denominator (247,900) which showed a reduction from the 2022 figure of 275,321. Compared to the MMR figure of 2022 the reduction of MMR in 2023 is significant.



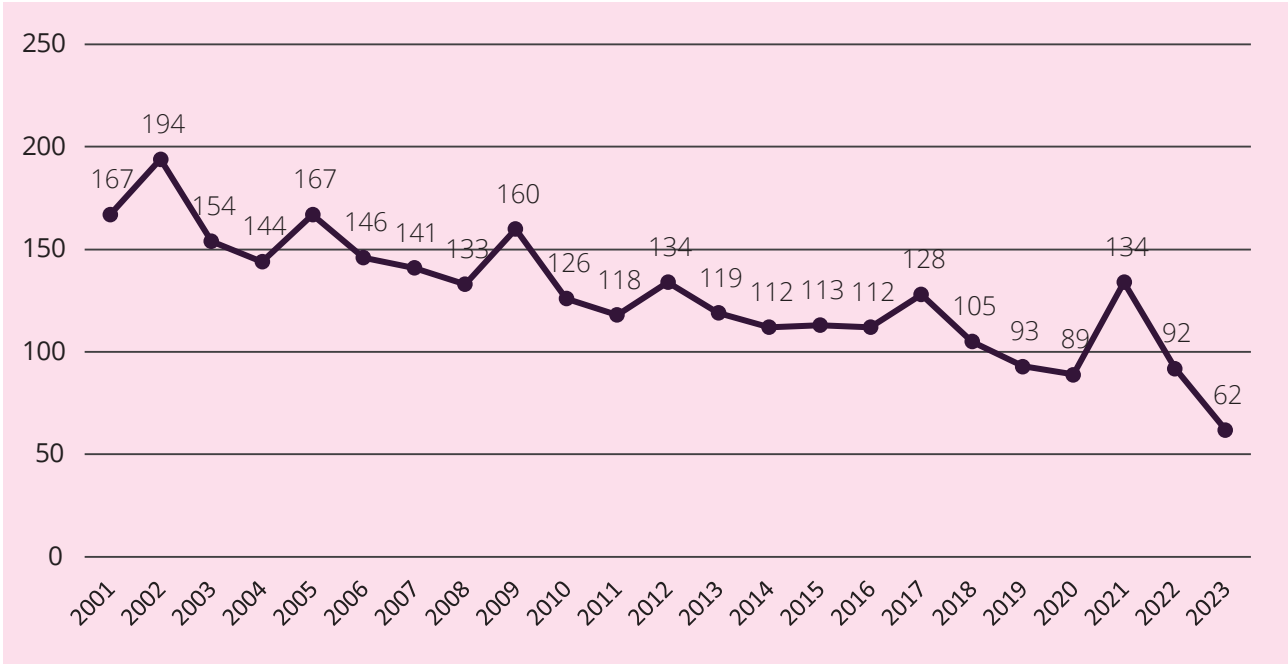


Figure 6.7 Number of maternal deaths (2001 – 2023)
Source: Maternal Morbidity, Mortality Surveillance Unit - FHB

Figure 6.6 shows the trend of MMR from 2001 – 2023. Though the gradual reduction of the country's MMR showed a drastic increase in the year 2021 due to COVID effect, in the year 2022 the MMR reduced once more. In 2023 the MMR reduced to 25 per 100,000 live births which is the lowest reported MMR in Sri Lanka.

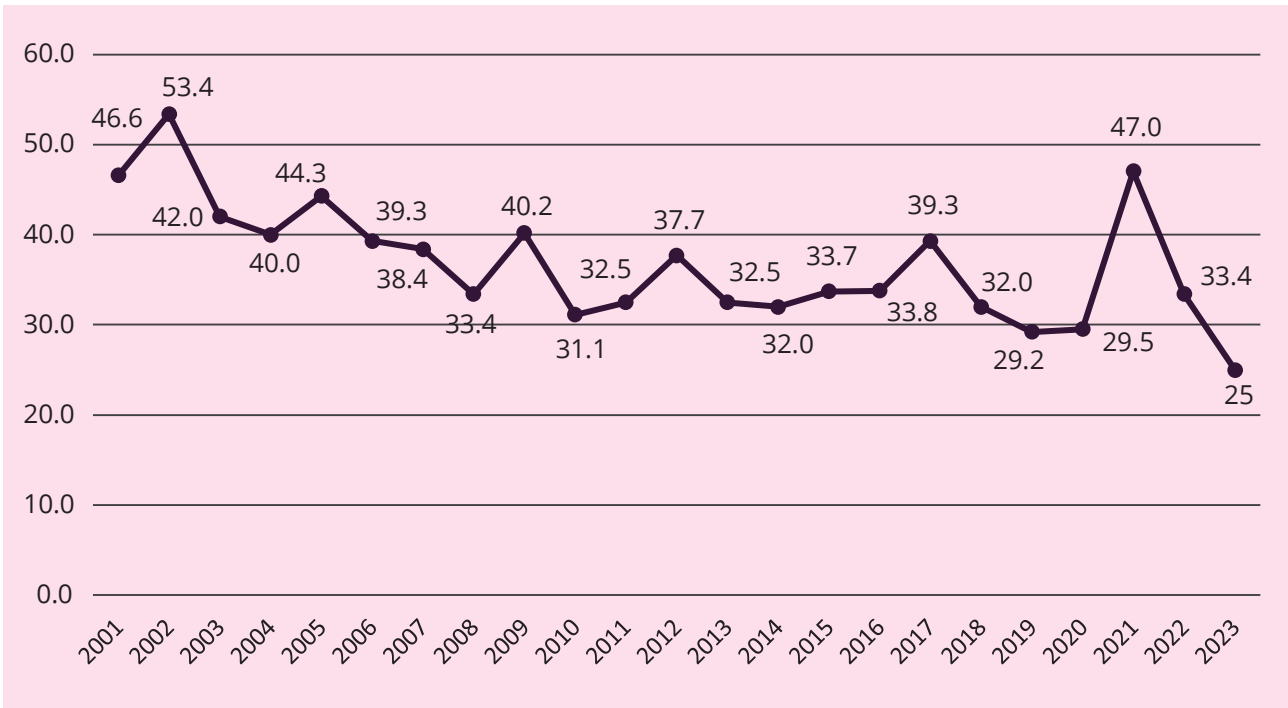


Figure 6.8 Maternal Mortality Ratio from 2001- 2023
Source: Maternal Morbidity, Mortality Surveillance Unit - FHB

Figure 6.7 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 Gampaha as 62.8 per 100,000 live births (n=11). Other leading districts were Vavuniya, Mannar, Monaragala and Jaffna.

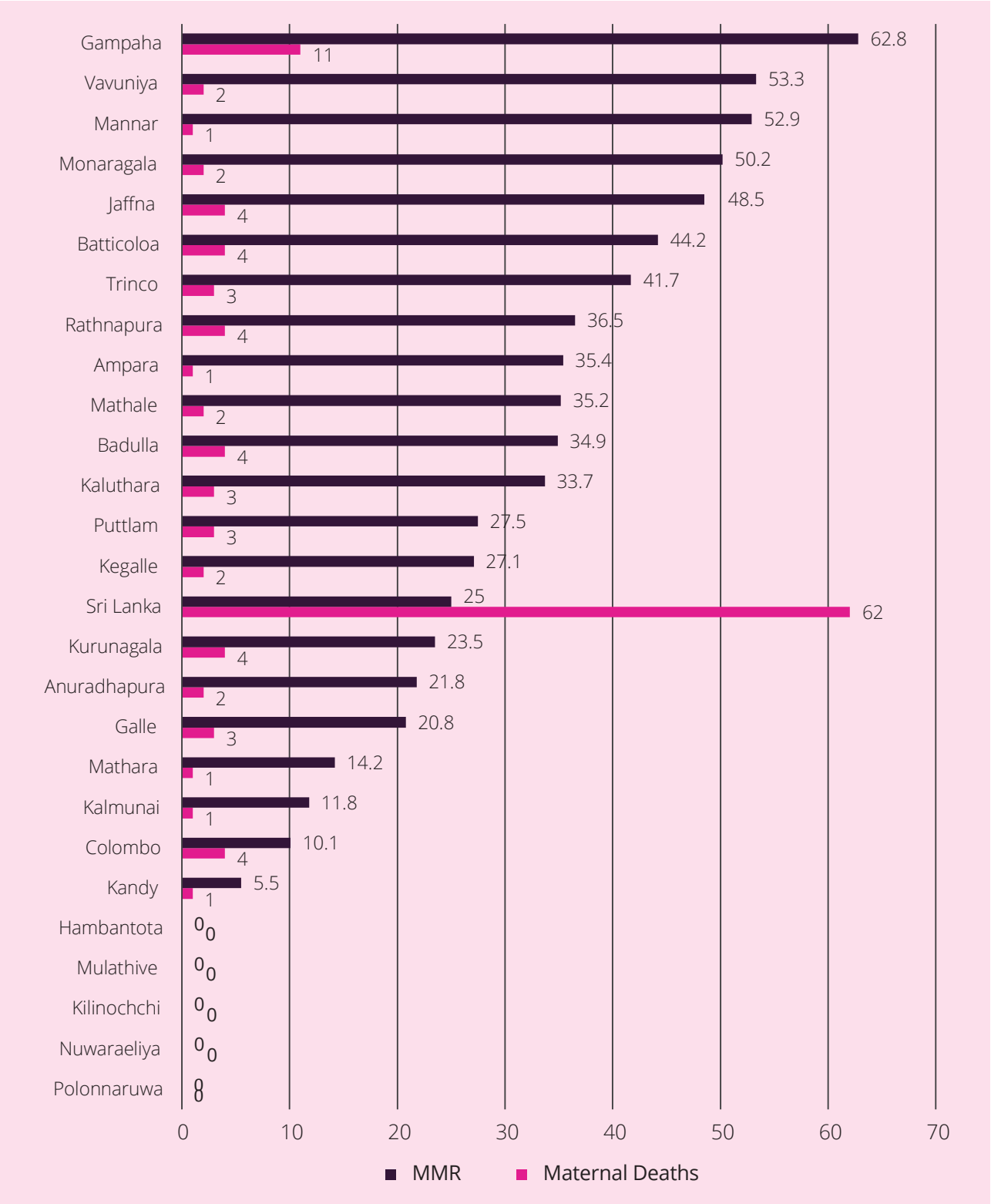


Figure 6.9 Maternal Deaths and MMR by District – 2023
 Source: Maternal Morbidity, Mortality Surveillance Unit - FHB

Maternal deaths are classified into two distinct categories: direct and indirect. A majority of maternal deaths in 2023 were Direct maternal deaths (n=42, 68%) while 20 (32%) maternal deaths were classified as indirect maternal deaths.

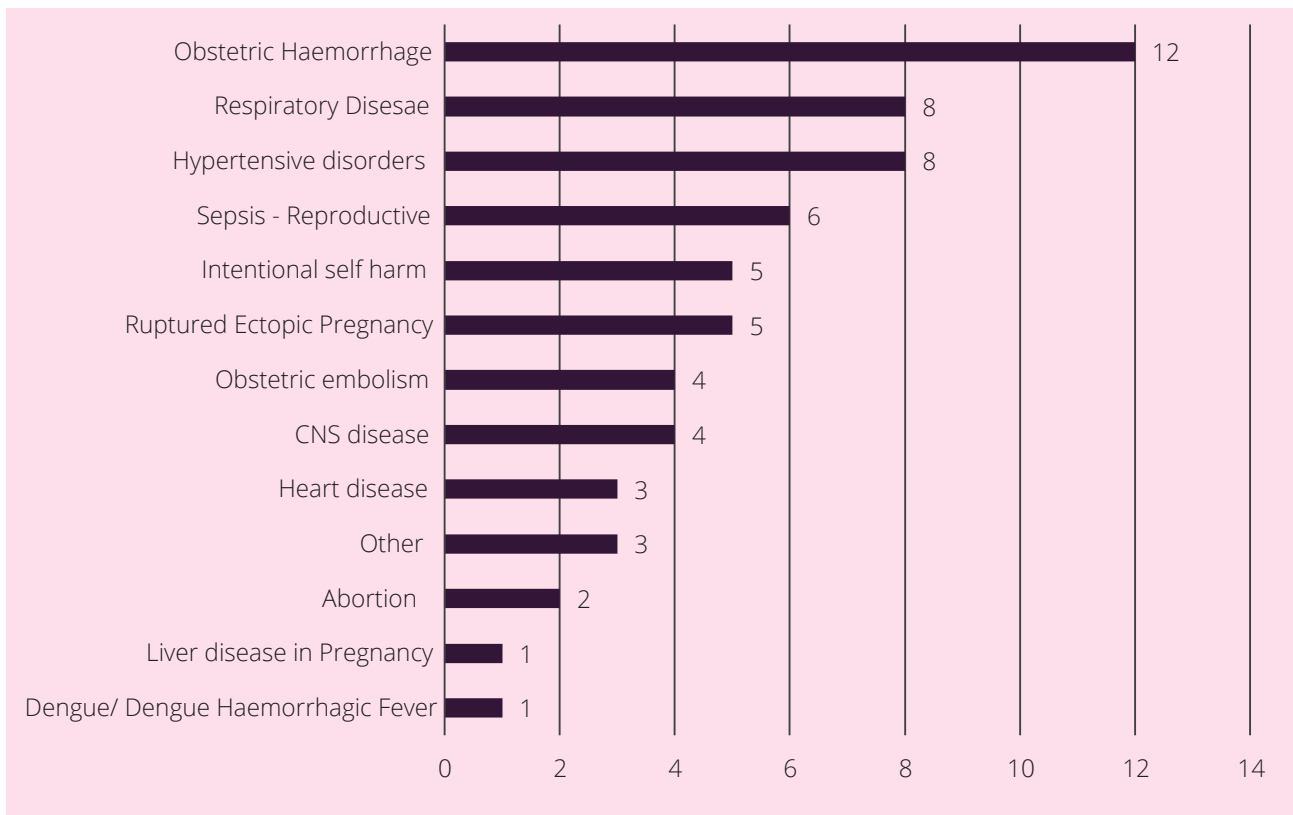


Figure 7.0 Causes of maternal deaths -2023
Source: Maternal Morbidity, Mortality Surveillance Unit - FHB

Figure 6.8 shows the causes for maternal deaths reported in the year 2023. The leading cause of maternal deaths was reported as obstetric hemorrhage (n=12, 19.3%). Out of this, 9 deaths (69%) were due to postpartum hemorrhage. Obstetric hemorrhage was reported as the fourth commonest cause in 2022 (n=8, 8.8%) which shows a significant increase has happened in 2023. Hypertensive disorder in pregnancy and respiratory disorders in pregnancy were ranked second commonest cause with each reporting 8 deaths (12.9%). Reproductive sepsis or sepsis originating in the reproductive system was ranked at the third commonest cause with 6 deaths (9.6%) being reported. Intentional self-harm was reported as the 4th commonest cause with five confirmed cases (8%), which shows an increase from the 2022 figure of 3 cases. When considering the change from 2022 to 2023, though the number of maternal death and the MMR has reduced significantly, the causality pattern of maternal deaths seems to have undergone a change as well.

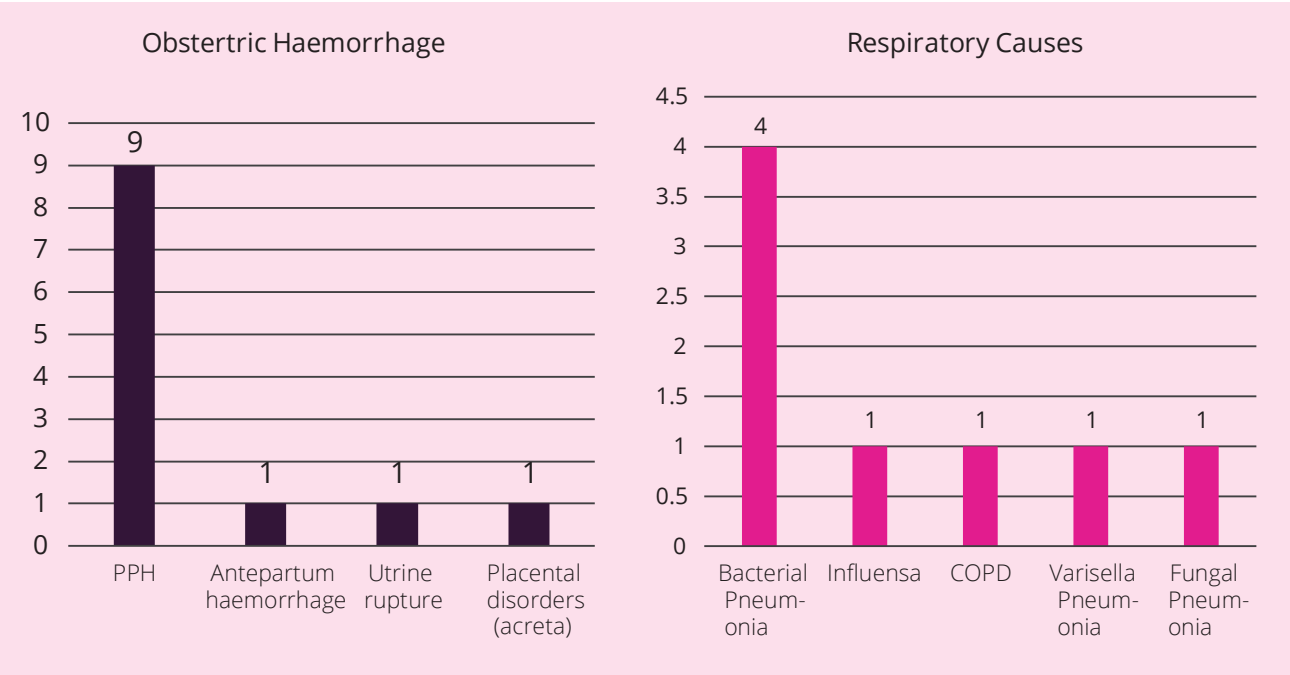


Figure 7.1 Breakdown of causes of maternal deaths due to obstetric haemorrhage and respiratory causes -2023
Source: Maternal Morbidity, Mortality Surveillance Unit - FHB

**SPECIAL
ACTIVITIES
CARRIED OUT
DURING
2023**

SPECIAL ACTIVITIES CARRIED OUT DURING 2023

To uplift the quality and coverage of RMNCAYH services in the country, FHB carried out various special activities

Maternal and Newborn Care

Data collected for Phase 3 of the validation study of the Psychosocial Screening Tool (PST) were analysed. The revised draft tool was validated in 5 MOH areas in Kandy district.

The Maternal Care Package; A guide for field healthcare staff, that was introduced in 2011, needed revision as some of the content in the package was outdated. A consultant was commissioned with the financial assistance of UNICEF and a new manual was drafted and reviewed by relevant stakeholders. This process was overseen by a technical committee. The Sinhala version of the new Basic Maternal Care (BMC) manual was published in November 2023. The English version of the new manual was on print by the end of the year. The Tamil version of the manual is currently being translated.



With the publication of the BMC manual, the staff needed to be familiarized and trained on the new manual. For this purpose, it was planned to conduct Training of Trainers (ToT) programmes in each province to train district trainers. These district trainers in turn would train all the healthcare staff who provide maternal care in public and private sectors in their respective districts. By the end of the year 2023, 07 provincial training programmes were held in 06 provinces.



Maternal weight gain is an important factor which determines maternal and newborn outcomes of pregnancy. In-line with the activities of the nutrition month of 2023, the Maternal Care Unit collected data on maternal weight gain, birthweight of newborns and other related information from a nationally representative sample of women who delivered a baby in June 2023 (nutrition month) through a one-page questionnaire that was distributed amongst the Public Health Midwives (PHMM) and entered through an online data entry form that was developed with the collaboration of the Monitoring and Evaluation Unit of Family Health Bureau. A nationally representative sample of 653 PHM areas were selected for the study. Out of 2393 deliveries reported through H 524 for June 2023 in the selected 653 Public Health Midwife areas, 2112 complete records (88.25%) were reported through the special online survey form for maternal data collection in nutrition month. The data were cleaned and analyzed and the preliminary results were issued by the end of 2023.

Fourteen hospitals were selected for the initial phase of strengthening the assessment of quality of care in maternal and newborn curative care settings. Out of these selected hospitals, Colombo North Teaching Hospital and Akkaraipattu Base Hospital were selected as the winners of the National Maternal and Newborn Care Quality Awards for 2023 & received their awards from Dr. Asela Gunawardena, Director General of Health Services and Dr. Chithramalee De Silva, Director (Maternal and Child Health) at the National Patient Safety Day held at BMICH on 16th of September 2023.



- The Maternal Care Unit provided technical inputs for prospective donors regarding the best approach for granting nutritional supplements to pregnant women.
- Family Health Bureau has been printing and distributing the Obstetric BHTs to districts for the past couple of years. A request made by Director, FHB to Director, MSD to take over the printing of annual quota of Obstetric BHTs was accepted and this will be coordinated by MSD from 2024 onwards.
- The guide on management of Postpartum Haemorrhage was finalized and circulated island wide under the signature of the Director General of Health Services.
- The circular on management of heart disease in pregnancy has been prepared with the involvement of relevant stakeholders, and will be circulated shortly.

■ Maternal supplements

- 1.** Requested the Medical Supplies Division to include the new maternal supplement of 400 µg folic acid tablet for pre-conceptional and first trimester supplementation, to the formulary and into the SWASTHA system.
- 2.** At the request of Family Health Bureau, State Pharmaceuticals Manufacturing Corporation developed the 400µg folic acid tablet and the same will be available for maternal care programme from 2024 onwards.
- 3.** Although the Medical Supplies Division removed vitamin C tablet from the Essential Drugs List, it was decided to be retained in the priority list of drugs for maternal care on the request of the Family Health Bureau, as it is a necessary supplement to be given with iron tablets for pregnant and postpartum mothers.
- 4.** In consultation with relevant stakeholders and with the approval of relevant technical and administrative authorities/committees, it was decided to replace the existing iron folate supplement for non-anaemic pregnant women, with the Multiple Micronutrient (MMN) tablet, with a view of improving birth outcomes. Necessary arrangements were made with the Medical Supplies Division and the National Medicines Regulatory Authority to introduce MMN as a supplement for non-anaemic pregnant women. A stock of MMN tablets received as a donation was distributed to pregnant women in six districts with the highest prevalence of low birth weight.
- 5.** Requested State Pharmaceuticals Manufacturing Corporation to explore the possibility of manufacturing of multiple micronutrient tablets locally.

6. Had several consultative meetings to discuss the best option of calcium supplementation for pregnant and lactating women as the National Medicines Regulatory Authority has already deregistered the existing calcium lactate supplement.

■ BCC Material - Posters on antenatal and post-partum maternal danger signals in Sinhala and Tamil medium were developed in collaboration with the Health Promotion Bureau and financial assistance from UNFPA. They were distributed island wide for display at maternal care clinics.

■ Drafting of standards for highly specialized maternity centres - In order to reduce maternal mortality associated with highly complicated morbidities, it has been decided to establish highly specialized maternity centres to provide state-of-the-art care. The process of drafting guidelines which was initiated in 2022 was continued in 2023 as well.

■ Infrastructure development & strengthening - Based on the findings of the survey done in 2022 on HDU facilities in antenatal and postnatal wards of specialist hospitals to identify any gaps in HDU facilities, 11 hospitals were selected and requested UNICEF to provide assistance to establish 22 HDUs in those hospitals. (Due to the funding issues, this task was scheduled to be completed in 2024).

Child Health

Child Nutrition

Child nutrition unit conducted following activities to uplift under 5 child nutrition in the country..

One day workshops at the districts to enhance the technical knowledge of peripheral health staff on child nutrition - Conducted technical updates on GMP & IYCF for the health staff of Colombo Municipal Council, Colombo RDHS, Anuradhapura, Galle, Hambanthota, Kandy, Gampaha, Badulla, Kegalle and Matara districts.



Empowerment of the health staff on adherence to the Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products (2003) and relevant World Health Assembly Resolutions - Conducted an update on Breast Feeding Code for health staff of Kurunegala district in Sinhala and Tamil languages.

- Streamlined the SAM and MAM management logistics to improve the quality of the programme - Conducted updates on "Role of Institutions and MOHs on SAM and MAM management logistics and eRHMIS" for health staff in Sinhala and Tamil medium on virtual platform.
- Development and rollout of an online training package in Sinhala and Tamil languages - Development of an online training package for capacity building of health staff on Growth Monitoring and Infant and Young Child Feeding (IYCF) Counselling in Tamil medium supported by UNICEF continued in 2023. Conducted a pilot study on the Sinhala e module to enhance the quality of the training package and ensure a smoother rollout.



- Nutrition Month anthropometric assessment of under 5 children was conducted in the month of June -Technical update of the Nutrition Month was done on 2nd of May in Sinhala and Tamil medium on virtual platform for peripheral health staff.
- Maternal and Child Nutrition Subcommittee meetings - Six Maternal and Child Nutrition Subcommittee meetings were conducted which contributed to streamline and strengthen the MCN component of the MCH programme.



- Generation of donor funding to support continuation of child nutrition services without disruption and intersectoral collaboration to ensure food security for vulnerable children.

- ▶ Procurement and distribution of nutrition commodities supported by UNICEF - Multiple Micro Nutrient Powder (MMN) as a strategy to prevent iron deficiency anaemia during infancy and young childhood and the therapeutic food BP100 for nutrition rehabilitation of children with Severe Acute Malnutrition. (MMN - 1,600,000 packs and BP 100 - 9270 cartons)
- ▶ Distribution of anthropometric equipment for under 5 children donated by UNICEF and UNFPA (Infant Beam Balance Scales - 166, Spring Balance Scales - 1270, Height and Length systems - 100)
- ▶ The revision of the Infant and Young Child Feeding (IYCF) guidelines was initiated based on the WHO guidelines on complementary feeding released in 2023.

Childcare, Development and Special needs

Child care development and special needs unit conducted following activities.

- For primary prevention, improvement in health outcome, training MOH teams in several districts on Inclusive early childhood development:

Conducted 3-day Training programme on neonatal care pathway and development to the neonatal Health care teams of the Batticaloa district:

This is a 3-day training program for the neonatal teams with practical skills including creating a developmentally conducive environment in NICUs, General movement (GM) recording, and Hammersmith Infant Neurological Examination (HINE). Consultant neonatologists, consultant Community Paediatricians and consultant paediatricians contributed as resource persons. Training for the neonatal teams of the Batticaloa district was conducted in August, which was followed by the implementation of the neonatal pathway of the programme in Batticaloa district. WHO provided financial and technical support for this programme. Although the staff members of all the teams were highly motivated towards this new initiation, the lack of human resources and lack of technical facilities in hospitals mainly computers and internet facilities affected the success of the program.



Conducted Training programmes on Inclusive Early Childhood Development Programme (IncluDe) for public health staff of Galle and Kegalle districts on 12th and 13th of December 2023 respectively:

Those training programmes were carried out in parallel with the inauguration of the programme IncluDe in Galle and Kegalle districts and the opening of Child Development Intervention Centres (CDIC) in "Pragathi" Centre and BH Balapitiya in Galle and BH Warakapola in Kegalle. As the comprehensive training on ECCD had been conducted in both districts, only one day refresher training was conducted specifically targeting the screening and referral pathways. PHMs, SPHMs, PHNSs and MOHs of all the MOH areas of the Galle district participated in the training. However, the programme in Kegalle was initiated only for 3 MOHs due to resource constraints; therefore, only 3 MOH areas were trained.

Adapting "WHO SUPPORTING FAMILIES FOR NURTURING CARE RESOURCE MODULES FOR HOME VISITORS":

Those modules were translated and customized into Sinhala in 2022 as the initial step in introducing WHO Nurturing Care Framework to Sri Lanka. As the second step of that, an e book was developed with the use of the translated modules. We conducted a review workshop on August with MOHs, PHNSs and PHMs and a representative from HPB to check the feasibility of the e book and discussed mainly the structure, wordings and translation and customization issues of the several modules. The areas that needed further customization and linguistic amendments were selected. Further, the need of a parenting programme based on the modules was highlighted, and it was suggested to extract some content and adopt to be used for the individualized parenting programme.

Adapting WHO " Caregiver Skills Training Module" for the caregivers of children with disability:

The process on introducing the WHO "Caregiver Skills Training Module" for Sri Lanka was initiated in the year 2023. The first step was to train master trainers for the Sri Lanka, and it was completed successfully as an online programme with the technical and financial support of the WHO. Then, all 3 modules of the CST (Participants' manual, Facilitators' manual, Home Visit Guide) were translated and customized to the local context. Those translated versions were reviewed with focus groups and pilot testing in Gampaha District was initiated in collaboration with NAMASTE (Neurodevelopment and Autism in South Asia Evidence and Treatment) Sri Lanka.

Child Safeguarding

Resource materials in the form of power point presentations were developed with the financial and technical support of the WHO. Those materials were used for the child safeguarding training programmes carried out in Kandy, Batticaloa and Kalmunai districts in August and September respectively which were used also as a pilot on the materials.



Development of guidelines on child safeguarding:

A consultative meeting was held to develop guidelines on child safeguarding issues for the public health staff and to resume the work on SOP developed for the hospital setting in May 2023. It was decided to proceed with the SOP and after that to develop guidelines for the public health sector. Following that decision SOP was resented to be reviewed by the stakeholders and an internal discussion was held to finalize the document. Following the approval of the Director General of Health Services (DGHS), the circular and Standard Operational Procedures (SOP) to be used in Government Sri Lankan Hospitals for the children who have faced violence were circulated to all relevant institutions in October 2023.

Individualized Targeted parenting programme

An Individualized Targeted parenting programme was designed based on the WHO nurturing care framework modules and integrating some concepts of the Caregivers Skills Training Module. This programme was piloted in 2 MOH areas from 2 districts among the mothers of 0- 3-year-old children. They were carried out in Alawwa MOH area of Kurunegala district on 19th, 20th and 21st October and Weeraketiya MOH area of Hambantota district on 12th and 13th December. Further, a focus group discussion and in-depth interviews were carried out among a high-risk population (persons undergoing rehabilitation for substance abuse in Senapura Centre) in order to develop targeted interventions. The results of those pilots and discussions are being analysed further to produce an appropriate parenting programme for the Sri Lankan setup. This programme was funded by the PSSP project.



Social Media Campaign

A social media campaign to sensitize the public on parenting with the ultimate goal of human capital development of the country was launched in October 2023 as “The Art of Parenting”. This was done in collaboration with the external agency “media plan” and continued till December for a period of 3 months. The social media posts included messages on parenting including videos, info graphics, voice cuts and general posts. It was also supplemented by a media brief which was held by the mid programme. The success of the campaign was assessed at the mid-way and at the end with regular boosting in between. The total reach of the campaign was 1,284,099 and the total views were 1,121,135 by the end of the December. There were a large number of positive feedbacks for this social media campaign as well. Funds were provided by the PSSP project.



Early Childhood Care and Development Package – e learning management system

This Early Childhood Care and Development Package was introduced and distributed in 2020 which was a collection of all the intervention packages on childcare. In order to overcome the financial and resource constraints of training Public Health Midwives (PHMs) physically, we have developed an e learning management system. This was carried out in collaboration with the evaluation unit of the Family Health Bureau and the financial provisions of the PSSP project. The system was piloted in both Sinhala and Tamil languages, and we have planned to launch the e- LMS in February 2024.



National Steering Committee on childhood disabilities (NSCCDD), technical and PPIE subcommittees

NSCCDD is functioning under the chairmanship of Director General of Health Services as a body to make recommendations to the National Committee on Family Health (NCFH) and National Coordination Committee on ECCD. In parallel technical subcommittee and PPIE subcommittee (Parent and Public Involvement and Engagement) of the NSCCDD were also functioning under the chairmanship of DDG PHS II. Two meetings of each subcommittee separately carried out in 6 months period in 2023 and could take several important decisions and steps towards the betterment of the lives of children with disabilities in Sri Lanka.

Important activities taken place with the decision of the NSCCDD

Gallery walks and resource mapping workshop for children with disabilities:

This was held on 31st of January 2023 with the participation of all the stakeholders of Health sector as well as non-health institutions. As the result of this programme, the results framework on children with disabilities was amended. The funds were provided by the UNICEF.

Developing minimum guidelines for the institutions providing childcare services:

As per the decision taken by the NSCCDD, a subcommittee to develop minimum guidelines were appointed with specialists and consultants in the area. We were able to produce a draft document and send it to the stakeholders for expert opinions.

Progress review meetings were conducted on the program “IncluDe” of the Kandy district in July and in Batticaloa in September 2023. PDHS, RDHS, CCPs, MOHs, PHNSs, MOMCH, consultant community paediatrician/ consultant paediatrician of intervention centres and their teams of both districts. Reviewing the screening at the field level, referring identified children, back referrals, tracing defaulters, statistics of the child development intervention centres with some success stories, and the way forward was discussed in detail.



Launching of the books on “care pathways and national management guidelines on early detection and management of children with developmental disabilities”:

The development of care pathways and management guidelines for autism spectrum disorders, cerebral palsy, and other neuro developmental disorders along with multi-sectoral services available for children with disabilities were printed in 2022 and we were able to conduct the launching ceremony with the financial support of UNICEF in parallel with the resource mapping workshop on 31st January at the Waters Edge.



School Health

School Health Unit of Family Health Bureau works jointly with Ministry of Education since its target population consists of school children in the country which is around 4 million.

Advocacy Measures

- ▶ School Midday Meal – Secretary, Ministry of Education was advocated on increasing funding allocations to this project to improve quality of the meal provided
- ▶ National Education Policy – A policy brief was prepared to advocate National Institute of Education (NIE) on the importance of improving psychosocial wellbeing of children. This successful advocacy effort resulted in due changes in the policy.
- ▶ Graduate Curricula for Teachers – Health Promotion’ was introduced to Bachelor of Education degree curriculum as a module aiming to introduce this vital concept to all graduate teachers. This was achieved through a prolonged advocacy drive with NIE.

Adaptation of New WHO Global standards on HPS - This along with revision of HPS evaluation tool was conducted through a WHO funded technical consultancy, and the district public health officials were educated on the new tool at a well-attended workshop

Declaration of a Health Promoting Month – October 2023 was launched as the Health Promoting Month at a ceremony attended by Minister of Education and higher officials of both ministries. The school health website and the school health Learning Management System (LMS) was simultaneously inaugurated. Fourteen (14) short videos on health promotion (7 each from both local languages) were produced in Sinhala and Tamil to be distributed to all MO MCH and all zonal education directors recorded in pen drives.

School authorities were directed to organize health promoting activities throughout the month. The month was divided into 4 quarters, each week designated for specific tasks i.e. i) establishing a school health club in each new health promoting school, ii) educating on nutrition and measuring BMI of students, iii) educating on psychosocial wellbeing and specifically combatting stress among students e.g. mindfulness programmes, iv) evaluation of the school using HPS evaluating formats.

Edited versions of all short videos relevant to the topic of each week were sent as WhatsApp messages to relevant WhatsApp groups to reach health staff and teachers.

Development of Docu Drama (සිනමා පාඨමාලා) on Health Promoting Schools Concept:

This was funded by WHO and was produced by a reputed professional production company – Selacine. The Sinhala version was produced first and then it was dubbed in Tamil.



Plan/Strategy Review & Policy Development:

Contributions were provided in formulating/reviewing following policy documents

- ▶ School Health Policy
- ▶ National Education Policy Reforms
- ▶ Food Safety Policy Analysis
- ▶ Nutrition Policy
- ▶ Climate Change Multi Sectoral Plan
- ▶ District School Health Plans
- ▶ Nutrition Emergency Plan
- ▶ Multi Sectoral Micronutrient Strategic Plan

Development of Material for LMS:

- ▶ Explainer videos on HPS & SMI – These, on 16 topics including health promotion, school medical inspection, policy & programme development, monitoring & evaluation, health promotion & behaviour change, suicide prevention, global climate changes, sexuality for teachers, protecting child rights & preventing child abuse, life skills, self-economic management, wellbeing; health is wealth, HPS programming, inter sectoral collaboration and entrepreneurship were recorded in Sinhala, Tamil and English to be used in LMS and for training during HPS month.
- ▶ Explainer videos on Psychosocial Wellbeing (PSWB) – Videos in Sinhala language already developed for PSWB modules in LMS were translated into English and recorded in Tamil language.

Adolescent and Youth Health

In the life course preventive health approach, adolescents and youth are identified as critical agents in the transitional period between childhood and adulthood. The Adolescent and Youth Health Unit of the Family Health Bureau acts as the national focal point for services provided to adolescents and youth.

In Sri Lanka, adolescents, defined as individuals between the ages of 10 and 19, and youth, defined as individuals between the ages of 15 and 24, constitute 16% and 15.6% of the total population, respectively, with 71% of them enrolled in school. The National Adolescent and Youth Health Programme aims to ensure the optimal health and well-being of adolescents and youth by providing

appropriate and effective evidence-based promotive, preventive, and curative health care services with the participation of relevant non-health sectors.

The adolescent and youth-friendly health service component aims to enhance the acceptability and accessibility of healthcare services provided for adolescents and youth, establish national

standards and criteria for adolescent and youth services, and build the capacity of healthcare personnel to deliver high-quality services to adolescents and youth island-wide. The Adolescent and Youth Friendly Health Service (AYFHS) centres, popularised as “Yowun Piyasa” were established in preventive, as well as curative sector as service delivery points for promoting healthy behaviours among adolescents and youth, improving their life skills to face life’s challenges, and for attending to their health issues and timely referral for specialised care. AYFHS centres also function as hubs for adolescent and youth empowerment.

Currently, 42 “Yowun Piyasa” centres have been established in curative sector institutions. All Medical Officer of Health (MOH) offices must conduct an Adolescent Friendly Health Service Clinic at least once a month, on a fixed date.



AYFHS Implementation

The Adolescent and Youth Friendly Health Services (AYFHS) concept was introduced in Sri Lanka almost two decades ago, in 2005. The national strategies for AYFHS have been revised since addressing obstacles and challenges in the programme faced previously. More recently, the “Yowun Piyasa” framework was categorised into three models: Hospital-based, Field-based, and Centre-based services. The clinic centres have been equipped to provide accessible, equitable, acceptable services, ensuring the privacy and confidentiality of the participants. The adolescent and youth service package has been improved to be more comprehensive with counselling services, preventive and diagnostic healthcare

services with provisions for referral and follow-up, information dissemination and integration with other services.

The latest initiative, the Youth Volunteerism model, has been introduced with the aim of improving the health and healthy behaviours of adolescents and youth and improving the accessibility of AYFHS by integrating them with youth working groups functioning in MOH areas.



Technical Advisory Committee meetings were conducted (3) at the national level under the chairmanship of the Director General of Health Services with multisector and youth participation to provide technical expertise on matters related to out-of-school adolescents and youth.



Adolescent youth-friendly health services were assessed in selected field locations and 18 curative care institutions in the districts of Ratnapura, Gampaha, Kalutara, Ampara, Colombo, Kandy, Galle, Anuradhapura, Kegalle, and Kurunegala by a team from adolescent health unit of family health bureau, including research assistants, youth, and supporting staff. Service provision was assessed under facility management, service provision by health care provider and the supportive staff, client satisfaction and community awareness.

An e-module focusing on Adolescent Sexual and Reproductive Health (ASRH) on general ASRH, contraceptives, and sexually transmitted diseases was developed in Sinhala, English and Tamil and incorporated into the School Health Learning Management System and the Bridge of the FHB. The target audience of the module is healthcare providers, teaching instructors, University undergraduates and youth.

- Advocacy programs on the need to provide ASRH services targeting Law Implementing Agencies were effectively executed, achieving a 100% progress rate throughout 2023. Seven advocacy programs specifically targeted Women and Children's desks, and other divisions of the Sri Lanka Police in Puttalam, Kurunegala, Ampara, Badulla, Kandy, Nuwara-Eliya, and Colombo were carried out. In parallel with the programmes for police officers, training-of-trainer (TOT) initiatives were also conducted for public health staff in the districts above.
- Consultative meetings were held to finalise the guidelines on minimum care packages for children and adolescents in institutions. Training of Trainers was carried out for 100 participants of district teams on Adolescent and Youth Health, targeting implementation of this guideline in districts of Ampara, Badulla, Monaragala, Puttalam, Kegalle, RDHS Colombo areas, and Colombo CMC areas.
- Field visits and 4 awareness programs focused on the Minimum Care Package for Adolescent Sexual and Reproductive Health (ASRH) were conducted in the districts of Matara, Nuwara Eliya, Hambantota, and Galle with participation from 160 healthcare personnel.
- Healthcare personnel capacity building on AYFHS and recent advancements in the adolescent and youth health field reached a commendable 100% out of what was planned in 2023. This was facilitated by workshops conducted for field health officers at Medical Officer of Health (MOH) offices in the districts of Colombo, Ratnapura, Gampaha, Kalutara, Anuradhapura, Polonnaruwa and Badulla. More than 400 healthcare staff underwent comprehensive training to improve their competencies.
- Simultaneously, a 3-day comprehensive training program was carried out at the central level, tailor-made for youth leaders island-wide. The objective of this endeavour is to enhance efficiency, effectiveness and quality of care in delivering AYFHS by ensuring the acceptability of services provided and responsiveness to adolescents and youth was achieved.





Adolescent Mental Health Counselling 3-day TOT sessions were conducted for public health district teams with the aim of enhancing the mental well-being of adolescents. The session drew in a participation of 110 officers was funded by UNICEF.



A 3-day capacity building training program was conducted in Colombo for around 20 youth leaders across the island, which achieved 100% progress in 2023.

A national review was conducted to assess implementation status of AYFHS at “Yowun Piyasa” centres and MOH:

District model programme on AYFHS was piloted in Anuradhapura and Polonnaruwa districts and the implementation status was reviewed. The entire programme was planned, implemented, monitored, and evaluated with the active participation of young individuals who were also involved in the decision-making process.

Publicising AYFHS through “Yowun Piyasa” Centres of curative sector as well as MOH offices was done as a part of this youth volunteerism programme in the respective districts. The implementation status was reviewed later in selected “Yowun Piyasa” centres in Colombo, Gampaha,

Kalutara, Kandy and Ratnapura districts, where the youth volunteerism programme was implemented. The experience shared was utilized to improve planning and implementation of the programme in other districts



Technical working group meetings were conducted at national level additionally, with the participation of district stakeholders, experts from the University of Rajarata and healthcare managers from Anuradhapura and Polonnaruwa. Field visits and awareness programmes done to strengthen AYH programmes in Anuradhapura, Polonnaruwa, Matara, Galle, Hambantota, Nuwara Eliya, and Kandy.

To ensure quality in implementation, district model was reviewed extensively in the Anuradhapura district at Medawachchiya, Mihintale, Nuwaragampalatha central, Nochchiyagama, Galnewa, Palagala, Horowpathana MOH areas, Anuradhapura Teaching Hospital, and Base hospitals Thalawa and Kekirawa. Also, carried out at Thamankaduwa MOH area in Polonnaruwa.



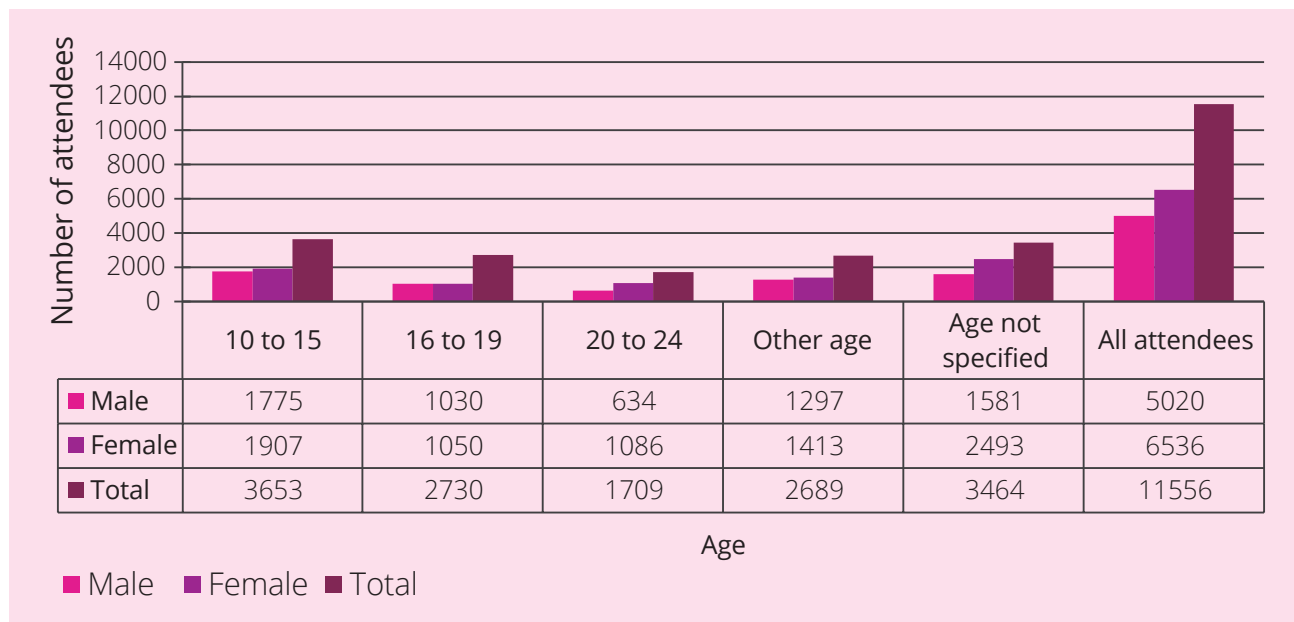


Figure 7.2 Attendees to yowun piyasa centers by age groups 2023
Source: Adolescent and Youth Health Unit, FHB

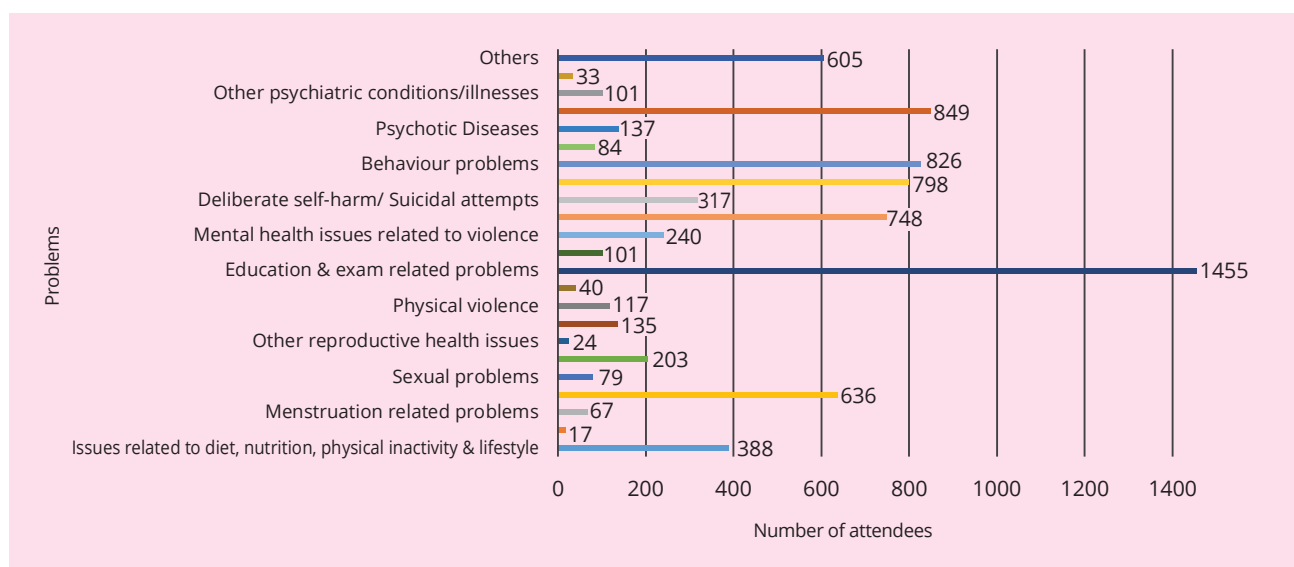


Figure 7.3 Identified problems at yowun piyasa centers 2023
Source: Adolescent and Youth Health Unit, FHB

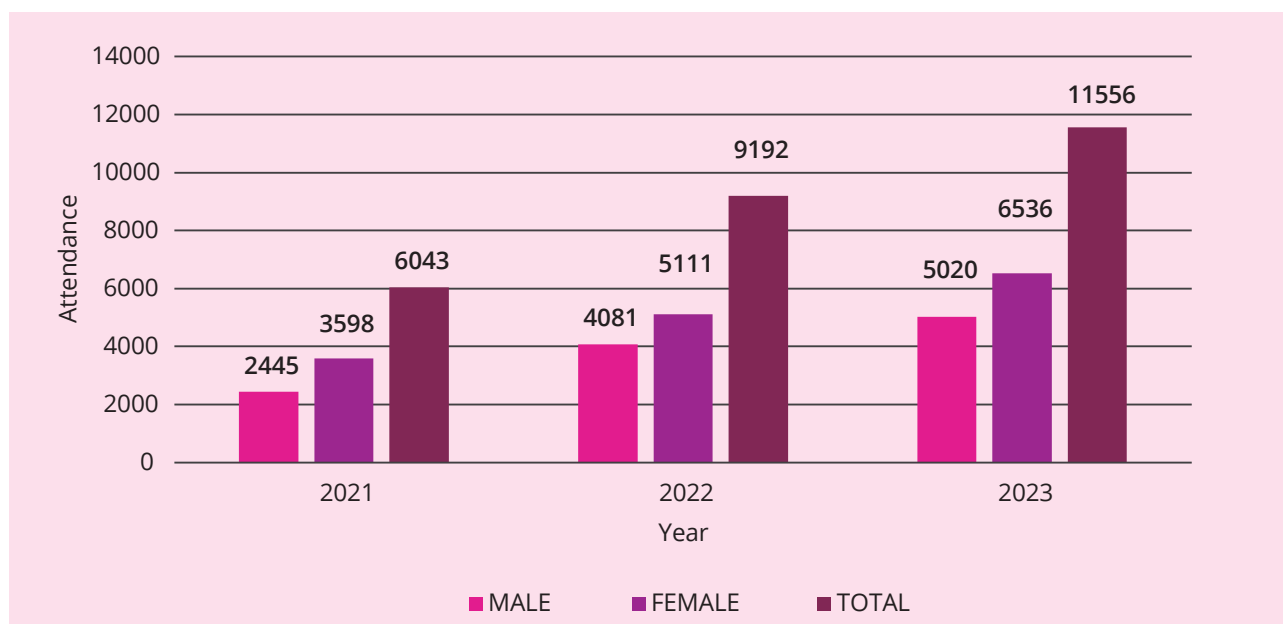


Figure 7.4 Yowun piyasa attendance 2023
 Source: Adolescent and Youth Health Unit, FHB

Family Planning

Reproductive health is an essential component of the maternal and child health (MCH) programme in Sri Lanka. Family planning unit is the focal point for the National Family Planning Program (NFPP), and its goal is to “enable all couples in union to have a desired number of children with optimal spacing and timing whilst preventing unintended pregnancies”. Providing reproductive health services including family planning services and subfertility management with counseling on family planning are the major objectives of the National Family Planning Programme. Family Planning services are provided through a network of 1170 divisions in 356 MOH offices and regional hospitals.

The Objectives of the NFPP are as follows:

- 01 Ensure the availability and accessibility to quality modern contraceptive services including counselling so that clients are able to make an informed decision.
- 02 Decrease the unmet need for contraception to reduce unintended pregnancies and teenage pregnancies.
- 03 Ensure the availability of male & female sterilization services in hospitals.
- 04 Ensure the availability of post-abortion family planning services
- 05 Ensure the uninterrupted supply of quality contraceptive commodities [Reproductive Health Commodity Security (RHCS)].
- 06 Strengthen services to manage sub-fertile couples in the public health sector.

There are 4 Key Performance Indicators (KPIs) to measure the family planning programme outcomes (See Table 3.3)

Table 3.3 Key performance indicators

Key Performance Indicators	Progress			
	2020	2021	2022	2023
Contraceptive Prevalence Rate (Any method) %	67.1	66.3	68.5	69.4
Contraceptive Prevalence Rate (modern methods) %	58	57.4	59.4	60.2
Couples with unmet need for contraception %	5.8	5.5	5.5	5.4
Demand satisfied by modern contraceptive methods (%)	79.5	80.0	80.2	80.5

The following major activities were carried out in 2023

Procurement of contraceptive commodities and equipment for family planning services:

Reproductive Health Commodity Security (RHCS) is a cornerstone to provide with uninterrupted family planning services. Availability of contraceptives and other commodities are essential for an effective national FP programme. 'No product, No programme'. Total of Rs 97,712,426.00 was incurred by the government to procure condoms, implants and AD syringes (Table 3.4)

Table 3.4 Contraceptives procured from government funds

Year	Contraceptive Commodity	Quantity	Cost Rs.
2023	Condoms	3,499,641	25,092,426.00
	Five Year Implant (Jadelle)	30,000	52,530,000.00
	AD Syringes	700,000	20,090,000.00
Total			97,712,426.00

However, due to the economic crisis and delayed routine procurement, there was a shortfall in contraceptives for the National Family Planning Programme. This gap of contraceptive commodities was bridged by donations made by GFATM (condoms for a cost of approximately Rs 21,000,000.00) and UNFPA (IUDs and Implants for a cost of Rs.163,360,000.00 - Table 3). Also, timely action was taken to limit and prioritize the issue to the districts so as to ensure a continuous supply to all districts depending on the need in order to maintain FP services.

Table 3.5 Contraceptives procured from UNFPA funds

Year	Contraceptive Commodity	Quantity	Cost Rs.
2023	IUD	61,500	8,056,500.00
	Three Year Implant (Levoplant)	75,500	155,303,500.00
Total			163,360,000.00

The availability of FP equipment and FP commodities enhanced services in the FP clinics ensuring RHCS and as a result contributing to the increase in overall modern Contraceptive Prevalence Rate (mCPR).

Capacity building of health staff for quality family planning services:

- As it is of utmost importance that all service providers be updated and reaffirmed regarding quality service provision taking in to account the basic human rights on informed decision making, non-discrimination, privacy and confidentiality, several capacity building work shops were conducted.
- The Family Planning Unit conducted three 3-day workshops for Training of Trainers on Reproductive Health for 45 Medical Officers in 2023. Information provision, 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 Anesthesiologists & Intensivists of Sri Lanka conducted a half-day session on anaphylaxis management during these workshops. This session was important to build confidence among the Medical Officers to face and respond to emergency situations including anaphylactic reactions, especially following DMPA injectables



Two, 2-day workshops on Reproductive Health and Family Planning were held in order to train 30 Public Health Nursing Sisters in 2023. Counselling on family planning, family planning methods, practical training of IUD insertions on models and on patients was carried out as a part of the training.

An onsite training program for 20 public health service providers were carried out in July '23 in Kurunegala with regards to reproductive health and family planning. This included intrauterine device insertion and removal using a model.

Capacity building or training is one of the six building blocks in WHO's health system strengthening concept. A service provider should be well trained, skilled and motivated to provide quality services. Hence, trainees' skills were assessed by requesting them complete a format including client's information, after inserting a specific number of IUDs and implants to clients. Subsequently a certificate of competency was awarded and that motivated the trainees to complete the skill assessment within three months of training.

Efficient management of the contraceptive supply chain at the central level as well as at the district level is necessary to maintain the continuity of effective FP services. The district stores (Regional Medical Supplies Division-RMSD) are managed by OIC/RMSD, and it is important that they are fully capacitated on contraceptive supply chain management (Estimating, obtaining stocks, storage and stock issues to MOHs and Hospitals). Therefore, 28 OICs of all the RMSDs were given refresher training with regards to supply chain management and H1158 in the eRHMS.

'National Family Planning Month' Activities:

The 'World Contraceptive Day' falls on 26th of September annually. In lieu of the world contraceptive day specific FP activities are identified for the month of September. In September 2023, all MOHs were asked to update the eligible family register to identify women with UMN and also to improve service provision of long-acting reversible contraceptive methods (LARCS). The plan was to identify MOHs with a high prevalence of LARCS and appreciate their contribution at an award ceremony. Unfortunately, that activity could not be completed due to lack of funds.

Development of IEC materials on FP and subfertility for Health staff and general public.



In order to update knowledge on FP and subfertility management, the Family Planning unit printed a set of Sinhala flashcards for FP counselling with the support of FPA Sri Lanka and UNFPA. A total of 4775 Flashcards were printed.

Overseas Training:

It is imperative that gathering new knowledge and experiences from regional countries in order to update and improve the existing FP system. Hence several overseas trainings were undertaken. The South Asian Sexual Reproductive Health Summit, in Kathmandu Nepal in January 2023. The summit was organized by the Ministry of Health and Population-Government of Nepal in collaboration with the Family Planning Association of Nepal (FPAN) and IPPF south Asian regional office.

The objective of the SRH summit was to facilitate inter country dialogue and sharing of best practices regarding Sexual and Reproductive health. The summit was attended by Additional Secretary Public Health Services and a Medical Officer (MO) from Family Health Bureau (FHB). The Consultant Community Physician of the National Family Planning Programme also participated in the WHO 'FP Training Resource Package' roll out workshop in September 2023 Kathmandu, Nepal. A Consultant Community Physician (CCP) from NIHS, a MO from FPU/FHB and 2 MOMCHs from Galle and Matara districts participated in the International Training Programme on 'Family Planning and Reproductive Health Commodity Security (FP-RHCS)' which was organized by Indian Institute of Health Management Research (IIHMR) University, Jaipur, India in collaboration with UNFPA, at the IIHMR University in Jaipur India.

Supportive supervision visits to the districts:

Supportive supervision is welcomed by many of the public health staff in the districts. In 2023 supervisory visits were carried out in two low performing districts of the eastern province: Batticaloa district and Kalmunai district respectively. A special discussion was held on measures to be taken by MOHs to evaluate the unmet need for contraception and the prevalence of use of modern contraceptives, with a view to reducing unwanted pregnancies and a reduction in maternal deaths as a result. Batticaloa District -Chenkaladi MOH (13th Dec) Review of contraceptive prevalence for modern contraceptives and unmet need. Kalmunai District (14th Dec) A household survey to identify couples with unmet need for FP was carried out in Potuvil MOH area and the findings were shared with the MOH staff.

Establishment of National Sub fertility Act:

The Family Planning Unit coordinated several consultative meetings with a view to establishing a code of practice and guideline for Medically Assisted Reproductive Techniques (MART) until such time that it is passed as an act in parliament.

Gender and Women's Health

Health sector response to Gender-Based Violence

Gender-based violence (GBV) is widely recognized as a significant public health concern, with far-reaching negative consequences for survivors. It adversely affects not only the individuals directly involved but also has a detrimental impact on children and serves as a substantial barrier to both individual and family well-being. GBV can occur across a broad spectrum of public and private social contexts, with Domestic Violence (DV) and Intimate Partner Violence (IPV) being the most frequently reported forms. According to the World Health Organization's 2004 World Report on Violence and Health, GBV is a leading cause of disability and mortality among women, with one in three women globally estimated to experience IPV. Despite its prevalence, GBV remains a largely hidden issue, as many survivors refrain from disclosing their experiences due to cultural norms, fear of retaliation, concerns about their children, feelings of shame, and the internalization of abuse. The burden of GBV on national healthcare systems is substantial and continues to grow. Moreover, the broader social and economic costs associated with GBV are enormous, with current estimates suggesting they exceed those attributed to malignancies.

Unintended pregnancies, septic abortions, teenage pregnancies, and unmet need for family planning among women of reproductive age are among the serious consequences of GBV. GBV during pregnancy is associated with serious adverse maternal and foetal outcomes, including miscarriages, intrauterine growth retardation, stillbirths, and also maternal mortality. Furthermore, GBV is increasingly recognized as an intergenerational issue. Behavioral patterns related to violence can be transmitted from one generation to the next

through learned behaviors. Children who witness violence between parents or are raised in violent environments are at heightened risk of perpetuating these patterns. Boys may internalize violence as a means of asserting control, increasing their likelihood of becoming perpetrators, while girls may come to accept violence as a normative aspect of relationships, thereby increasing their vulnerability to becoming victims in adulthood.

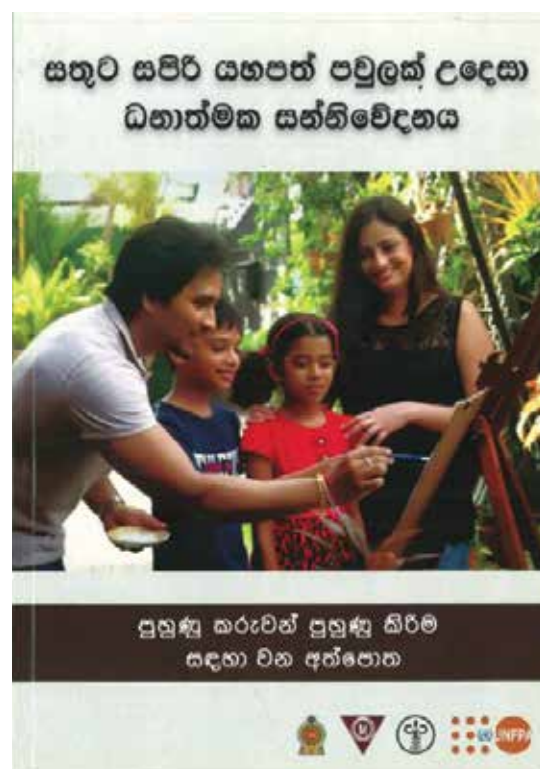
The health sector often represents the initial and one of the most critical point of response to GBV by governments. Accordingly, countries across the region, including Sri Lanka, have addressed GBV through their respective health systems to varying degrees. In Sri Lanka, the health sector has made a commendable response to GBV by engaging in all levels of prevention; primordial, primary, secondary, and tertiary. The national health response integrates both the hospital-based curative services and the community-based preventive services administered through Medical Officer of Health (MOH) areas. At the national level, the Gender and Women's Health Unit of the Family Health Bureau (FHB) serves as the focal point for coordinating and implementing GBV-related interventions within the health sector.

The programmes implemented by FHB include programmes which focus mainly on,

- ▶ programmes mainly focusing primordial and primary prevention of GBV,
- ▶ programmes focusing secondary and tertiary prevention Of GBV through provision of timely and effective support to survivors,
- ▶ activities and events set to create an enabling environment to strengthen the health sector response to GBV.

Programmes focusing primordial and primary prevention of GBV:

Public/ field health teams operating within Medical Officer of Health (MOH) areas leverage domiciliary and field-level care opportunities to address harmful gender norms, practices, and stereotypes. These efforts are guided by the guideline and handbook titled "Positive Communication for a Happy Family," developed collaboratively by the Family Health Bureau and the Health Promotion Bureau.



The Preconception Care Package for Newly Married Couples serves as a strategic entry point for the primary prevention of gender-based violence (GBV). Based on the assumption that newly married couples are at a minimal or zero level of domestic or intimate partner violence, the care package includes structured sessions specifically aimed at preventing GBV. Topics covered include “A Family Free of Violence,” “Sexuality and Sexual Relationships,” “Healthy Living and Mutual Understanding,” and “Male Participation and Parenthood.” These sessions are designed to promote respectful relationships, foster mutual understanding, and encourage shared responsibility within the family unit. Couples identified as needing further support are provided with appropriate GBV-related care and follow-up services as necessary. The process is guided by the “Preconception Care Guideline” and the “Guiding Handbook”.



Programmes focusing secondary and tertiary prevention of GBV:

Public/ field health teams operating within the MOH areas are tasked with identifying survivors of GBV, delivering survivor-centered care—including the provision of basic emotional support—facilitating referrals to appropriate services, and ensuring systematic follow-up when necessary. These responsibilities are carried out in accordance with the National Guidelines for First Contact Point Health Care Providers on the Health Sector Response to Gender-Based Violence and the accompanying Standard Operating Procedures, both of which have been developed by the Family Health Bureau to support and standardize the response of frontline health care providers.

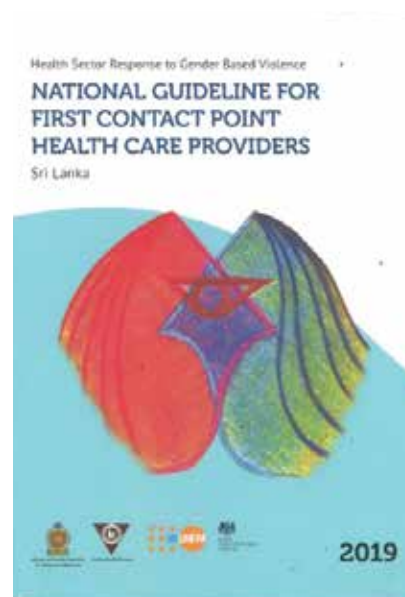
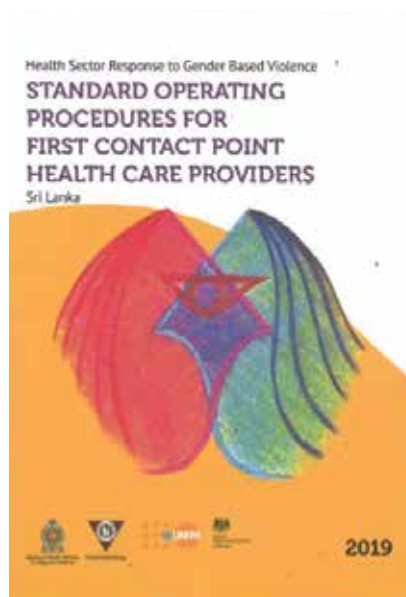


Table 3.6 Service Provision to GBV Survivors by Public/ Field Health Staff in Sri Lanka (2016-2023)

Service Provision		2016	2017	2018	2019	2020	2021	2022	2023
No. of new survivors identified	Men	1,365	2,649	2,766	2,560	3,628	2,692	2,995	3,844
	Women	4,769	6,157	8,495	11,235	13,961	11,687	15,358	21,310
No. of survivors given emotional support		3,298	4,103	5,787	7,726	9,153	7,848	10,413	15,452
No. of survivors		1,096	2,438	3,016	3,636	3,946	3,687	4,299	6,333

The establishment of Gender-Based Violence (GBV) Care Centres, known as “Mithuru Piyasa” or “Natpu Nilayam,” within hospitals is a strategic initiative aimed at providing comprehensive and timely support to GBV survivors. These centres are specifically designed to offer essential medical services, emergency care, and basic emotional support to survivors in a survivor-centered and effective manner. Functioning as outpatient departments, they operate in the model of one-stop service centres by facilitating coordination across multiple sectors—both within and beyond the health system. Each centre is staffed by a specially trained Medical Officer and Nursing Officer who provide dedicated care to survivors. By the end of 2023, a total of 87 Mithuru Piyasa centres had been established across all districts in the country, ensuring national coverage.

Table 3.7 List of Mithuru Piyasa; hospital based GBV care centres by the end of 2023

01.	Akkareipattu-Base Hospital	45.	Kilinochchi- Base Hospital
02.	Ampara- General Hospital	46.	Kiribathgoda- Base Hospital
03.	Anuradhapura- Teaching Hospital	47.	Kurunegala -Teaching Hospital
04.	Army Hospital- Minneriya	48.	Mahamodara- Teaching Hospital
05.	Army Hospital- Narahenpita	49.	Marawila- Base Hospital
06.	Ashraff Memorial Hospital- Kalmunai	50.	Matale- District General Hospital
07.	Avissawella- District General Hospital	51.	Matara- District General Hospital
08.	Badulla- Provincial General Hospital	52.	Meerigama- Base Hospital
09.	Balangoda- Base Hospital	53.	Mulaitivu- District General Hospital
10.	Bandarawela- Divisional Hospital	54.	Nawalapitiya- Base Hospital
11.	Batticaloa- Teaching Hospital	55.	Nuwaraeliya- District General Hospital
12.	Bibila –Base Hospital	56.	Peradeniya-Teaching Hospital
13.	BOI- Katunayake	57.	Pimbura- Base Hospital
14.	Castle Street Hospital for Women	58.	Point Pedro- Base Hospital
15.	Chankanai- Divisional Hospital	59.	Pottuvil- Base Hospital
16.	Chavakachcheri- Base Hospital	60.	Ragama- Teaching Hospital
17.	Chenkaladi- Divisional Hospital	61.	Rathnapura- Provincial General Hospital
18.	De Soysa Hospital for Women	62.	Rikillagaskada- Base Hospital
19.	Dickoya- District General Hospital	63.	Samanthurai- Base Hospital
20.	Diyathalawa- Base Hospital	64.	Siyambalanduwa- Base Hospital
21.	Elpitiya- Base Hospital	65.	Sri Jayawardhanapura- General Hospital
22.	Embilipitiya- District General Hospital	66.	Tangalle- Base Hospital
23.	Eravur- Base Hospital	67.	Thalangama- District Hospital
24.	Family Health Bureau	68.	Thambuththegama- Base Hospital
25.	Gampola- Base Hospital	69.	Theldeniya- Base Hospital
26.	Hambanthota- District General Hospital	70.	Trincomalee- District General hospital
27.	Homagama- Base Hospital	71.	Valachchenai- Base Hospital
28.	Horana- Base Hospital	72.	Vavuniya- District General Hospital
29.	Jaffna-Teaching Hospital	73.	Welimada- Base Hospital
30.	Kalmunai North- Base Hospital	74.	Wellaway- Base Hospital
31.	Kalubowila- Teaching Hospital	75.	University of Sri Jayawardhanapura
32.	Kalutara- General Hospital	76.	Tissamaharama- Base Hospital
33.	Kaluwanchikudy- Base Hospital	77.	Dambulla- Base Hospital
34.	Kandy- Teaching Hospital	78.	Gampaha- District General Hospital
35.	Kaththankuddy- Base Hospital	79.	Mannar- District General Hospital
36.	University of Jaffna	80.	Padaviya- Base Hospital
37.	Panadura- Base Hospital	81.	Mulleriyawa- Base Hospital (CEBH)
38.	Negombo- District General Hospital	82.	Modara- Maternity Unit
39.	Dambadeniya- Base Hospital	83.	Katugahahena- District Hospital
40.	Kayts- Base Hospital	84.	Kahawatte- Base Hospital
41.	Kegalle- Teaching Hospital	85.	Polonnaruwa- District General Hospital
42.	Kethumathi Mat. Hospital- Panadura	86.	Asiri Medical Private Hospital
43.	Kabithigollawa- Base Hospital	87.	Mahiyanganaya- Base Hospital
44.	Medirigiriya- Base Hospital		

Activities and events set to create an enabling environment to strengthen the health sector response to GBV:

To ensure the successful and efficient implementation of the health sector response to gender-based violence (GBV) as a national programme, the technical unit undertakes a range of strategic activities and initiatives. These include capacity-building efforts within the health sector, sensitization programmes for non-health stakeholders, and the systematic review and monitoring of ongoing interventions. In addition, the technical unit is responsible for all essential planning, coordination, and advocacy efforts aimed at expanding and strengthening the national response to GBV. Key examples of this work include the piloting and integration of new components into the programme and the establishment of additional “Mithuru Piyasa” centres to enhance service accessibility and coverage.

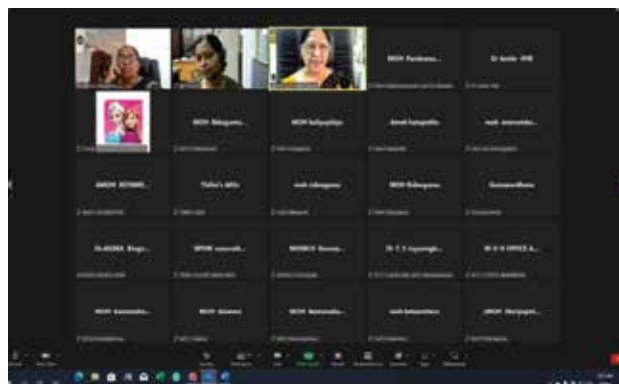


Capacity building of trainers:

Capacity building of Public health staff and newly enrolled “Mithuru Piyasa” staff.

Supervisions, Monitoring and Evaluation of ongoing responses





Well Woman Programme

Sri Lanka has made remarkable progress in maternal and child health, successfully reducing maternal and infant mortality rates to levels comparable with those of more developed nations. As a result of sustained public health efforts, the burden of many communicable diseases has steadily declined. However, the country is now facing a new challenge — a significant rise in the incidence of Non-Communicable Diseases (NCDs) and the associated morbidity and mortality.

Recognizing this shifting disease burden, the Ministry of Health introduced Well Woman Clinics (WWCs) in 1996 as a key public health intervention aimed specifically at women aged 35 to 60 years. These clinics were established to facilitate the early detection and management of selected NCDs and to promote overall women's health and wellbeing.

The primary objective of the WWCs is to screen women for priority NCDs, including diabetes mellitus, hypertension, and oral, breast, and cervical cancers. Early detection of these conditions is crucial to enable timely intervention, downstaging of cancers, and the reduction of both mortality and long-term complications. In addition to screening, the clinics address menopausal and perimenopausal health issues, offering individualized care and support during this transitional phase of life.

WWCs also provide comprehensive health education, focusing on topics such as menopause, nutrition, lifestyle modification, and, where relevant, family planning services. This holistic approach empowers women with knowledge and promotes preventive health behaviors.

Since 2007, the programme has strategically prioritized screening in two key age cohorts 35 and 45 years, ensuring maximum impact in terms of early detection and long-term health outcomes.

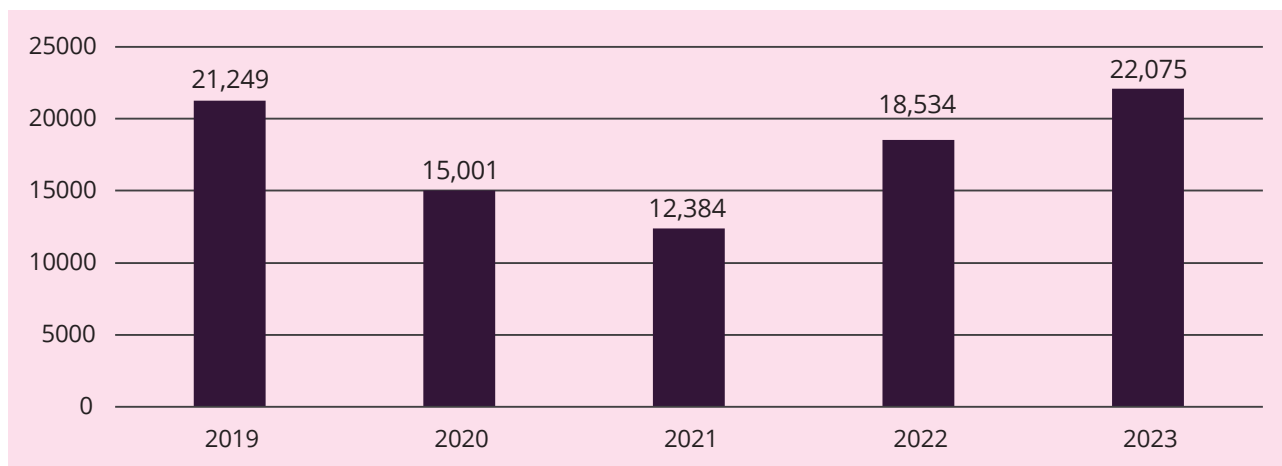


Figure 7.5 Number of Well Woman Clinic sessions carried out during the past years
Source: FHB, eRHMS 2023

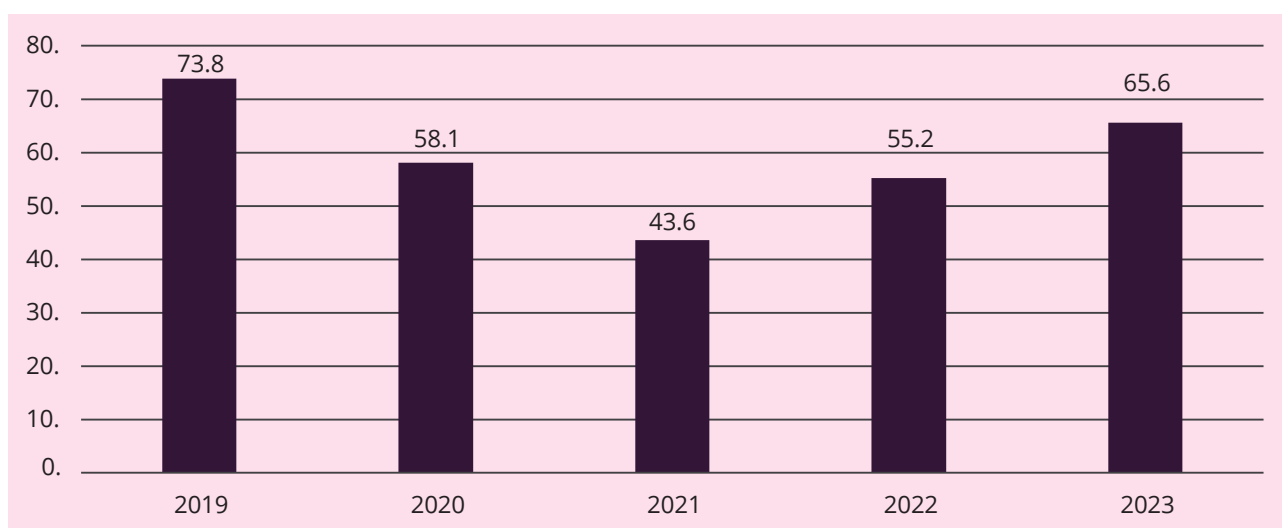


Figure 7.6 Percentage of 35-year age cohort attendance to WWC out of 0.8% of estimated population
Source: FHB, eRHMS 2023

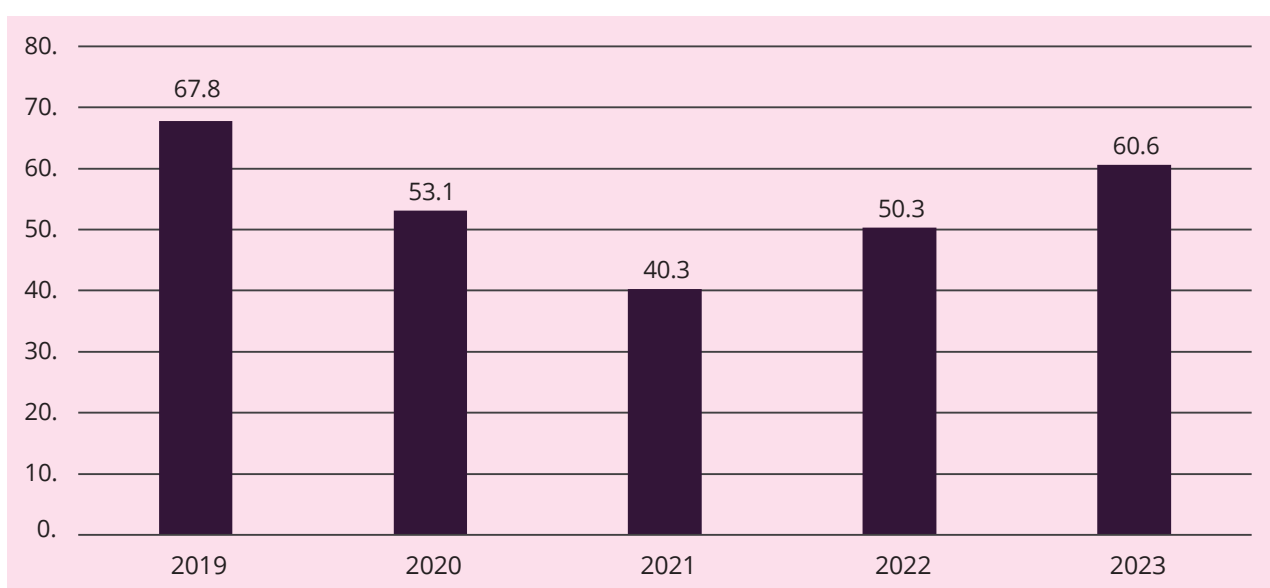


Figure 7.7 Percentage of 35-year age cohort coverage who had undergone papsmear screening out of 0.8% of the population. Source: FHB, eRHMS 2023

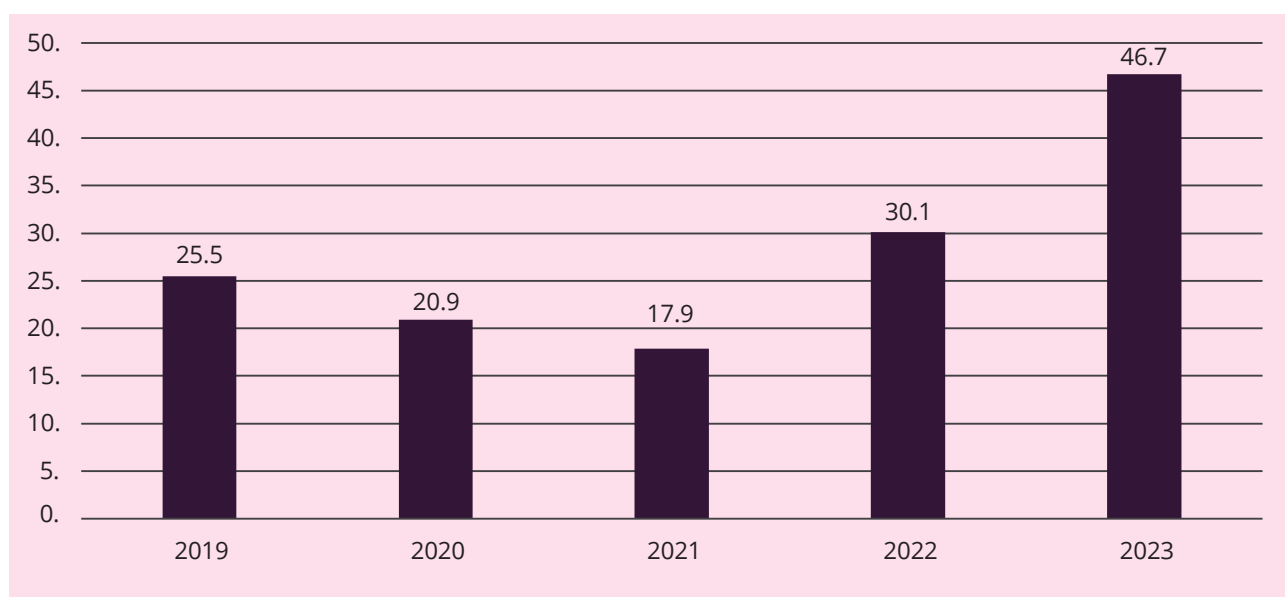


Figure 7.8 Percentage of 45-year age cohort attendance to WWC out of 0.8% of population
 Source: FHB, eRHMS 2023

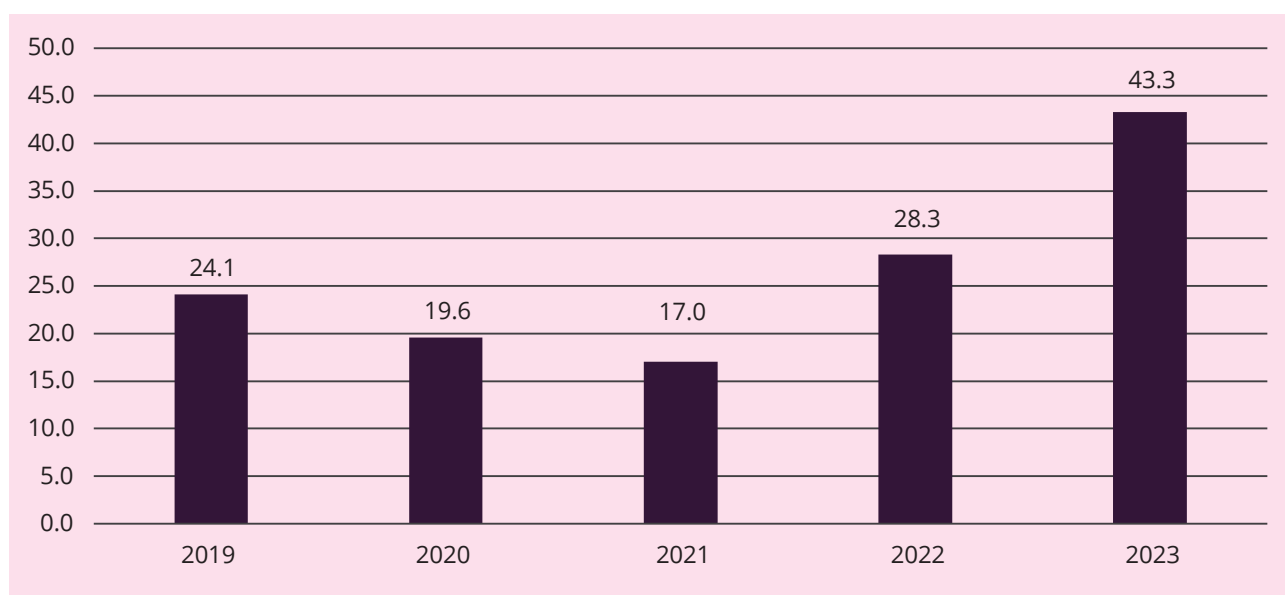


Figure 7.9 Percentage of 45-year age cohort coverage who had undergone papsmear screening out of 0.8% population
 Source: FHB, eRHMS 2023

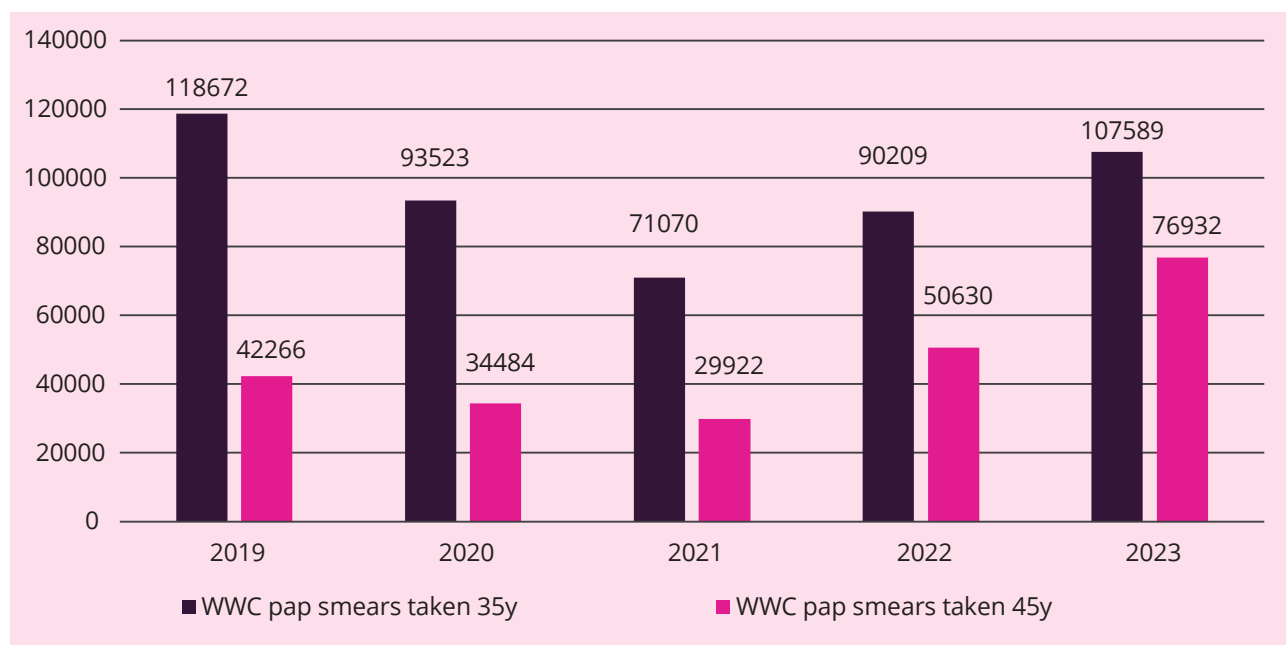


Figure 8.0 Number of Pap smears taken in 35 and 45 age cohorts during the past five years
 Source: FHB, eRHMS 2023

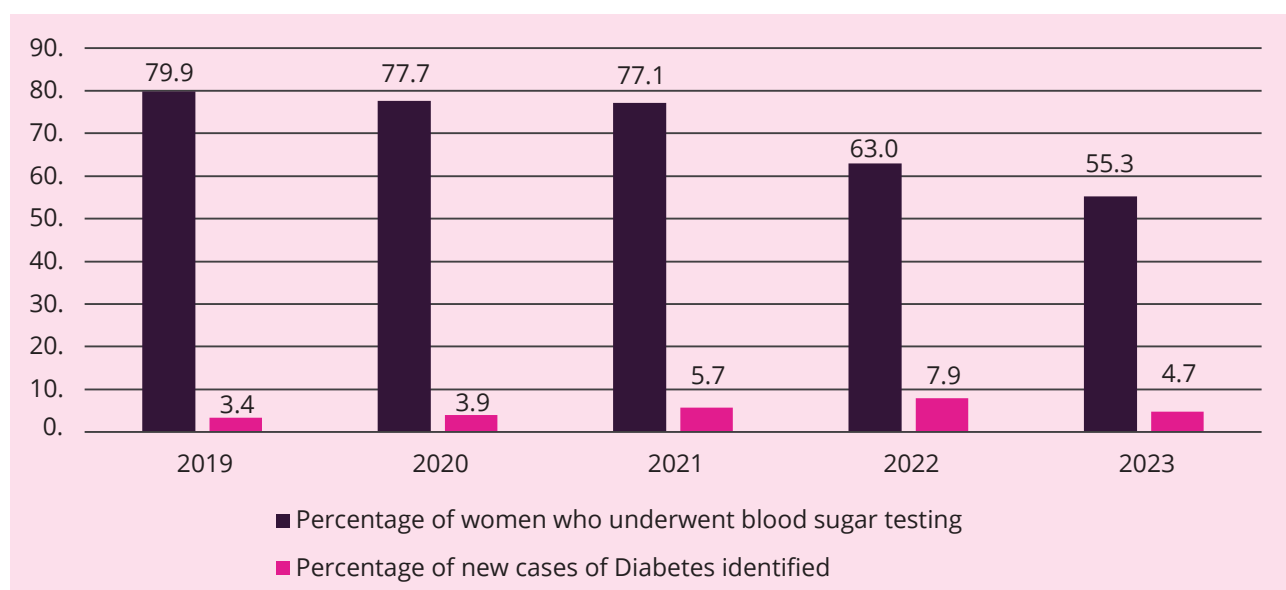


Figure 8.1 Random blood sugar test coverage in the past five years.
 Source: FHB, eRHMS 2023

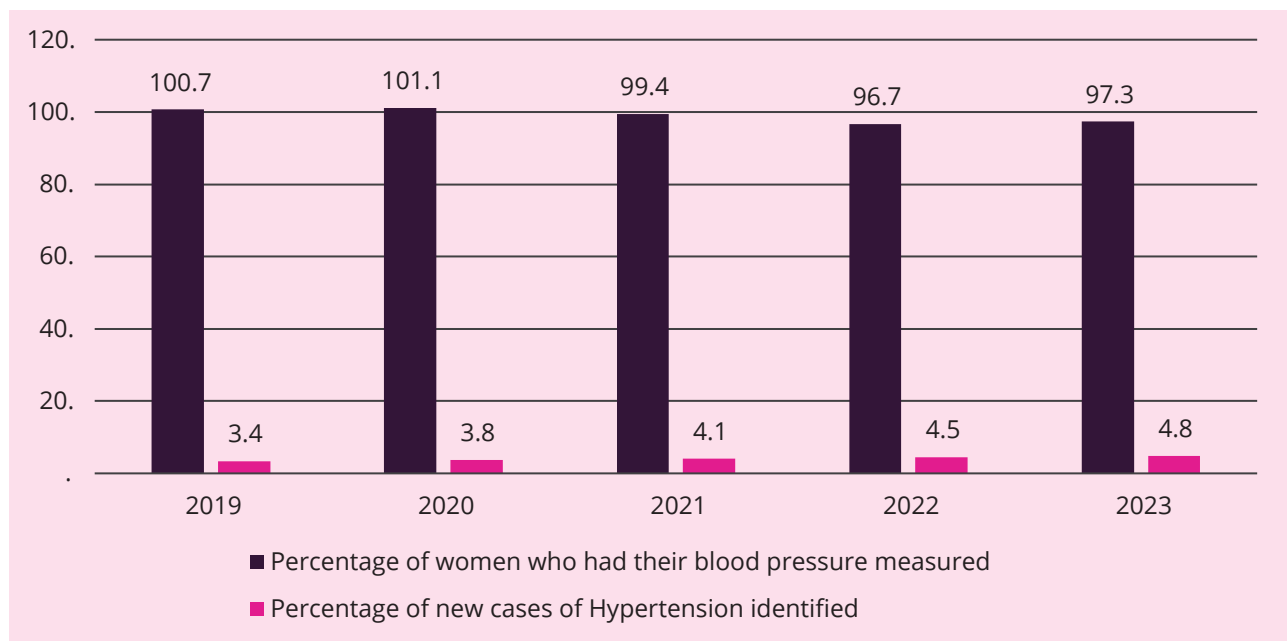


Figure 8.2 Blood pressure measurement and detection of hypertensive patients, during the past five years.
Source: FHB, eRHMS 2023

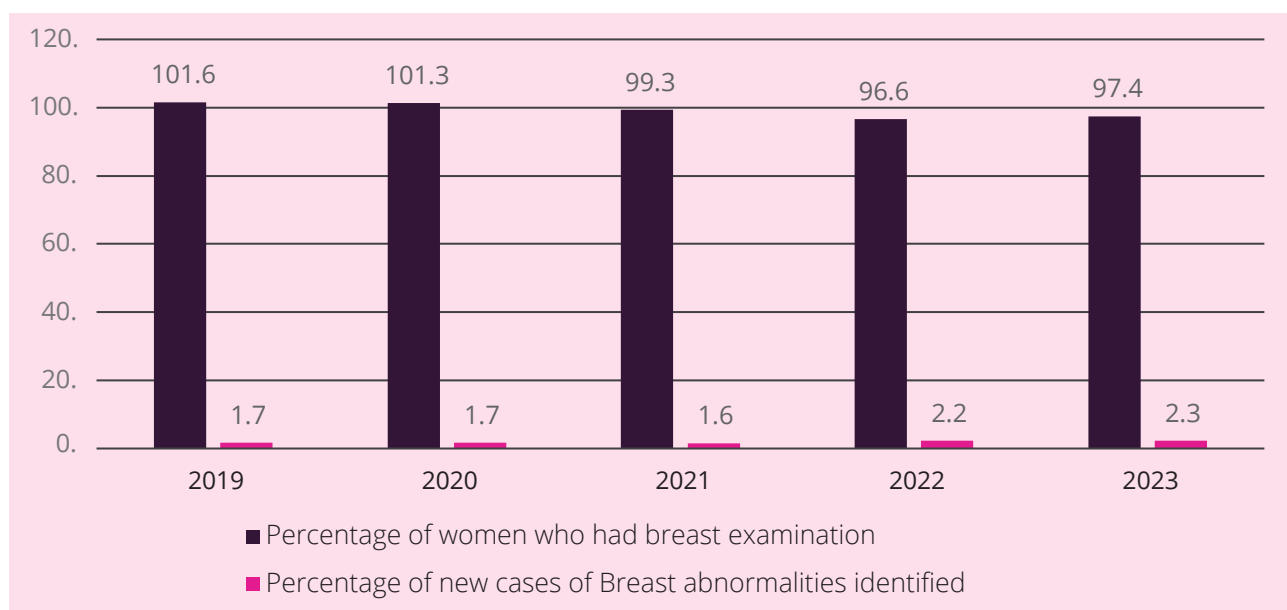


Figure 8.3 Clinical breast examinations conducted and percentage abnormalities detected during the past five years.
Source: FHB, eRHMS 2023

Oral Health of Pregnant Women and School Children

The Oral Health Unit of the Family Health Bureau (FHB) is committed to improving the oral health of pregnant women and children through the maternal and child health program. This entails creating and continuously refining evidence-based strategies, guidelines, and protocols with professional organizations and development partners. The unit provides vital technical support on national, provincial, and district oral health challenges. It actively builds capacity by creating and adapting training materials for public health staff and ensuring logistical support for oral health programs. The unit also convenes an advisory committee chaired by DDG PHS II, contributes to undergraduate and postgraduate teaching, monitors and evaluates oral health programs, and conducts operational research for continual improvement. Furthermore, as a focal point of National Oral Health Care Programmes for pregnant mothers and children, the unit is actively developing IEC materials for the above-mentioned groups.

Awareness programme for Regional Dental Surgeons (RDSS), Supervising School Dental Therapists (SSDTT), and School Dental Therapists (SDTT) on e-RHIMS:

Information technology specialist of FHB conducted a virtual training programme for all RDSs, SSDTT, SDTT, and oral health unit team on e-RHIMS on 27/06/2023 at the FHB to improve their knowledge and skills in entering data and thereby maintain the credibility of data in e-RHIMS.

Annual Review of School Dental Services carried out in 2022:

The Oral Health Unit of the Family Health Bureau conducted the Annual Review of School Dental Services for 2022 on the 3rd and 4th of August 2023, at the main auditorium of the Family Health Bureau. The SSDTT and RDSS participated, representing their regions and evaluation of the annual performances was done in the presence of the Deputy Director General of Dental Services, Director of Family Health Bureau, Director of Dental Services, Consultant Community Physicians and Consultants in Community Dentistry, Senior Registrars and Registrars in Community Dentistry.





Development of National Guidelines for School-Based Fissure Sealant (FS) and Fluoride Varnish (FV) Programmes.



The draft guidelines were developed based on the expert opinion, and the procurement process for printing guideline books was initiated. Provincial Inservice Training Programmes on Application of Fluoride Varnish & School-Based Fissure Sealants. The Oral Health Unit of the Family Health Bureau organized provincial in-service training workshops for SDTT on applying fluoride varnish and fissure sealant to strengthen fluoride varnish and school-based fissure sealant programmes at the regional level.

► An online meeting has been scheduled on 05.10.2023 to discuss and plan these training programmes with all the RDSS and SSDTT.

TOT programme for ten resource personnel on the application of fluoride varnish and fissure sealant was conducted at the Dental Therapist Training School, Maharagama, on 24.10.2023.



- ▶ Ten successful provincial-level in-service training workshops on fluoride varnish and fissure sealant application techniques were conducted for all the SDTT, SSDTT and RDSS in 09 provinces.

■ The dental materials for preventive therapies - 350 fluoride varnish packs and 100 fissure sealant packs were procured and received in November 2023.

■ The two video clips on the application techniques of fluoride varnish and fissure sealants were developed with the assistance of the Audiovisual Team of the Health Promotion Bureau.

■ Procurement of dental equipment for school dental clinics:
Twenty micromotors were purchased to enhance the performance of School Dental Services.



Table 3.8 Performance indicators

Indicator	2019	2020	2021	2022
% of 12-year-old children with dental caries	21	14.60	17.20	18.3
% of 12-year-old children free of calculus	98	83.60	92.50	95.3
% of Overall healthy 12-year-old children	46	47.60	47.40	45.6
Screening coverage of 12-year-old children	79	33.90	34.20*	92.4
Coverage percentage	71	60.9	25.3	78

Planning and Development

The Planning and Development Unit holds a pivotal role in steering the planning and development activities within the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAYH) domain at the Family Health Bureau and National Family Health Programme. Its expansive scope of work encompasses policy formulation, advocacy initiatives, and strategic planning for the RMNCAYH program. A critical facet of its responsibilities involves monitoring the implementation and coordinating the achievement of Sustainable Development Goals (SDGs) for special donor-funded projects. Additionally, the unit is at the forefront of disaster preparedness and response coordination activities, specifically pertaining to reproductive and child health in emergencies.

Workshop on Program planning for CCPs and MOMCHs to strengthen district level planning capabilities for RMNCAYH activities; Five-day master training programme was conducted in September 2022 within the Family Health Bureau, in collaboration with WHO country office to develop a pool of national trainers. Master trainers were selected from the Family Health Bureau, Planning Unit Ministry of Health and Consultant Community Physicians from the Western Province. Subsequently, master trainers reviewed and adapted the training programme to the local context. Finally, it was designed for a three-day training programme.

Later in 2023, four residential training programmes were conducted in Colombo for Provincial and District level programme managers, namely Consultant Community Physician, Medical Officers of Maternal and Child Health and Medical Officers of Planning from the district and provinces. Additionally, Registrars and Senior Registrars (who are undergoing Community Medicine post graduate training) in Family Health Bureau also received the training.

All four programmes were successfully conducted with active participation of most of our target categories of staff and we received positive feedback from the participant.



SRH in Emergencies

A series of training programs on Sexual and Reproductive Health in Emergencies is being held in Sri Lanka to train healthcare providers on Sexual and Reproductive Health in Emergencies.

Access to sexual & reproductive health services is a human right, even in emergencies. Sexual and Reproductive Health in Emergencies is often a neglected entity which could be utilized in considerably reducing morbidity and mortality especially among women and children. Effective and coordinated response from healthcare providers will reduce the disease burden and death. MISP is a set of lifesaving priority activities related to sexual & reproductive health to be implemented from the onset of a crisis. Health service providers have a critical role in working together to ensure the services of the MISP are in place. Health service providers also have the right to be safe and supported when conducting their crucial work.

This programme is conducted by the Family Health Bureau in collaboration with UNFPA for supervisory level staff at MOH office /District level. They are trained as responders as well as trainers for the other health care staff at the grass root level.



Monitoring and Evaluation

Biannual MOMCH reviews: The first biannual MOMCH review was conducted in Colombo in April 2023 with the participation of all Medical Officers of Maternal and Child Health and Consultant Community Physicians from provincial level.



The second bi annual MOMCH review was conducted in Marawila with the participation of all MOMCHs and CCPs as a three-day residential workshop.



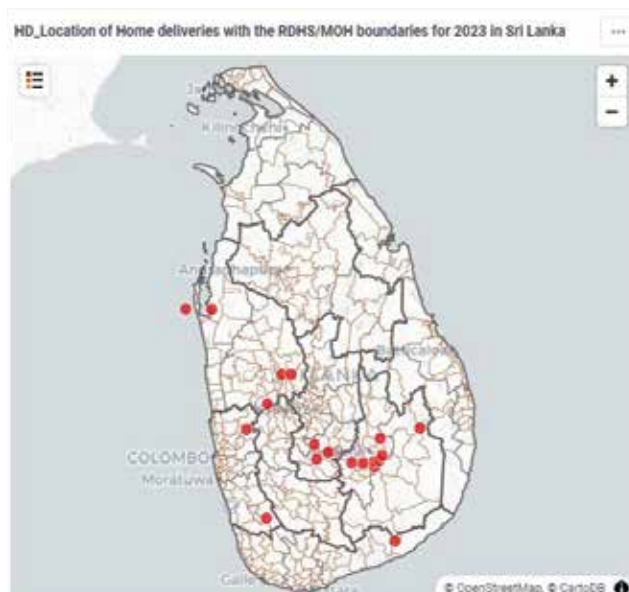
National MCH reviews in all 28 districts [including the Colombo Municipal Area and NIHS area] were concluded. Measures were taken to address all issues identified during the reviews.

With the support from the World Food Programme, 47 desktop computers were distributed to identified MOH offices in order to encourage the data entry and visualization process.

Orientation for newly appointed MOMCHs on RMNCAH programme was organized and conducted in March 2023. Eight MOMCHs assumed duties were reported during this 3-day workshop held in FHB.



- An online module was developed and introduced to eRHIS2 with mapping the exact location of households in the system to assess the first-degree delay in seeking services by the clients.



- All PHMs in the country were given online training on entering data into the newly introduced nutrition assistance programme monitoring android application. Fifteen such trainings were conducted to cover 6915 PHMs in the country.

- The maternal and newborn health module of the eIMMR was revised and initial development of integrated information system development between eIMMR and eRHIS initiated with training of government health care institutions of North Central Province, Northern Province, Eastern Province, Northwestern Province and Uva Province. To strengthen the information system further, laptop computers were handed over to TH Batticaloa, DGH Puttlam and TH Kandy with the support of UNFPA.





Supervision framework for Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health [RMNCAYH] Programme was finalized and published.



Private sector hospital training on eRH MIS2:

Maternal and Newborn Health data capturing from private healthcare institutions were further expanded to the North Central, Northern, Eastern, Uva, Northwestern and Sabaragamuwa Provinces.



Supervisory visits:

To identify issues faced by the field care staff and promote supportive supervisions were done in Polonnaruwa, Anuradhapura, Jaffna, Mannar and Badulla districts.



The field visits of MOH offices of Minhinthale, Medawachchiya, Musalai, Nallur, and Soranathota were visited by a team from the FHB.

Financial Statement 2023

Financial Statement

Family Health Bureau (FHB) is responsible for policy planning, coordination, monitoring and evaluation of Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health Program (RMNCAYH) within the country.

FHB lays the foundation for the implementation of RMNCAYH services based on scientific evidence for optimizing service delivery in facing present and future challenges.

Further, FHB provides necessary guidance and direction for effective implementation of Programs at the periphery and in special projects funded by international agencies.

Sri Lankan government (GOSL) provides finance for the overall functions of FHB where a proportion of the budget requirements are met by external resources (UN agencies) for various project activities. 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 Programme which is not included in direct expenditure of Family Health Bureau.

As the country was absorbed in the dual insult of COVID - 19 and economic crisis, the funding received by the Family Health Bureau was further cut down compared to 2022. This was added into by monitory restrictions of UN Agencies.

Funding for FHB

Ministry of Finance, Planning and Economic Development introduced ITMIS system to monitor financial flow of the Government of Sri Lanka. The FHB was absorbed into the system in 2023. GOSL financial allocations and expenditures are now to be observed as per the ITMIS system information.

According to the system and vote ledger data, the expenditure of funds for RMNCAYH in the year 2023 are as follows.

Table 3.9 Funding received from different agencies in 2023

GOSL	Capital	4,495,805.85
	Recurrent	299,408,491.57
	MCH, School Health	7,990,348.23
Foreign (UN)	PSSP	
	UNFPA	15,799,623.79
	UNICEF	143,173,242.37
	WHO	20,238,195.01
Total		491,105,706.82

Source: FHB



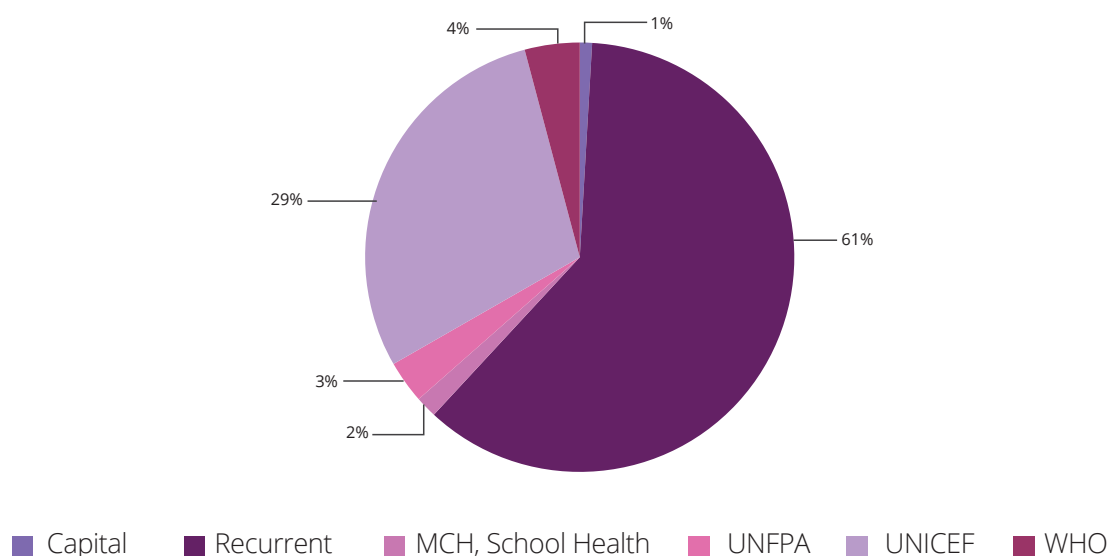


Figure 7.8 Total Expenditure of funds from GOSL, UNICEF, UNFPA and WHO for RMNCAYH program

Details on Aid / Assistance Received from International Agencies

Table 4.0 Total Allocation and Expenditure from UNICEF, UNFPA and WHO for RMNCAYH program

Year	Total Allocation in millions	Total Expenditure in millions
2018	550.07	406.38
2019	454.74	406.36
2020	331.56	358.41
2021	574.33	454.54
2022	21.80	21.50
2023	184.16	179.21

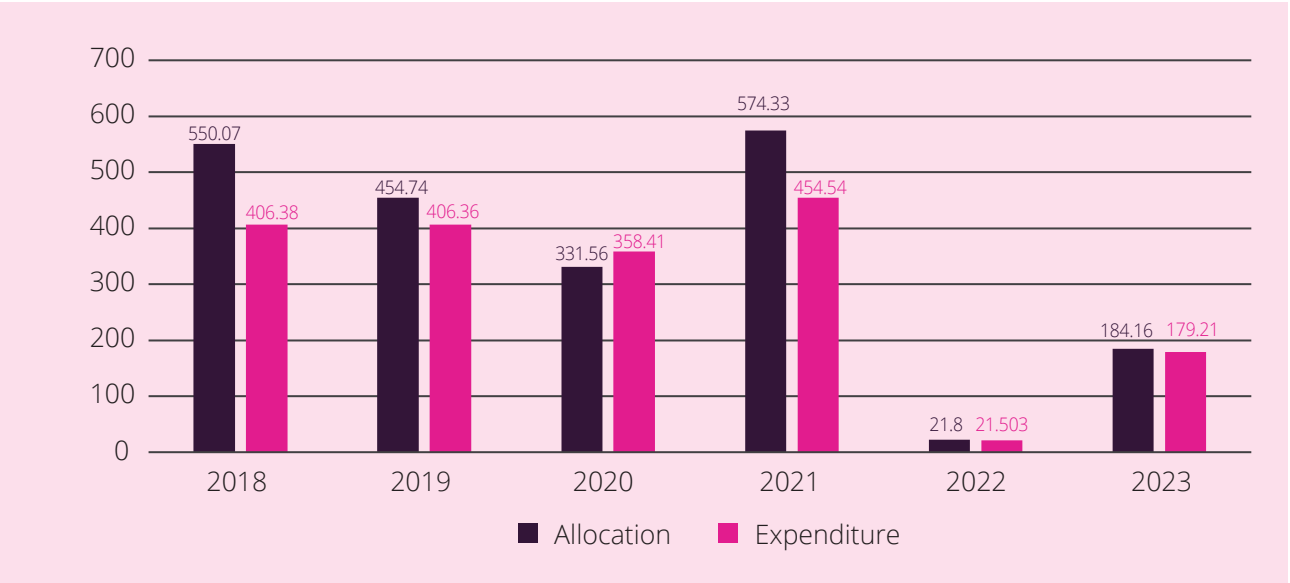


Figure 7.9 Total Allocation and Expenditure from UNICEF, UNFPA and WHO for RMNCAYH program

Table 4.1 Comparison of GOSL and foreign funding - 2023

Fund Source	Amount
MCH, School Health	7990348.23
UNICEF	143173242.4
WHO	20238195.01
UNFPA	15799623.79

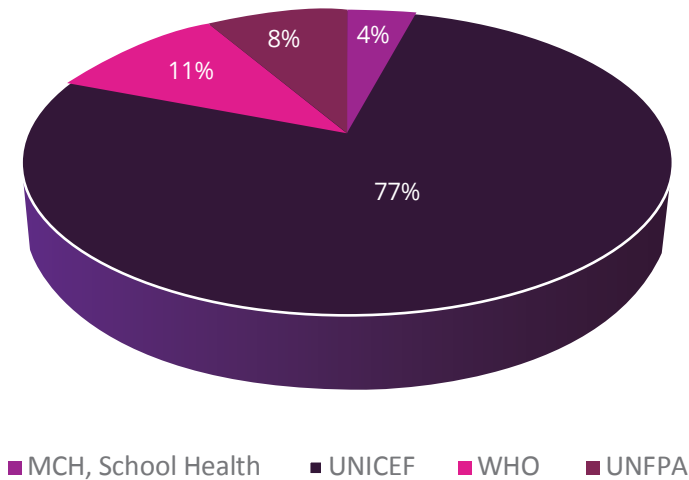


Figure 8.0 Total Expenditure from UNICEF, UNFPA and WHO for RMNCAYH program

The changing political landscape, economic crisis, workforce migration, and electricity & fuel crisis further constricted workplace attendance and conduction of trainings, inspections, reviews and programs at central and peripheral sectors. The direction of the RMNCAYH program displayed a significant change in response to the challenges. Work from home, online meetings, and development of online teaching- learning flat forms were some of the major changes.

The program received funding mainly from UN agencies, WHO, UNICEF and UNFPA. GOSL cash flow for programs was minimal in 2023. The recurrent expenditure included salaries, vehicle & building maintenance and electricity & water bills. Huge direct donations including Contraceptive commodities (UNFPARs. 300 Million), multiple micronutrition supplies (Kirk Humanitarian, USA- 72,964.80 USD), Fuel vouchers (Rs 1.4M), printing (Rs 77 M) and equipment such as spring balances, length charts, office stationaries. PSSP funded for program activities, via direct payments.

Table 4.2 Comparison of cash expenditure for RMNCAYH program, in millions over last 2 years

Year	Expenditure for MCH program			
	GOSL	WHO	UNICEF	UNFPA
2022	SH, CAP	8.214	6.496	6.793
2023	MCH, SH 7.990	20.238	143.173	15.799

Source: FHB

Annexures

Annexure 01

Population, birth rate, eligible families, pregnant mothers, and reported number of deliveries 2023

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 RDHS	290040	53657	51614	3043	2606	5018	17.3	2521
Anuradhapura RDHS	960358	177666	186457	10306	9210	12773	13.3	8894
Badulla RDHS	902785	167015	158523	9729	8527	12458	13.8	8351
Batticaloa RDHS	589172	108997	116383	9580	8991	9191	15.6	8951
Colombo MC	598062	110642	74676	5242	4982	6818	11.4	4600
Colombo RDHS	1878451	347513	332593	17097	15458	21414	11.4	15070
Galle RDHS	1147229	212237	185555	11490	10664	15143	13.2	10295
Gampaha RDHS	2435588	450584	433045	24613	22233	24843	10.2	21426
Hambantota RDHS	685921	126895	118402	7630	6732	10838	15.8	6670
Jaffna RDHS	631204	116773	100862	8377	7280	8837	14.0	6952
Kalmunai RDHS	466228	86252	90572	8521	7729	8066	17.3	7718
Kalutara RDHS	982838	181825	172597	9635	9050	9632	9.8	8641
Kandy RDHS	1496902	276927	263524	15968	14400	19160	12.8	13958
Kegalle RDHS	897912	166114	145982	8621	7939	10955	12.2	7512
Kilinochchi RDHS	136863	25320	24515	2113	1773	2874	21.0	1632
Kurunegala RDHS	1741650	322205	316186	18333	16826	21422	12.3	16701
Mannar RDHS	116261	21508	23210	2138	1931	2314	19.9	1805
Matale RDHS	530212	98089	96866	5942	5243	6681	12.6	5124
Mataru RDHS	875224	161916	147962	8768	7884	9452	10.8	7570
Moneragala RDHS	512115	94741	101448	6410	5489	6862	13.4	5287
Mullaitivu RDHS	99716	18448	23614	1832	1588	1146	11.5	1502
NIHS	305034	56431	54172	3791	3544	2989	9.8	3359
Nuwara Eliya RDHS	785511	145320	140086	8737	7487	10368	13.2	7229
Polonnaruwa RDHS	450438	83331	87880	5030	4435	6441	14.3	4314
Puttalam RDHS	851618	157549	164635	10484	9393	12348	14.5	9262
Ratnapura RDHS	1195629	221191	210835	11647	9860	15782	13.2	9563
Trincomalee RDHS	446897	82676	87304	7486	6622	8446	18.9	6323
Vavuniya RDHS	196745	36398	32938	2633	2422	3403	17.3	2188
Sri Lanka	22206603	4108222	3942436	245196	220298	266479	12.0	213418

Source: eRHMS



RDHS	Percentage of pregnant mothers registered before 8 weeks	Percentage of pregnant mothers registered between 8 - 12wks	Percentage 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 RDHS	90.6	6.6	2.2	33.7	2.1	99.4	51.4	99.9	99.6	99.7	97.4	3.7
Anuradhapura RDHS	82.3	12.7	4.6	33.3	3.0	99.4	42.5	99.7	99.7	99.4	94.6	3.6
Badulla RDHS	86.1	9.0	3.8	34.9	1.8	98.4	28.5	100.1	99.5	99.3	95.7	3.4
Batticaloa RDHS	81.2	12.7	7.1	35.9	2.1	99.4	33.1	99.5	99.6	97.7	96.4	5.2
Colombo MC	57.7	25.6	5.3	37.9	3.0	94.2	42.9	98.3	99.4	97.5	92.1	4.8
Colombo RDHS	73.1	14.3	2.8	41.7	1.5	98.5	39.8	98.9	99.6	99.1	94.5	4.9
Galle RDHS	85.0	9.5	3.6	35.8	2.0	98.2	34.7	99.6	99.5	98.8	95.3	4.0
Gampaha RDHS	75.6	14.9	3.3	39.3	1.6	98.9	39.8	99.0	99.5	98.9	91.0	4.7
Hambantota RDHS	86.8	8.9	3.0	30.2	2.9	99.5	38.8	99.7	99.7	99.5	97.0	4.4
Jaffna RDHS	87.2	8.2	3.8	37.3	1.7	99.8	49.9	99.7	99.7	98.4	96.9	7.1
Kalmunai RDHS	88.4	7.2	4.3	31.6	4.4	99.5	37.0	99.9	99.9	99.9	99.2	5.3
Kalutara RDHS	83.2	11.1	3.2	38.5	2.2	98.8	38.3	99.4	99.6	99.0	95.4	4.1
Kandy RDHS	82.2	11.4	2.7	34.6	2.2	99.1	36.8	99.3	99.5	94.8	94.6	3.0
Kegalle RDHS	82.8	11.0	2.3	35.2	1.8	99.6	35.2	99.4	99.5	98.9	94.1	3.8
Kilinochchi RDHS	85.7	10.4	5.3	36.4	1.8	99.4	53.5	99.6	99.7	99.0	97.9	17.4
Kurunegala RDHS	85.3	9.9	2.9	34.3	1.9	99.7	41.8	99.7	99.8	99.1	96.7	3.2
Mannar RDHS	79.8	14.7	4.6	33.6	3.2	98.1	46.6	99.7	99.5	95.9	97.2	17.3
Matale RDHS	84.4	11.1	3.2	33.2	2.3	99.8	38.8	99.9	99.9	99.9	96.2	3.9
Matara RDHS	85.9	9.6	3.3	33.8	2.7	99.7	39.5	99.8	99.9	99.7	97.1	4.3
Moneragala RDHS	89.8	6.6	3.4	30.0	2.3	99.5	36.3	99.6	99.7	99.4	96.2	3.0
Mullaitivu RDHS	83.0	12.0	5.5	38.3	1.6	98.1	48.1	99.8	99.8	99.4	97.1	21.1
NIHS	79.2	13.6	3.7	34.6	3.3	99.2	39.1	99.5	99.8	99.6	94.0	3.6
Nuwara Eliya RDHS	77.1	14.2	4.3	35.2	1.8	99.1	26.3	99.2	99.3	98.1	90.3	2.4
Polonnaruwa RDHS	86.9	8.7	3.0	29.9	1.9	99.5	37.7	99.8	99.7	94.7	95.3	3.6
Puttalam RDHS	78.9	14.0	5.7	33.9	3.2	99.4	34.5	99.6	99.6	98.5	95.4	3.1
Ratnapura RDHS	81.9	12.3	3.5	34.7	1.7	99.6	38.7	99.6	99.7	99.6	93.9	3.6
Trincomalee RDHS	85.9	9.9	7.9	34.7	4.2	99.0	31.7	99.8	99.7	99.4	97.9	5.9
Vavuniya RDHS	78.6	14.2	4.3	36.3	1.3	97.5	36.2	99.1	99.3	99.5	95.8	3.4
Sri Lanka	81.7	11.7	3.8	35.5	2.3	99.1	38.1	99.5	99.6	98.6	95.0	4.5

Source: eRHMS

Annexure 03

Indicators of clinic care, ante-natal screening and status of BMI among pregnant mothers in 2023

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 RDHS	93.8	6.4	91.8	1.3	40.6	61.1	88.9	18.1	28.2
Anuradhapura RDHS	96.4	7.0	99.8	0.2	31.1	29.8	86.7	14.1	33.4
Badulla RDHS	92.7	7.8	104.7	0.2	16.1	27.6	85.2	17.2	27.6
Batticaloa RDHS	97.8	6.8	107.0	0.5	21.4	50.1	89.7	15.3	33.0
Colombo MC	106.7	5.4	88.4	0.3	30.1	No data	77.1	10.9	44.1
Colombo RDHS	93.0	4.9	87.9	0.2	22.9	16.0	71.9	11.2	35.0
Galle RDHS	94.1	6.0	49.2	0.3	21.4	5.9	82.0	16.7	28.0
Gampaha RDHS	97.2	5.3	96.1	0.2	24.4	4.6	78.4	12.4	34.2
Hambantota RDHS	90.4	6.4	98.6	0.2	26.4	31.4	83.4	17.4	26.0
Jaffna RDHS	93.0	7.1	28.4	0.1	33.1	21.3	86.6	14.4	31.6
Kalmunai RDHS	91.9	6.8	117.6	0.0	25.6	45.6	86.4	10.7	38.4
Kalutara RDHS	96.0	5.7	104.7	0.3	22.4	40.9	83.5	14.3	33.8
Kandy RDHS	93.7	6.1	101.1	0.4	22.0	14.7	83.0	13.9	32.2
Kegalle RDHS	92.1	6.2	93.9	0.3	24.4	21.8	81.4	14.7	29.7
Kilinochchi RDHS	92.1	13.1	123.0	0.1	35.1	51.6	88.4	18.3	27.5
Kurunegala RDHS	95.3	6.7	98.4	0.3	30.1	31.3	83.4	15.0	30.8
Mannar RDHS	96.6	6.7	3.5	0.2	25.0	2.8	88.3	12.9	35.4
Matale RDHS	94.3	6.6	101.2	0.3	27.6	35.7	88.9	15.4	32.0
Matara RDHS	103.0	6.2	93.8	0.1	26.5	30.0	85.2	17.9	27.1
Moneragala RDHS	97.8	6.4	95.4	0.2	25.1	44.8	87.9	17.5	28.2
Mullaitivu RDHS	155.9	5.7	59.9	0.1	27.0	50.9	90.1	17.5	28.3
NIHS	93.5	5.4	112.7	0.1	24.9	103.8	79.9	12.7	37.9
Nuwara Eliya RDHS	94.7	7.7	89.2	0.3	13.7	23.0	76.9	18.3	23.9
Polonnaruwa RDHS	97.6	6.2	116.3	0.1	26.5	37.6	87.7	14.3	33.6
Puttalam RDHS	97.5	6.1	106.9	0.2	24.2	39.1	81.2	13.2	34.6
Ratnapura RDHS	93.9	6.9	104.3	0.0	26.4	54.0	81.4	16.9	26.7
Trincomalee RDHS	97.5	6.8	47.0	0.0	20.5	24.9	86.7	14.3	37.9
Vavuniya RDHS	163.7	5.8	17.0	0.4	23.9	6.1	84.0	14.8	31.3
Sri Lanka	96.6	6.3	90.7	0.2	24.8	27.9	82.7	14.7	31.8

Source: eRHMS



**Annual
Report 2023**

Family Health Bureau | Ministry of health | Sri Lanka

RDHS	Total number of deliveries	Percentage of Institutional deliveries	Percentage of home deliveries	Home deliveries by untrained	Percentage of home deliveries by untrained attendants out of total deliveries	Percentage of LSCS deliveries	Percentage of deliveries reported for estimated births
Ampara RDHS	2606	99.8	0.15	3	0.12	41.1	51.9
Anuradhapura RDHS	9210	99.9	0.12	8	0.09	36.9	72.1
Badulla RDHS	8527	99.7	0.28	12	0.14	39.4	68.4
Batticaloa RDHS	8991	99.9	0.08	5	0.06	35.5	97.8
Colombo MC	4982	99.9	0.08	3	0.06	40.3	73.1
Colombo RDHS	15458	99.9	0.06	9	0.06	49.0	72.2
Galle RDHS	10664	99.9	0.11	7	0.07	46.0	70.4
Gampaha RDHS	22233	99.9	0.07	14	0.06	50.3	89.5
Hambantota RDHS	6732	100.0	0.01	1	0.01	49.3	62.1
Jaffna RDHS	7280	99.9	0.07	5	0.07	39.1	82.4
Kalmunai RDHS	7729	99.9	0.12	4	0.05	49.7	95.8
Kalutara RDHS	9050	100.0	0.04	4	0.04	45.9	94.0
Kandy RDHS	14400	99.9	0.10	8	0.06	44.7	75.2
Kegalle RDHS	7939	99.9	0.14	8	0.10	53.4	72.5
Kilinochchi RDHS	1773	99.8	0.17	3	0.17	24.0	61.7
Kurunegala RDHS	16826	99.9	0.11	13	0.08	50.1	78.5
Mannar RDHS	1931	99.8	0.10	2	0.10	35.6	83.5
Matale RDHS	5243	99.9	0.15	5	0.10	49.1	78.5
Matara RDHS	7884	99.9	0.06	4	0.05	52.4	83.4
Moneragala RDHS	5489	99.9	0.05	3	0.05	41.9	80.0
Mullaitivu RDHS	1588	99.9	0.13	1	0.06	24.5	138.5
NIHS	3544	99.9	0.06	1	0.03	43.8	118.6
Nuwara Eliya RDHS	7487	99.4	0.63	34	0.45	33.3	72.2
Polonnaruwa RDHS	4435	99.7	0.27	11	0.25	46.0	68.9
Puttalam RDHS	9393	99.7	0.29	25	0.27	40.6	76.1
Ratnapura RDHS	9860	99.9	0.09	6	0.06	47.7	62.5
Trincomalee RDHS	6622	99.9	0.11	3	0.05	27.3	78.4
Vavuniya RDHS	2422	99.7	0.29	7	0.29	41.0	71.2
Sri Lanka	220298	99.9	0.13	209	0.09	44.4	82.7

Source: eRHMS

Annexure 05

Indicators of postnatal care, postnatal visits, vitamin A supplementation and postnatal complications by districts 2023

RDHS	Percentage of mothers received at least 1 postpartum visit during 1st 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 (Permanent) - Regional	Percentage of babies with low birth weight - National
Ampara RDHS	92.7	99.5	96.1	10.1	26.9	34.0	0.04	15.3	16.1
Anuradhapura	96.5	91.0	94.9	13.9	21.0	29.3	0.24	14.8	14.8
Badulla RDHS	96.0	95.0	93.0	8.9	11.1	13.3	0.05	18.5	18.1
Batticaloa RDHS	97.6	86.9	97.2	8.6	14.4	22.0	0.14	15.0	14.9
Colombo MC	78.6	54.8	91.4	9.1	21.9	24.7	0.43	13.9	13.9
Colombo RDHS	90.6	85.8	89.1	20.0	14.1	18.6	0.06	13.0	13.0
Galle RDHS	97.0	96.9	91.5	21.5	13.5	17.9	0.13	14.1	13.8
Gampaha RDHS	92.4	79.5	92.7	14.1	17.3	22.3	0.15	13.6	13.5
Hambantota RDHS	96.3	97.5	93.7	14.0	14.2	22.7	0.10	14.5	14.4
Jaffna RDHS	96.9	87.1	99.0	8.5	28.1	27.3	0.15	12.9	12.7
Kalmunai RDHS	95.7	93.9	98.3	6.6	16.1	25.8	0.14	11.6	11.6
Kalutara RDHS	94.4	93.4	92.0	16.0	13.7	17.9	0.06	14.5	14.4
Kandy RDHS	95.2	95.4	77.0	21.1	15.0	18.0	0.15	15.3	14.9
Kegalle RDHS	94.0	89.6	73.3	11.7	17.5	24.6	0.13	18.5	18.1
Kilinochchi RDHS	100.1	96.4	101.9	5.8	20.1	33.3	0	11.4	11.7
Kurunegala RDHS	92.4	89.9	93.9	13.1	21.3	26.6	0.15	14.9	14.5
Mannar RDHS	93.4	96.4	98.7	7.5	14.7	22.5	0.26	13.8	14.7
Matale RDHS	96.2	89.9	95.7	15.2	16.6	24.6	0.21	15.8	16.1
Matara RDHS	96.5	96.5	98.9	16.7	16.7	20.7	0.14	15.1	15.3
Moneragala RDHS	89.3	91.6	94.0	11.2	16.5	23.0	0.18	15.2	14.9
Mullaitivu RDHS	89.7	86.6	98.3	7.4	20.4	28.8	0.25	13.2	13.5
NIHS	93.9	85.4	94.9	10.0	13.1	21.9	0.09	13.1	13.0
Nuwara Eliya RDHS	95.1	90.1	93.3	12.0	10.9	11.0	0.18	23.5	23.2
Polonnaruwa RDHS	96.8	100.3	98.4	9.0	17.0	24.9	0.07	15.4	15.0
Puttalam RDHS	95.5	84.8	93.0	6.9	19.5	23.9	0.08	13.3	13.0
Ratnapura RDHS	96.3	88.7	92.9	15.5	14.9	23.3	0.16	16.8	16.4
Trincomalee RDHS	94.4	90.9	97.8	6.3	11.7	18.6	0.12	14.5	14.4
Vavuniya RDHS	93.7	80.5	97.7	11.8	18.7	18.7	0.21	14.0	14.3
Sri Lanka	94.2	89.3	92.4	13.3	16.7	22.0	0.14	14.9	14.8

Source: eRHMS



**Annual
Report 2023**

Family Health Bureau | Ministry of health | Sri Lanka

Annexure 06

Indicators of childcare service provision: Infant registration, field visits and vitamin A supplementation 2023

RDHS	Percentage of infants registered	Average number of home visits per infants	Percentage of Vitamin A coverage in infants at 6 months at clinic	Percentage of Vitamin A coverage in infants at 6 months at a 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 RDHS	54.2	6.9	62.7	0.2	75.6	85.9
Anuradhapura RDHS	73.7	8.3	77.5	1.5	96.1	108.9
Badulla RDHS	70.9	13.3	75.8	1.4	88.1	99.4
Batticaloa RDHS	101.0	8.1	101.4	3.2	105.8	115.2
Colombo MC	76.8	6.1	61.9	5.7	60.4	76.5
Colombo RDHS	78.7	7.1	53.9	5.8	64.1	80.9
Galle RDHS	75.7	7.9	66.9	4.0	75.7	91.3
Gampaha RDHS	95.4	7.7	69.4	4.2	78.6	94.8
Hambantota RDHS	65.7	7.2	62.2	1.4	73.5	83.6
Jaffna RDHS	87.0	13.7	85.3	0.1	90.8	88.1
Kalmunai RDHS	96.9	8.0	105.8	0.7	100.4	116.6
Kalutara RDHS	99.2	9.3	83.6	0.7	91.9	105.1
Kandy RDHS	81.6	8.9	72.6	4.6	81.0	103.0
Kegalle RDHS	79.1	10.7	31.1	1.3	35.5	46.5
Kilinochchi RDHS	79.4	10.7	65.2	0.5	73.4	73.7
Kurunegala RDHS	79.0	7.5	86.3	2.3	98.3	117.6
Mannar RDHS	96.5	16.5	90.1	0.1	91.3	97.3
Matale RDHS	82.0	9.6	79.2	0.8	91.7	106.7
Matara RDHS	87.1	7.0	86.8	2.7	98.7	117.2
Moneragala RDHS	85.8	9.1	85.8	1.8	107.3	118.0
Mullaitivu RDHS	148.7	23.1	145.5	2.5	165.9	158.0
NIHS	124.3	5.2	118.3	0.7	120.5	147.3
Nuwara Eliya RDHS	72.6	12.4	80.9	3.5	94.2	109.2
Polonnaruwa RDHS	69.8	8.0	76.1	2.7	93.8	106.0
Puttalam RDHS	79.4	7.8	79.5	3.2	89.1	106.0
Ratnapura RDHS	65.6	8.9	70.2	3.4	87.2	101.3
Trincomalee RDHS	79.5	7.4	84.6	1.0	91.7	98.4
Vavuniya RDHS	78.7	14.1	73.0	7.2	78.4	82.9
Sri Lanka	87.1	8.6	80.3	3.0	91.0	106.1

Source: eRHMS

Annexure 07

Weighing coverage of children under 5 years 2018 - 2023 | Nutrition Month

RDHS	2018	2019	2020	2021	2022	2023
Ampara RDHS	99.8	100	100.0	100.0	100.0	100.0
Anuradhapura RDHS	93	94.3	95.5	93.6	95.6	97.6
Badulla RDHS	98.7	98.5	99.4	99.1	99.4	99.8
Batticaloa RDHS	96.5	96.1	95.2	96.2	98.3	98.3
Colombo MC	71.6	71.5	62.0	61.6	69.8	71.8
Colombo RDHS	84.2	88.3	88.1	80.8	88.0	89.9
Galle RDHS	95.1	95.6	94.2	91.2	93.9	95.8
Gampaha RDHS	90.2	90.4	86.0	78.7	87.6	92.9
Hambantota RDHS	97.9	99.2	99.2	99.1	98.8	99.7
Jaffna RDHS	99.6	99.7	98.5	98.8	99.8	99.7
Kalmunai RDHS	97.4	97.9	98.4	97.9	98.4	99.1
Kalutara RDHS	94.6	95.2	94.2	91.9	95.7	96.8
Kandy RDHS	91.9	94.8	95.6	94.8	95.6	97.6
Kegalle RDHS	97	98	96.2	95.4	97.9	98.4
Kilinochchi RDHS	99.9	99.9	99.7	71.5	100.0	100.0
Kurunegala RDHS	94.4	93	93.2	91.6	94.3	95.4
Mannar RDHS	97.6	99	98.9	93.4	98.3	98.2
Matale RDHS	97.9	97.8	98.8	98.2	99.3	99.5
Matara RDHS	98.5	98.7	98.6	97.2	98.2	99.2
Moneragala RDHS	98.8	No data*	97.7	98.6	99.2	99.4
Mullaitivu RDHS	93.8	97.2	98.0	96.0	98.5	99.7
NIHS	91.7	91.8	93.3	90.4	94.1	97.5
Nuwara Eliya RDHS	95.2	96.7	98.3	97.8	99.0	99.3
Polonnaruwa RDHS	98.4	98.9	99.4	98.1	99.0	99.6
Puttalam RDHS	95.1	95	94.2	85.4	95.6	95.4
Ratnapura RDHS	97.2	98.1	98.4	No data*	97.1	98.2
Trincomalee RDHS	98.7	99.4	98.7	99.2	99.8	99.8
Vavuniya RDHS	95.9	95.6	97.6	96.1	95.4	97.8
Sri Lanka	94.3	94.8	94.4	91.6	95.1	96.6

Source: NM Data

Annexure 08

Nutritional status of infants (birth to 1 year) 2020 - 2023 Nutrition Month

RDHS	Percentage of infants with underweight				Percentage of infants with stunting				Percentage of infants with wasting			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023
Ampara RDHS	7.9	8.1	10.5	11.1	5.2	5.5	7.1	7.9	5.1	3.7	4.7	3.7
Anuradhapura RDHS	7.1	7.4	10.6	11.6	4.3	4.5	6.7	7.9	5.2	4.8	5.9	6.2
Badulla RDHS	9.2	8.8	12.7	12.9	6.0	6.3	8.6	9.4	5.6	5.4	6.4	5.3
Batticaloa RDHS	5.1	5.9	6.2	8.6	4.8	4.5	3.8	5.6	3.6	3.8	4.6	3.8
Colombo MC	9.4	8.3	10.8	12.7	5.3	5.6	8.0	8.1	5.2	5.7	7.8	8.3
Colombo RDHS	5.8	6.1	7.7	9.0	3.1	3.1	4.0	4.5	3.6	3.9	4.5	4.0
Galle RDHS	7.5	6.9	9.7	10.7	4.0	4.0	4.6	5.8	5.8	5.2	6.7	5.5
Gampaha RDHS	6.8	6.3	8.6	9.6	3.8	3.4	4.8	4.7	4.8	4.2	5.3	5.0
Hambantota RDHS	5.9	6.1	8.8	9.5	3.8	4.0	5.5	6.6	4.5	4.9	5.9	4.0
Jaffna RDHS	6.8	6.6	8.6	8.2	4.4	3.3	4.9	5.3	5.5	6.0	6.7	5.4
Kalmunai RDHS	5.5	5.2	7.2	7.7	4.0	4.0	4.8	5.8	3.8	3.2	4.1	3.7
Kalutara RDHS	7.3	6.7	8.8	10.1	4.0	4.0	5.8	6.3	4.7	3.9	4.9	5.0
Kandy RDHS	8.3	8.3	11.1	12.3	5.2	5.6	7.1	7.7	4.9	4.8	5.8	4.9
Kegalle RDHS	8.1	7.9	10.5	12.2	4.5	4.5	5.9	6.7	4.6	4.5	6.2	4.7
Kilinochchi RDHS	3.8	5.9	4.4	5.7	2.1	3.3	3.5	4.3	1.5	2.5	2.4	3.4
Kurunegala RDHS	7.1	7.0	9.5	10.5	5.1	4.9	6.2	6.5	5.7	5.8	6.4	5.2
Mannar RDHS	4.5	3.5	5.5	5.6	4.4	2.7	4.9	4.7	4.3	3.3	5.0	3.9
Matale RDHS	7.0	7.4	10.8	11.6	4.7	5.1	7.2	8.1	4.4	3.9	5.6	5.8
Matara RDHS	8.2	8.2	11.0	11.7	3.8	4.1	5.7	6.7	6.4	5.6	6.0	5.2
Moneragala RDHS	6.4	6.4	9.0	9.6	3.9	4.3	6.2	6.4	4.7	4.0	4.7	4.7
Mullaitivu RDHS	6.5	4.9	7.3	6.3	4.3	2.8	4.3	4.6	4.0	2.5	7.0	4.0
NIHS	7.6	7.5	10.7	10.6	4.2	4.7	5.8	6.5	6.1	4.6	5.1	5.0
Nuwara Eliya RDHS	13.4	14.0	18.3	19.2	11.6	11.5	16.5	17.6	7.9	6.9	7.8	6.7
Polonnaruwa RDHS	7.4	7.8	9.9	11.5	4.2	5.1	6.8	7.9	5.0	5.6	6.6	5.3
Puttalam RDHS	6.1	6.2	8.5	9.3	3.5	3.6	5.1	5.6	4.5	4.7	5.9	5.5
Ratnapura RDHS	8.8	No data*	11.6	11.9	5.9	No data*	8.3	8.7	5.7	No data*	6.7	5.3
Trincomalee RDHS	6.5	6.7	8.5	8.7	5.2	5.6	6.8	7.2	3.6	3.5	4.7	4.1
Vavuniya RDHS	7.1	6.1	6.8	8.1	4.7	4.5	5.6	6.0	3.6	2.4	4.7	3.7
Sri Lanka	7.4	7.2	9.7	10.6	4.7	4.7	6.2	6.9	5.0	4.7	5.8	5.0

Source: NM Data

Annexure 09

Nutritional status of young children (1 – 2 years) 2020 – 2023 | Nutrition Month

RDHS	Percentage of 1 to 2-year-old children with underweight				Percentage of 1 to 2-year-old children with stunting				Percentage of 1 to 2-year-old children with wasting			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023
Ampara RDHS	12.8	12.1	16.5	17.9	8.7	8.7	11.1	12.8	7.9	7.2	9.9	9.6
Anuradhapura RDHS	14.1	12.2	16.0	18.5	9.5	8.4	10.8	13.2	9.2	7.4	9.5	10.4
Badulla RDHS	13.7	13.0	17.5	18.9	11.9	11.6	14.5	17.6	8.0	7.6	9.8	9.0
Batticaloa RDHS	8.8	9.4	12.0	14.4	7.6	7.5	8.9	9.9	6.0	6.2	7.8	7.9
Colombo MC	10.6	10.4	11.6	11.5	8.4	8.6	10.3	10.9	6.2	6.7	8.5	8.6
Colombo RDHS	7.8	6.8	8.5	9.7	5.2	4.8	5.9	6.4	4.8	4.6	5.5	5.1
Galle RDHS	11.1	10.1	13.2	14.7	7.9	7.1	8.1	9.9	8.5	8.1	9.6	8.9
Gampaha RDHS	9.2	8.3	10.9	12.2	6.2	5.6	7.4	8.0	6.8	5.8	7.4	7.5
Hambantota RDHS	10.3	9.5	14.0	16.4	7.1	6.1	8.7	11.2	7.6	7.7	10.1	9.2
Jaffna RDHS	10.0	9.1	12.2	12.3	8.2	7.0	9.5	10.5	7.6	6.8	8.0	8.1
Kalmunai RDHS	9.3	9.0	11.8	12.5	7.7	7.1	10.8	10.3	5.1	5.0	6.7	6.0
Kalutara RDHS	9.8	8.9	11.7	13.5	7.4	6.3	8.8	10.0	6.4	5.6	6.7	7.4
Kandy RDHS	12.3	11.0	14.8	16.9	10.7	9.9	12.7	13.7	7.2	6.4	7.6	7.9
Kegalle RDHS	12.0	10.4	13.8	16.0	8.5	7.1	9.6	11.1	7.2	6.1	7.7	7.8
Kilinochchi RDHS	9.6	11.9	10.2	12.7	7.8	8.0	7.6	10.0	5.3	6.7	6.0	7.1
Kurunegala RDHS	12.2	10.7	13.8	16.3	9.6	8.6	10.4	10.8	9.6	8.7	10.2	10.0
Mannar RDHS	9.5	9.2	10.3	12.1	9.0	7.0	9.3	11.1	7.1	6.7	7.5	7.6
Matale RDHS	11.8	10.4	15.1	17.6	8.7	8.2	11.9	13.8	7.7	6.4	8.8	9.4
Matara RDHS	12.7	10.4	14.6	16.3	7.7	7.1	8.7	11.2	9.0	7.8	9.9	9.0
Moneragala RDHS	11.1	10.5	14.2	15.6	8.5	8.2	11.2	12.7	6.8	7.5	8.6	8.6
Mullaitivu RDHS	12.1	10.2	11.3	12.9	8.9	6.0	9.6	8.9	7.5	4.7	7.3	7.6
NIHS	10.0	9.6	10.7	13.4	6.6	6.7	8.5	10.6	7.2	6.2	6.1	7.2
Nuwara Eliya RDHS	18.9	18.6	22.7	24.8	23.3	20.1	28.7	30.8	9.5	9.0	9.7	9.1
Polonnaruwa RDHS	12.8	11.3	17.1	18.1	8.6	7.5	11.6	12.8	8.9	8.9	11.5	10.7
Puttalam RDHS	12.0	9.9	13.1	14.4	8.4	7.2	9.9	10.1	8.0	7.1	9.2	8.9
Ratnapura RDHS	13.2	No data*	15.6	17.5	10.9	No data*	12.6	15.2	8.5	No data*	9.6	9.2
Trincomalee RDHS	13.9	12.4	15.7	16.8	11.1	11.3	14.7	14.9	7.5	7.2	8.2	8.3
Vavuniya RDHS	13.3	11.0	13.6	12.6	10.0	9.1	11.8	11.4	7.8	6.2	7.7	7.5
Sri Lanka	11.6	10.4	13.8	15.4	9.0	8.2	10.8	12.0	7.6	6.9	8.5	8.4

Source: NM Data

Annexure 10

Nutritional status of pre-school children 2020 – 2023 | Nutrition Month

RDHS	Percentage of 2 to 5-year-old children with underweight				Percentage of 2 to 5-year-old children with stunting				Percentage of 2 to 5-year-old children with wasting			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023
Ampara RDHS	18.1	16.7	20.8	23.1	8.9	8.0	9.7	11.3	12.4	12.0	14.5	14.6
Anuradhapura RDHS	18.2	17.4	20.6	22.9	9.3	8.4	10.1	11.8	12.0	11.7	13.6	14.2
Badulla RDHS	19.9	18.6	21.4	23.2	12.1	10.7	12.1	14.3	12.2	12.2	13.9	13.2
Batticaloa RDHS	13.4	12.7	15.3	18.3	8.5	7.4	8.4	10.2	7.1	7.1	9.9	10.2
Colombo MC	13.5	12.5	15.2	16.8	6.9	7.1	9.5	10.0	8.1	8.8	11.3	11.6
Colombo RDHS	9.3	8.3	11.0	12.5	5.0	4.4	5.1	6.1	6.1	5.6	8.0	8.2
Galle RDHS	15.4	14.3	18.0	19.3	7.8	6.9	8.4	9.2	12.3	11.4	14.5	13.2
Gampaha RDHS	12.2	11.1	13.7	15.7	5.9	5.4	6.3	7.1	10.0	9.1	11.6	11.8
Hambantota RDHS	14.5	14.3	17.8	19.8	7.8	6.9	8.2	9.6	11.0	11.2	14.5	13.3
Jaffna RDHS	13.9	13.1	15.0	16.2	8.9	8.3	9.1	10.0	9.3	8.7	10.4	10.3
Kalmunai RDHS	12.3	11.3	13.3	15.0	8.2	7.3	8.8	9.4	6.2	5.9	7.1	7.4
Kalutara RDHS	12.9	12.0	14.9	17.3	7.0	6.2	7.6	9.2	8.6	8.2	10.8	11.1
Kandy RDHS	15.3	14.1	18.0	20.7	10.1	9.2	11.0	12.5	8.7	7.7	9.9	10.8
Kegalle RDHS	16.0	15.5	17.4	20.3	9.0	7.0	8.5	10.1	10.3	10.4	12.3	12.7
Kilinochchi RDHS	16.3	25.3	14.3	17.0	11.3	16.2	8.0	11.4	9.8	15.0	7.9	10.5
Kurunegala RDHS	15.9	14.5	18.0	20.0	8.7	7.7	9.0	9.6	12.7	11.9	14.0	13.9
Mannar RDHS	13.8	13.9	15.7	16.6	9.0	8.4	9.8	10.8	9.2	8.4	9.5	9.5
Matale RDHS	16.8	14.9	19.6	21.3	9.5	8.4	10.1	11.6	11.0	9.9	13.7	14.0
Matara RDHS	16.2	15.6	19.1	20.8	8.6	7.8	9.0	10.2	11.2	11.4	13.9	13.5
Moneragala RDHS	15.7	15.2	18.6	19.8	8.3	8.0	9.6	11.0	9.3	10.1	11.9	11.1
Mullaitivu RDHS	19.3	17.7	17.9	17.6	11.1	7.8	10.5	10.4	11.6	9.7	12.7	11.5
NIHS	12.3	12.4	14.2	16.1	6.6	6.6	7.4	8.5	7.8	8.2	8.5	9.0
Nuwara Eliya RDHS	23.0	22.4	26.0	28.8	21.2	18.5	22.6	25.6	10.7	10.8	11.8	12.0
Polonnaruwa RDHS	17.3	16.2	20.7	22.2	8.8	7.8	9.1	10.5	12.9	11.6	16.0	15.1
Puttalam RDHS	15.1	13.2	16.4	19.1	9.2	6.8	8.5	9.8	10.5	9.8	12.5	12.9
Ratnapura RDHS	17.4	No data*	19.9	22.6	10.8	No data*	11.4	13.0	11.5	No data*	13.2	13.5
Trincomalee RDHS	19.3	17.5	20.3	21.0	12.1	11.3	13.3	13.8	10.1	9.6	11.1	10.3
Vavuniya RDHS	19.0	16.6	19.2	17.9	10.5	9.1	11.1	11.9	10.9	10.4	12.8	9.5
Sri Lanka	15.5	14.4	17.5	19.5	9.1	8.0	9.5	10.8	10.2	9.7	12.0	12.0

Source: NM Data

Annexure 11

Children under the age of 5 years from 2020 - 2023 | Nutrition Month

RDHS	Percentage of under 5 children with underweight				Percentage of under 5 children with stunting				Percentage of under 5 children with wasting			
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023
Ampara RDHS	15.1	14.2	18.2	20.2	8.2	7.7	9.6	11.0	10.1	9.5	11.9	11.9
Anuradhapura RDHS	15.3	14.5	17.8	20.1	8.4	7.7	9.6	11.4	10.1	9.5	11.4	12.1
Badulla RDHS	16.6	15.6	19.1	20.6	10.9	10.0	12.0	14.1	10.1	10.0	11.7	11.1
Batticaloa RDHS	10.6	10.7	12.9	15.6	7.5	6.9	7.6	9.2	6.2	6.3	8.5	8.5
Colombo MC	11.8	11.1	13.4	14.6	6.9	7.1	9.4	9.7	7.0	7.6	9.8	10.1
Colombo RDHS	8.2	7.5	9.8	11.2	4.6	4.2	5.1	5.8	5.3	5.0	6.8	6.8
Galle RDHS	12.9	12.0	15.5	16.9	7.1	6.3	7.6	8.7	10.2	9.5	12.1	11.0
Gampaha RDHS	10.4	9.4	12.1	13.8	5.5	5.0	6.2	6.8	8.2	7.3	9.5	9.6
Hambantota RDHS	12.0	11.8	15.5	17.5	6.9	6.2	7.8	9.4	9.1	9.3	12.1	11.0
Jaffna RDHS	11.6	11.0	13.2	13.9	7.8	7.1	8.4	9.2	8.1	7.8	9.2	8.9
Kalmunai RDHS	10.2	9.8	11.8	13.0	7.2	6.6	8.4	8.8	5.5	5.2	6.4	6.4
Kalutara RDHS	11.2	10.3	13.1	15.3	6.5	5.8	7.5	8.8	7.4	6.9	8.9	9.3
Kandy RDHS	13.3	12.4	16.2	18.5	9.3	8.7	10.7	11.9	7.6	6.9	8.7	9.3
Kegalle RDHS	13.7	13.1	15.5	18.1	8.0	6.6	8.3	9.7	8.6	8.4	10.3	10.4
Kilinochchi RDHS	12.3	16.8	11.5	14.0	8.6	10.6	7.0	9.8	7.1	9.5	6.5	8.5
Kurunegala RDHS	13.4	12.3	15.6	17.6	8.2	7.4	8.7	9.3	10.7	10.1	11.9	11.6
Mannar RDHS	11.0	10.7	12.6	13.6	8.0	6.9	8.8	9.7	7.7	7.0	8.2	8.0
Matale RDHS	14.0	12.7	17.2	19.0	8.5	7.7	9.9	11.4	9.1	8.1	11.3	11.8
Matara RDHS	14.0	13.1	16.8	18.4	7.5	6.9	8.4	9.8	9.8	9.6	11.8	11.2
Moneragala RDHS	13.0	12.7	16.0	17.2	7.5	7.3	9.3	10.6	7.9	8.5	10.0	9.5
Mullaitivu RDHS	15.1	13.5	14.4	14.5	9.3	6.4	9.0	9.0	9.2	7.2	10.4	9.2
NIHS	10.9	10.9	12.9	14.5	6.1	6.3	7.3	8.5	7.4	7.1	7.4	7.9
Nuwara Eliya RDHS	20.4	20.0	23.9	26.4	19.8	17.4	22.8	25.2	9.9	9.7	10.6	10.5
Polonnaruwa RDHS	14.5	13.7	18.1	19.6	7.9	7.2	9.2	10.5	10.6	10.0	13.5	12.6
Puttalam RDHS	12.7	11.2	14.2	16.3	7.9	6.3	8.1	9.1	8.8	8.2	10.5	10.7
Ratnapura RDHS	14.9	No data*	17.6	19.8	9.9	No data*	11.1	12.7	9.8	No data*	11.3	11.3
Trincomalee RDHS	15.6	14.4	17.2	17.9	10.5	10.2	12.4	12.8	8.2	7.9	9.4	8.8
Vavuniya RDHS	15.4	13.3	15.5	14.8	9.2	8.2	10.1	10.6	8.8	8.0	10.1	7.9
Sri Lanka	13.1	12.2	15.3	17.1	8.2	7.4	9.2	10.3	8.6	8.2	10.1	10.0

Source: NM Data

Annexure 12

Nutritional status of infants and children under 5 years (e RHMIS) 2023

RDHS	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 RDHS	16.1	98.4	96.2	106.7	6.8	2.0	13.0	2.6	22.2	3.7
Anuradhapura RDHS	14.8	85.0	78.0	87.3	6.4	1.5	14.1	2.5	20.7	3.3
Badulla RDHS	18.1	95.4	90.9	96.2	8.3	2.2	14.5	2.7	21.5	3.9
Batticaloa RDHS	14.9	95.2	91.5	78.3	5.5	1.4	10.8	2.5	21.9	4.0
Colombo MC	13.9	62.7	48.8	53.9	7.3	2.1	9.7	1.8	14.7	2.7
Colombo RDHS	13.0	85.7	77.4	65.1	4.8	1.0	7.6	1.0	11.5	2.0
Galle RDHS	13.8	86.2	77.9	76.5	6.2	1.2	11.3	1.8	17.8	3.0
Gampaha RDHS	13.5	84.1	72.7	65.5	4.3	0.8	9.5	1.3	13.7	2.2
Hambantota RDHS	14.4	93.3	91.5	87.6	5.9	1.2	12.0	1.8	20.3	2.8
Jaffna RDHS	12.7	95.8	91.5	70.0	6.2	1.4	10.9	1.7	24.4	2.9
Kalmunai RDHS	11.6	94.0	92.1	72.6	5.1	1.3	10.0	2.0	19.3	3.2
Kalutara RDHS	14.4	91.0	81.2	74.5	5.0	1.1	10.2	1.5	15.5	2.4
Kandy RDHS	14.9	94.2	88.2	83.8	7.0	1.9	12.1	2.2	18.5	3.3
Kegalle RDHS	18.1	89.7	83.1	83.5	6.9	1.6	11.6	1.9	18.5	2.9
Kilinochchi RDHS	11.7	97.5	93.2	80.7	4.1	0.8	10.3	1.3	24.9	3.2
Kurunegala RDHS	14.5	91.4	84.1	92.4	5.8	1.4	11.7	1.8	16.6	2.7
Mannar RDHS	14.7	96.9	91.7	95.2	3.7	0.7	9.4	1.6	17.0	2.9
Matale RDHS	16.1	94.0	89.4	87.2	7.5	1.9	13.1	2.3	21.7	3.5
Matara RDHS	15.3	92.3	83.9	83.2	7.1	1.4	12.3	1.8	18.9	3.0
Moneragala RDHS	14.9	97.6	93.9	90.1	6.2	1.4	11.7	1.7	21.8	3.0
Mullaitivu RDHS	13.5	94.0	88.2	95.1	4.4	1.0	10.0	1.5	19.2	2.8
NIHS	13.0	79.1	67.7	67.4	5.5	1.1	9.5	1.5	14.4	2.0
Nuwara Eliya RDHS	23.2	89.1	87.4	109.6	11.9	3.8	18.0	4.6	21.9	5.0
Polonnaruwa RDHS	15.0	92.4	86.6	90.1	6.7	1.7	13.6	2.0	21.9	3.4
Puttalam RDHS	13.0	90.3	86.4	81.7	5.6	1.3	11.0	2.1	16.7	3.1
Ratnapura RDHS	16.4	89.7	83.6	90.2	7.2	1.7	13.2	2.3	20.3	3.4
Trincomalee RDHS	14.4	95.8	91.6	91.3	5.5	1.4	12.6	2.4	22.5	4.0
Vavuniya RDHS	14.3	92.3	86.5	88.5	4.9	1.6	10.7	1.5	20.1	3.4
Sri Lanka	14.8	90.1	83.7	82.3	6.2	1.5	11.7	2.0	18.7	3.1

Source: eRHMIS



Annexure 13

Family Planning Performance 2023

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 RDHS	73.2	4.5	77.7	1.7	3.4	6950.6	0.03
Anuradhapura RDHS	67.1	7.5	74.6	3.5	3.1	28225.7	0.12
Badulla RDHS	70.0	4.9	74.9	3.7	2.7	23133.8	0.18
Batticaloa RDHS	52.2	6.9	59.1	4.6	2.6	32745.7	0.03
Colombo MC	60.6	11.9	72.6	9.4	2.3	8319.4	0.08
Colombo RDHS	55.6	11.4	67.0	6.3	5.0	61119.2	0.02
Galle RDHS	60.2	9.5	69.7	6.0	3.9	30229.2	0.05
Gampaha RDHS	52.6	13.1	65.7	7.8	4.9	77422.9	0.04
Hambantota RDHS	63.5	6.9	70.4	5.0	4.6	18664.2	0.21
Jaffna RDHS	55.0	7.8	62.7	2.6	4.5	25032.1	0.01
Kalmunai RDHS	51.4	9.6	61.0	3.6	3.7	23263.2	0.14
Kalutara RDHS	57.9	10.1	68.0	4.8	5.1	31733.4	0.08
Kandy RDHS	60.6	8.8	69.4	5.7	3.1	47063.7	0.08
Kegalle RDHS	61.0	9.3	70.2	6.0	3.4	24067.5	0.17
Kilinochchi RDHS	66.4	3.4	69.9	1.9	3.0	4814.1	0.06
Kurunegala RDHS	60.3	9.2	69.6	4.9	3.7	56494.1	0.09
Mannar RDHS	56.1	14.0	70.1	4.7	3.3	3714.4	0.01
Matale RDHS	63.3	7.4	70.7	4.5	3.5	16850.1	0.08
Matara RDHS	63.0	7.9	70.9	5.9	4.1	22483.6	0.04
Moneragala RDHS	68.2	6.5	74.6	3.5	4.0	14053.1	0.14
Mullaitivu RDHS	67.9	4.6	72.5	1.9	1.9	4441.7	0.15
NIHS	56.0	10.9	66.8	5.9	4.5	9749.6	0.02
Nuwara Eliya RDHS	68.2	5.3	73.4	6.3	2.1	19977.1	0.03
Polonnaruwa RDHS	68.2	7.4	75.7	2.8	4.1	12061.2	0.09
Puttalam RDHS	60.4	10.5	70.9	5.8	2.7	27119.9	0.09
Ratnapura RDHS	60.3	11.0	71.3	6.1	3.6	32833.8	0.04
Trincomalee RDHS	58.8	7.6	66.4	3.2	2.2	19798.6	0.03
Vavuniya RDHS	55.5	12.8	68.3	7.3	1.6	5775.3	0.03
Sri Lanka	60.2	9.2	69.4	5.4	3.7	688136.0	0.08

Source: eRHMS



**Annual
Report 2023**

Family Health Bureau | Ministry of health | Sri Lanka

Annexure 14

Family Planning Performance 2023

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 RDHS	7.8	28.9	8.4	10.3	5.1	12.6	0.01
Anuradhapura RDHS	10.8	22.7	10.2	7.8	7.0	8.8	0.00
Badulla RDHS	7.3	15.9	13.6	9.6	6.4	17.3	0.01
Batticaloa RDHS	5.5	24.1	2.6	3.7	7.4	8.9	0.01
Colombo MC	5.2	9.2	7.6	13.5	15.9	9.2	0.01
Colombo RDHS	7.2	6.4	11.1	7.5	15.2	8.3	0.01
Galle RDHS	10.0	11.6	10.7	5.4	12.2	10.3	0.01
Gampaha RDHS	8.4	8.3	9.1	5.1	12.8	8.8	0.01
Hambantota RDHS	9.3	12.1	15.4	5.4	10.5	10.8	0.00
Jaffna RDHS	5.6	9.0	4.1	5.3	11.9	19.0	0.01
Kalmunai RDHS	5.7	15.8	3.6	3.4	11.3	11.5	0.00
Kalutara RDHS	7.2	9.4	10.8	6.0	12.7	11.8	0.01
Kandy RDHS	8.7	10.3	8.3	7.7	13.6	11.9	0.02
Kegalle RDHS	9.8	15.5	8.2	6.3	9.4	11.9	0.01
Kilinochchi RDHS	4.2	16.9	12.1	9.7	6.5	17.0	0.00
Kurunegala RDHS	8.9	12.6	12.6	5.9	12.0	8.3	0.01
Mannar RDHS	6.0	14.1	3.0	5.8	10.2	17.0	0.01
Matale RDHS	10.2	13.4	10.8	6.2	10.7	12.1	0.00
Matara RDHS	10.0	11.7	10.8	7.0	13.6	9.9	0.02
Moneragala RDHS	8.4	19.2	16.2	6.9	6.6	10.9	0.00
Mullaitivu RDHS	7.2	17.6	5.7	18.3	5.0	14.1	0.02
NIHS	7.3	7.8	7.6	5.5	14.5	13.3	0.01
Nuwara Eliya RDHS	6.9	12.1	8.3	11.5	5.4	23.9	0.01
Polonnaruwa RDHS	10.6	26.0	9.3	7.3	6.2	8.9	0.01
Puttalam RDHS	9.2	16.9	6.9	8.4	8.2	10.8	0.01
Ratnapura RDHS	10.0	14.2	8.9	5.8	9.5	11.8	0.01
Trincomalee RDHS	5.6	26.5	2.1	7.0	8.8	8.8	0.00
Vavuniya RDHS	6.9	14.3	2.5	6.9	7.5	17.4	0.01
Sri Lanka	8.3	13.5	9.4	6.9	10.8	11.3	0.01

Source: eRHMS



Annexure 15

Infant & Child Mortality 2023

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 RDHS	5.2	4.9	8.7	8.3	12.3	11.6	14.7	13.9	4.3	4.1
Anuradhapura RDHS	5.4	5.0	7.5	7.0	11.9	11.1	14.2	13.2	8.0	7.5
Badulla RDHS	6.7	6.2	8.1	7.6	11.6	10.8	14.0	13.0	7.0	6.5
Batticaloa RDHS	4.5	4.4	7.0	7.0	10.3	10.2	12.1	12.0	7.2	7.2
Colombo MC	5.7	5.5	7.6	7.4	10.2	10.0	12.8	12.5	7.6	7.4
Colombo RDHS	4.7	4.6	6.2	6.1	9.2	9.0	10.9	10.8	5.3	5.3
Galle RDHS	4.2	3.8	5.7	5.2	9.8	9.0	11.8	10.8	6.1	5.6
Gampaha RDHS	6.1	5.8	8.3	7.9	11.1	10.6	12.2	11.6	6.6	6.3
Hambantota RDHS	4.6	4.4	5.8	5.6	9.6	9.1	11.2	10.7	4.3	4.1
Jaffna RDHS	7.2	6.7	10.1	9.4	14.7	13.7	16.4	15.3	10.1	9.4
Kalmunai RDHS	5.8	5.8	7.6	7.6	10.1	10.0	12.8	12.7	8.2	8.2
Kalutara RDHS	6.4	6.0	8.8	8.3	12.0	11.3	15.0	14.1	6.2	5.8
Kandy RDHS	5.8	5.4	7.5	7.1	11.5	10.8	13.6	12.8	7.0	6.6
Kegalle RDHS	5.2	4.7	6.8	6.2	9.6	8.7	10.4	9.4	7.0	6.4
Kilinochchi RDHS	9.2	8.0	10.4	9.1	14.1	12.3	19.0	16.6	9.1	8.0
Kurunegala RDHS	5.4	5.2	7.7	7.5	10.7	10.4	12.3	12.0	5.9	5.7
Mannar RDHS	2.2	2.1	6.1	5.7	7.8	7.3	10.5	9.9	6.1	5.7
Matale RDHS	6.2	6.2	8.0	8.0	11.3	11.3	14.1	14.0	7.2	7.1
Matara RDHS	4.5	4.2	6.6	6.2	10.8	10.1	12.3	11.5	4.7	4.4
Moneragala RDHS	6.1	5.9	8.1	7.9	11.3	11.0	14.8	14.3	6.6	6.4
Mullaitivu RDHS	3.3	3.2	4.0	3.9	10.0	9.7	14.0	13.6	10.5	10.3
NIHS	9.5	8.9	11.9	11.2	13.7	12.9	15.5	14.5	6.5	6.1
Nuwara Eliya RDHS	5.5	5.2	9.8	9.2	13.4	12.6	16.5	15.4	9.0	8.5
Polonnaruwa RDHS	4.9	4.6	6.0	5.6	9.5	8.9	12.5	11.7	5.5	5.2
Puttalam RDHS	5.7	5.4	7.6	7.1	10.7	10.1	13.6	12.8	8.4	7.9
Ratnapura RDHS	5.9	5.5	8.4	7.8	12.1	11.3	14.8	13.9	6.1	5.7
Trincomalee RDHS	6.2	6.0	7.4	7.2	10.4	10.1	12.7	12.3	7.4	7.2
Vavuniya RDHS	4.1	3.7	7.3	6.6	11.0	9.8	16.9	15.2	6.4	5.7
Sri Lanka	5.6	5.3	7.6	7.3	11.0	10.5	13.2	12.5	6.8	6.4

Source: eRHMS



Annexure 16

Well Woman Clinic Performance 2023

RDHS	Percentage of 35-year age cohort attendance to WWC out of 0.8% of estimated population	Percentage of 35-year-old 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 RDHS	87.3	84.5	4.0	1961	145	35	69	171
Anuradhapura RDHS	69.6	67.2	5.4	5165	494	286	501	768
Badulla RDHS	70.0	69.0	2.1	4982	250	185	474	536
Batticaloa RDHS	77.2	76.8	17.7	3622	14	22	249	233
Colombo MC	20.2	19.3	3.3	924	84	68	141	57
Colombo RDHS	54.4	47.0	4.1	7070	738	947	554	973
Galle RDHS	60.9	57.9	2.4	5316	198	252	143	371
Gampaha RDHS	59.0	51.8	3.8	10089	578	506	400	1059
Hambantota RDHS	77.3	71.5	1.8	3924	214	149	155	292
Jaffna RDHS	39.9	35.6	3.9	1798	63	43	175	72
Kalmunai RDHS	74.8	74.6	3.1	2783	37	10	144	75
Kalutara RDHS	60.8	53.2	0.5	4180	95	253	129	381
Kandy RDHS	88.2	76.3	1.1	9142	215	382	616	804
Kegalle RDHS	83.0	77.3	0.9	5556	294	343	116	369
Kilinochchi RDHS	32.4	29.7	2.0	325	60	6	45	35
Kurunegala RDHS	63.2	59.1	7.1	8234	320	374	347	1105
Mannar RDHS	75.8	69.8	2.3	649	66	10	39	38
Matale RDHS	85.4	75.6	2.5	3207	123	163	292	342
Matara RDHS	70.3	66.1	1.5	4625	238	168	124	415
Moneragala RDHS	91.8	88.7	2.2	3636	246	112	94	437
Mullaitivu RDHS	60.9	57.5	2.5	459	38	52	43	50
NIHS	62.3	53.8	1.3	1314	174	99	73	193
Nuwara Eliya RDHS	70.4	65.5	2.4	4118	230	92	188	501
Polonnaruwa RDHS	76.1	71.3	0.2	2570	247	233	139	486
Puttalam RDHS	49.5	47.3	0.7	3225	104	83	99	151
Ratnapura RDHS	67.0	64.0	0.1	6122	338	332	575	603
Trincomalee RDHS	62.6	61.1	2.6	2186	12	46	128	243
Vavuniya RDHS	28.0	25.9	0.3	407	0	27	27	24
Sri Lanka	65.6	60.6	3.0	107589	5615	5278	6079	10784

Source: eRHMS



Family Health Bureau
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