



SUMMARY REPORT

Nutrition Month 2022

Family Health Bureau

Ministry of Health

Sri Lanka

October 2022

Contents

1. Introduction.....	2
2. Procedure.....	2
3. Results.....	3
3.1. Reporting rates.....	3
3.2. Assessment coverage of children under 5 years	3
3.3. Children under 5 years with any growth problem.....	4
3.4 Children under 5 years with some form of undernutrition	4
3.5 Children under 5 years with growth faltering in the normal (+2SD to -2SD weight for age) zone.....	5
3.6 Children under 5 years with underweight	5
3.7 Children under 5 years with wasting	6
3.8 Children under 5 years with severe acute malnutrition [SAM]	8
3.9 Children under 5 years with stunting	8
3.10 Children under 5 years with overweight and obesity.....	9
3.11. Nutrition status of children under 5 years by age categories.....	10
3.12 Comparison of stunting and wasting 2021 and 2022 By MOH Areas	11
4. Summary.....	13
5. Recommendations.....	14
6. Acknowledgement.....	14

1. Introduction

Malnutrition among children under 5 years of age is still a public health problem in Sri Lanka. Data pertaining to the nutrition status of under five children is collected during the routine MCH service provision. They are obtained during growth monitoring assessment conducted in child welfare clinics and field weighing posts. However, the coverage of the assessment in some age groups, specially 2 - 5 year group is not satisfactory, as the attention given to growth monitoring is insufficient amidst the heavy burden of routine workload. Therefore, this set of routine data may not depict the true child nutrition status of the country.

In 2006, the concept of *Nutrition Month* was introduced with the aim of carrying out nutrition assessment of children under 5 years to obtain comprehensive prevalence data on child nutrition and to assess the annual trends. During this month, the anthropometric measurements, namely the length/ height and weight of all the children under 5 years of age are measured as an island wide activity irrespective of the routine schedule recommended in the Growth Monitoring and Promotion Programme. In the subsequent years, the focus of *Nutrition Month* was expanded to include pregnant mothers, school going children and children not attending school.

Sri Lanka, at present is enduring an economic, energy and political crisis resulting in many families desperately needing assistance. Prices of most food items are on a steady rise and as a result, many vulnerable families are affected with resultant nutrition issues. Many sectors other than health are planning to intervene to improve food security among vulnerable families and for that purpose, dissemination of latest nutrition data among the health staff and also among other stakeholders has become a timely necessity.

2. Procedure

Nutrition month 2022 was held in October while the initial preparations to conduct it were started in September 2022. Discussions were held with the district and provincial level managers to identify challenges they could face in achieving maximum coverage and reporting. Required assistance was provided and instructions were given to initiate anthropometric measurements of all children under 5 years of age from 1st of October 2022.

Technical update to all MOHs, other supervising staff categories and PHMs was held on 20th September with the participation of all relevant consultants and stakeholders. Several training sessions on IYCF guidelines, anthropometric measurements, recording and assuring quality of data for PHMs and supervising staff categories were done in both local languages making the staff refresh their knowledge and skills.

All MOHs were given instructions to achieve the maximum coverage of children under 5 years under care by promoting parents' participation and improving accessibility.

All MOHs were advised to measure nutrition status in their school children by PHI areas, making sure that at least one school with less than 200 children and one with more than 200 children in each PHI area are covered.

Continuous supervisions were encouraged and close monitoring of reporting was carried out.

3. Results

3.1. Reporting rates

All districts except Rathnapura have reported 100% data by each PHM area with a reporting rate of 99% nationally [Figure 1]. Three MOH areas in Rathnapura district have not submitted data namely Embilipitiya, Udawalawe and Godakawela [Figure 1].

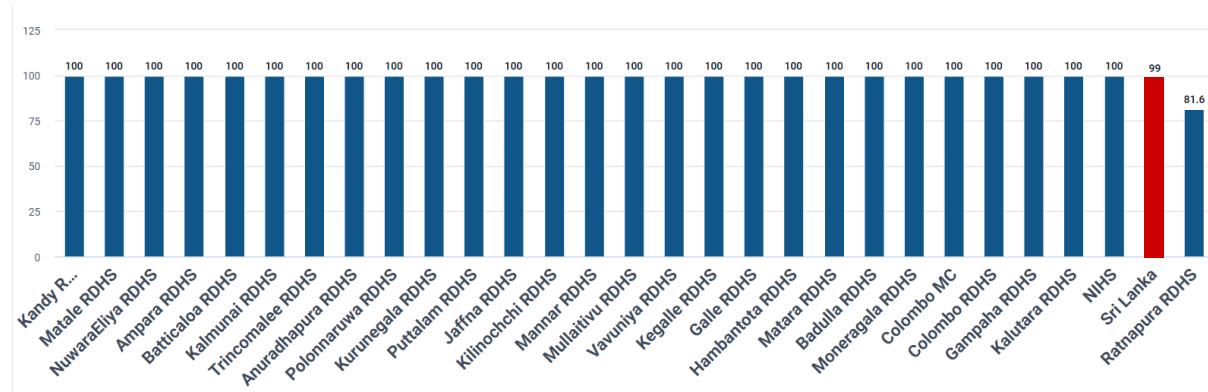


Figure 1: National Nutrition Month 2022 Reporting Rates

3.2. Assessment coverage of children under 5 years

A total of 1,433,676 children under 5 years have been registered with Public Health Midwives of which 1,363,747 children were measured during the month with an assessment coverage of 95.1%. Highest coverages (100%) were achieved by Ampara and Kilinochchi Districts. Lowest weighing coverage was reported from Colombo Municipal Council area which was 69.8% [Figure 2].

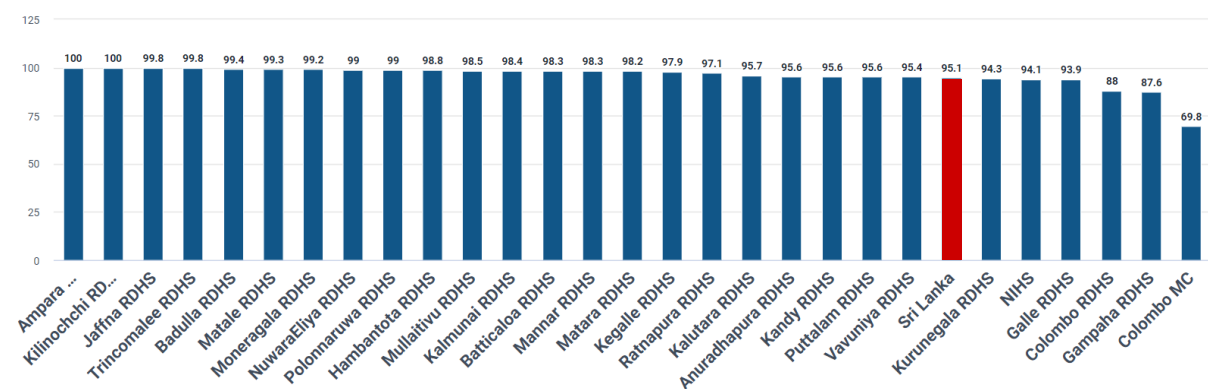


Figure 2 : Percentage of children under 5 years measured for growth of registered under care

3.3. Children under 5 years with any growth problem

Following the assessment, it was reported that 43.4% of children under 5 years are having some form of nutrition problem which include growth faltering, underweight, wasting, stunting, overweight and obesity. Highest percentage of children under 5 years with any kind of growth problem was reported from the health district of Ampara. Lowest rate was reported from the district of Kilinochchi [Figure 3].

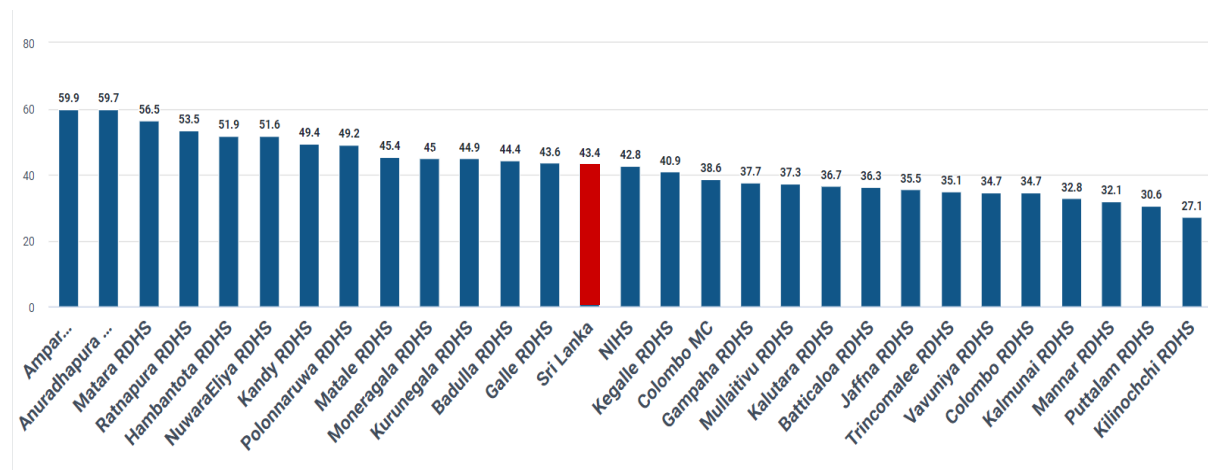


Figure 3 : Percentage of children under 5 years with any growth problem

3.4 Children under 5 years with some form of undernutrition

It was observed that 42.9% of the children under 5 years reported to be having some form of undernutrition. Highest percentage of undernutrition was reported from Ampara district with 59.4% followed by Anuradhapura and Matara districts. Number wise, highest number of children with under nutrition was reported in the district of Kurunegala which was 47,982 [Annexure 1].

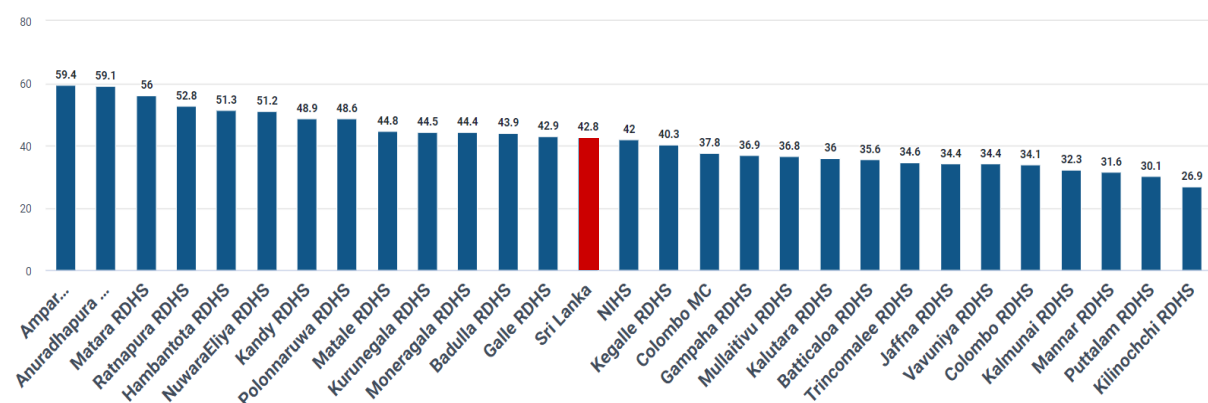


Figure 4 : Percentage of children under 5 years with under nutrition

3.5 Children under 5 years with growth faltering in the normal (+2SD to -2SD weight for age) zone

A child's failure to achieve the growth potential denoted by any deviation in child's growth curve (which was parallel to the reference lines) compared to the reference curve such as inadequate weight gain, no weight gain or drop in weight between two consecutive measurements is defined as growth faltering. The highest percentage of growth faltering was reported from Ampara district where as lowest was observed in Puttalam district [Figure 5].

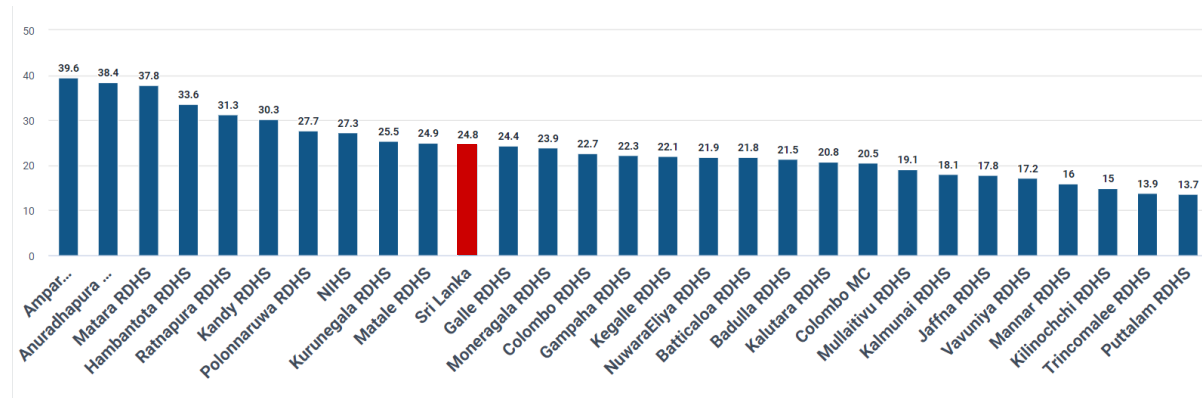


Figure 5 : Percentage of children under 5 years with growth faltering in green/ light green zones

3.6 Children under 5 years with underweight

A child whose weight is in the orange or red zones in the weight for age chart in the CHDR is considered as underweight. Underweight is defined as low weight-for-age. A child who is underweight may be stunted, wasted or both.

Percentage of children under 5 years with underweight was reported to be 15.3% in Sri Lanka according to the nutrition month data and highest underweight percentage was reported from Nuwaraeliya district which was 23.9%.

Compared to 2021 nutrition month data, all districts except Kilinochchi have shown an increase in underweight percentages [Figure 6].

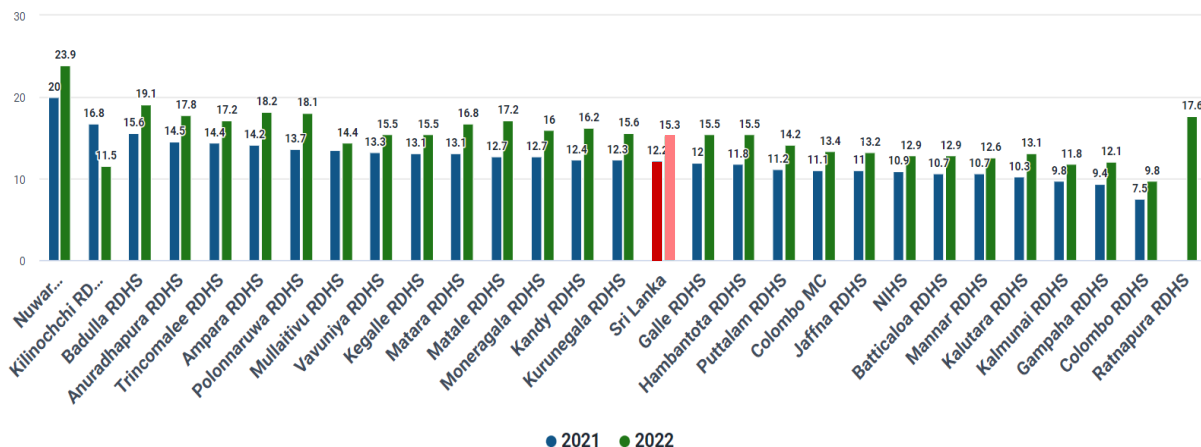


Figure 6 : Percentage of under 5 children with underweight (moderate + severe)

Compared to 2021, underweight in all sectors have increased [Figure 7]. Highest percentage increase was reported from urban sector (26.4%) followed by rural sector (26.2%) whereas estate sector percentage increase is 14.3%.

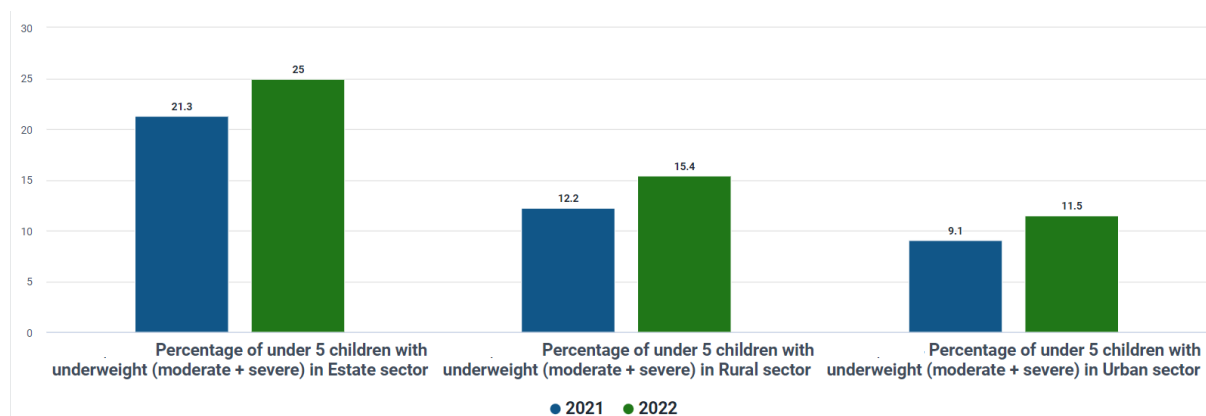


Figure 7 : Percentage of children under 5 years with underweight (moderate + severe) by Sector

3.7 Children under 5 years with wasting

Wasting is defined as low weight-for-length/height (< -2SD). It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a child has not had food of adequate quality and quantity and/or they have had frequent or prolonged or severe illnesses.

Percentage of wasting under 5 years was reported as 10.1%. Highest wasting percentage was reported from Polonnaruwa district followed by Galle and Hambantota districts [Figure 8].

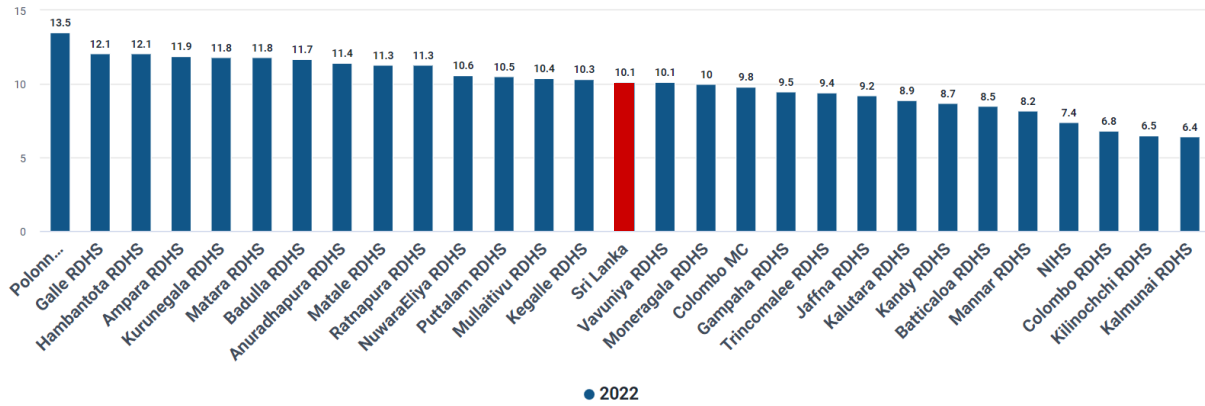


Figure 8 : Percentage of children under 5 years with wasting (SAM + MAM)

Compared to 2021, wasting has increased in all districts except in Kilinochchi. Data for 2021 for district of Ratnapura was not available for comparison [Figure 9].

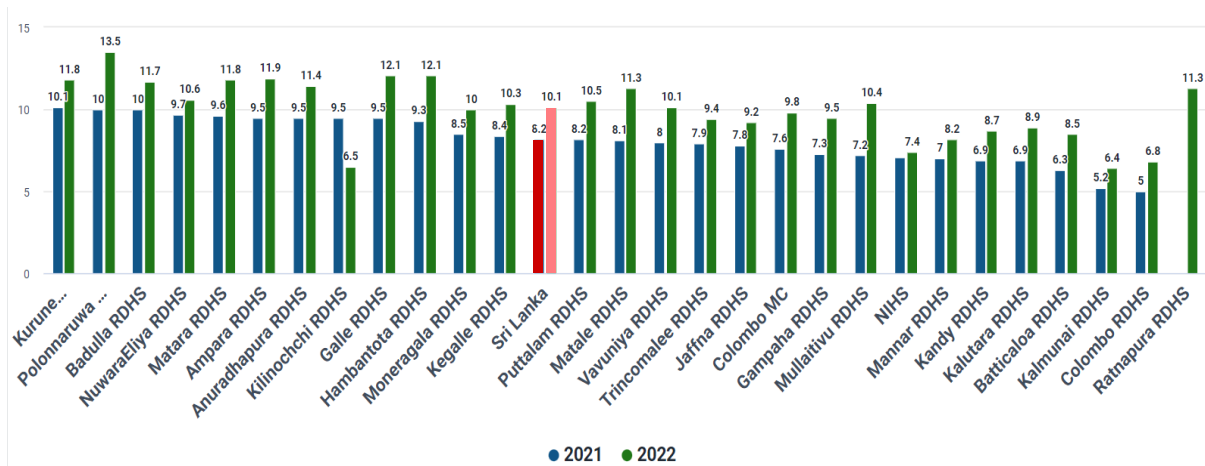


Figure 9 : Percentage of children under 5 years with wasting (SAM + MAM) 2021 - 2022

Compared to 2021, wasting in all sectors have increased [Figure 10]. Highest percentage increase was reported from urban sector (31.1%) followed by rural sector (25.0%) whereas estate sector percentage increase is 7.7%.

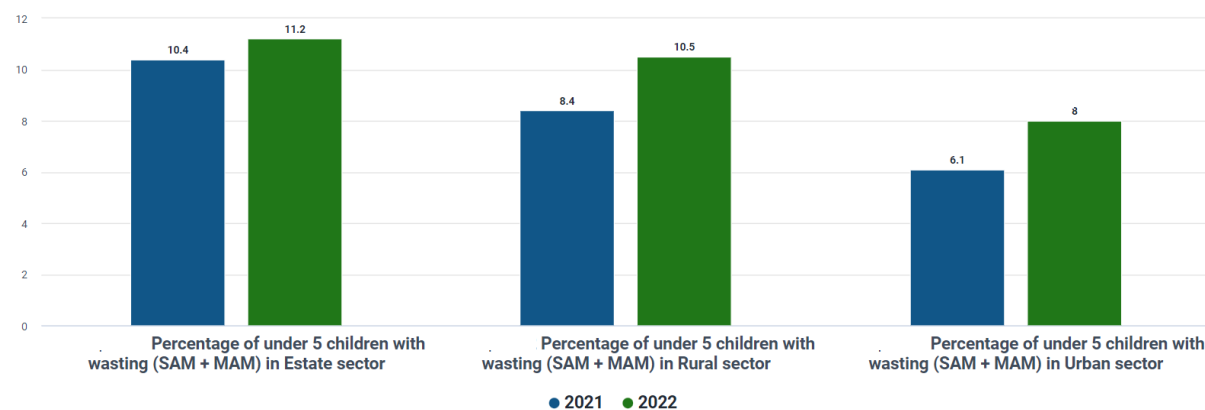


Figure 10 : Percentage of children under 5 years with wasting by sector

3.8 Children under 5 years with severe acute malnutrition [SAM]

Severe acute malnutrition is defined by a very low weight for length/height ($< -3SD$). A total of 18,420 SAM children have been reported in October 2022 who need to be monitored closely [Annexure 1].

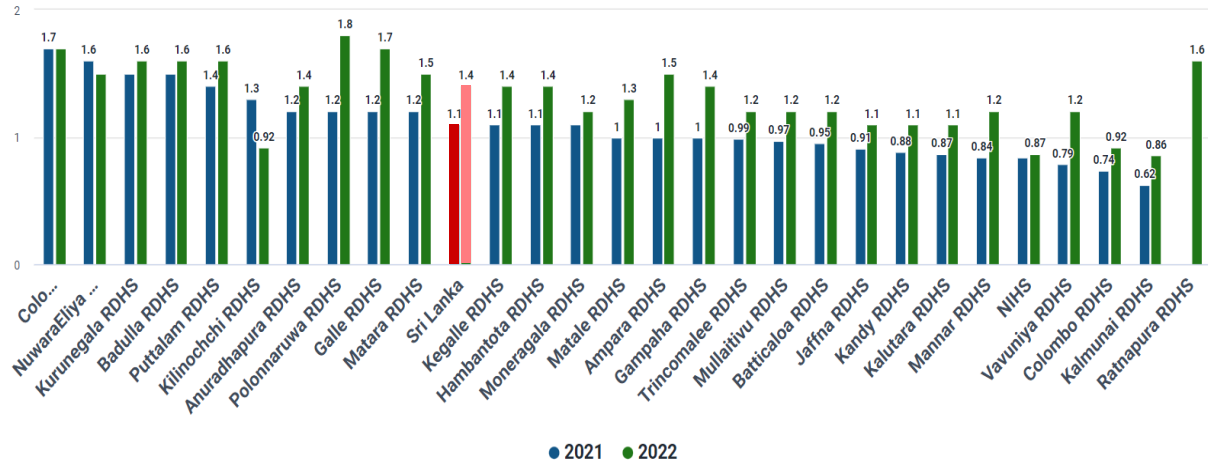


Figure 11 : Percentage of children under 5 years with severe wasting (SAM)

Highest percentage of SAM children were reported from Polonnaruwa district followed by Galle district [Figure 11].

3.9 Children under 5 years with stunting

Stunting is defined as low length/height-for-age ($< -2SD$). It is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life. Stunting prevents children from reaching their physical and cognitive potential. Highest percentage of stunting was reported from the district of Nuwaraeliya [Figure 12]. Compared to 2021, stunting has increased in all sectors [Figure 13].

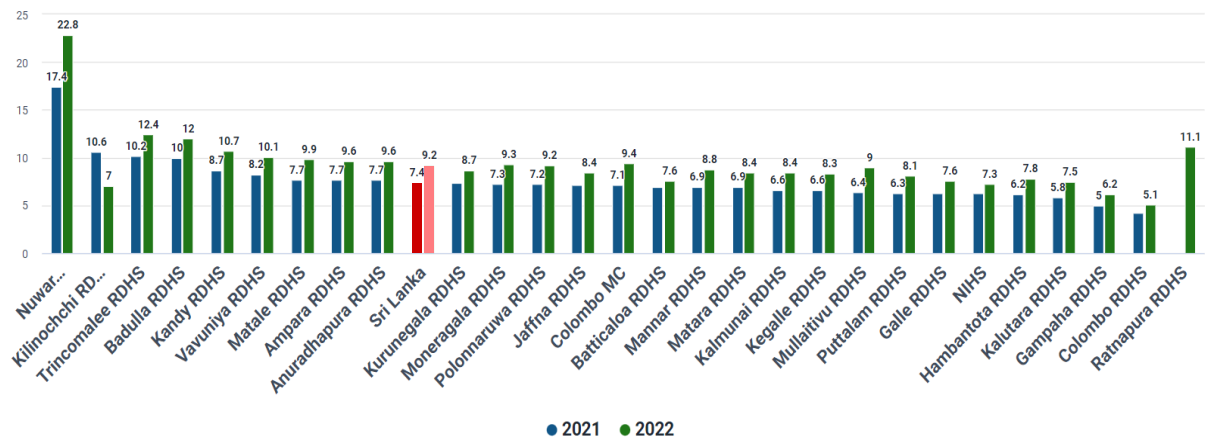


Figure 12 : Percentage of under 5 children with stunting (moderate + severe)

Compared to 2021, stunting in all sectors have increased [Figure 13]. Highest percentage increase was reported from rural sector (23.9%) followed by estate sector (22.4%) whereas in urban sector percentage increase is 21.4%.

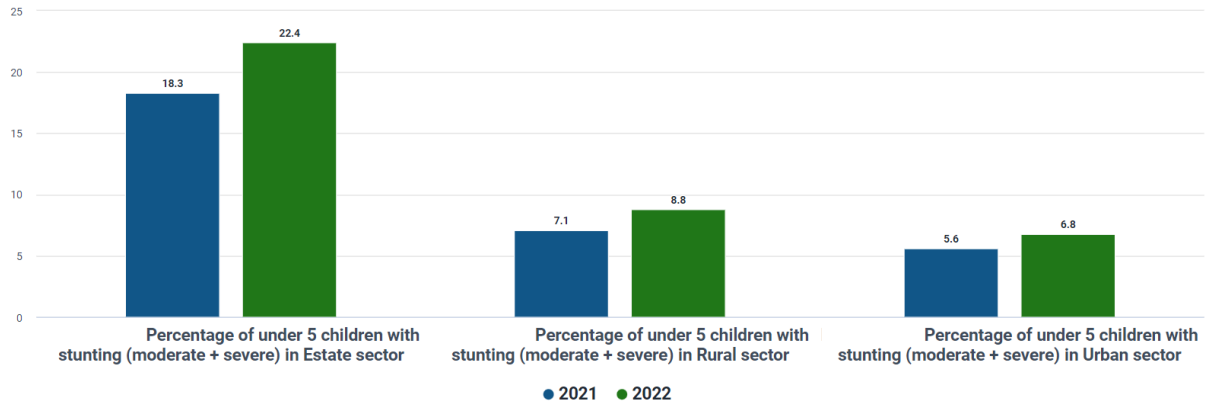


Figure 13 : Percentage of children under 5 years with stunting (moderate + severe) by sector

3.10 Children under 5 years with overweight and obesity

In all districts except Mullativu, overweight and obesity has decreased compared to 2021 [Figure 14].

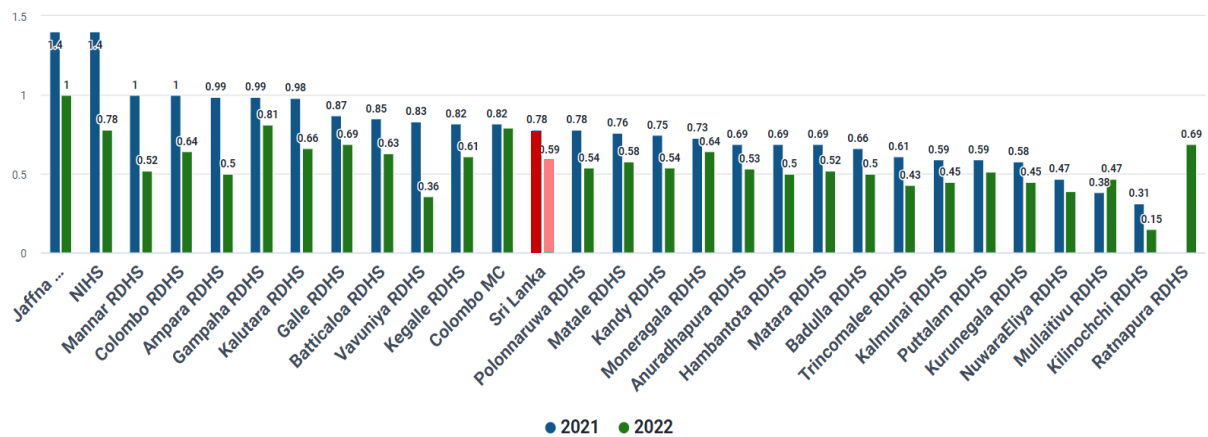


Figure 14 : Percentage of children under 5 years with overweight and obesity

3.11. Nutrition status of children under 5 years by age categories

3.11.1 Infants under 1 year

All forms of undernutrition among infants under one year has increased compared to 2020 and 2021 [Figure 15].

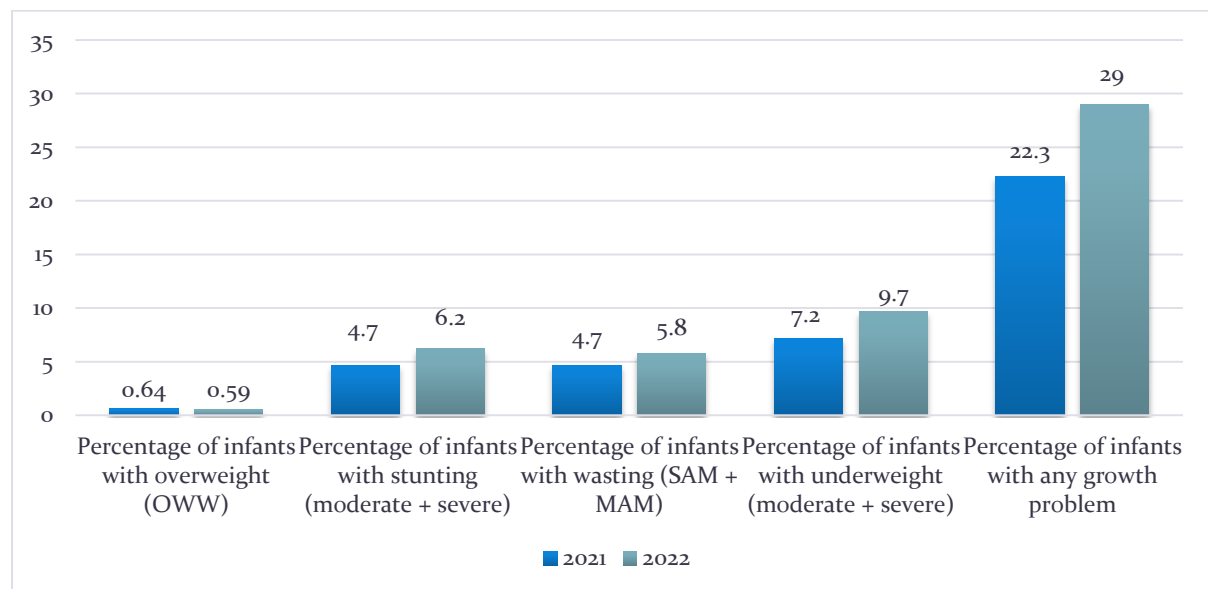


Figure 15 : Nutrition status of infants under 1 year

3.11.2 Children 1-2 years

Same is observed among 1-2 years age group, as all forms of undernutrition have increased compared to 2020 and 2021 [Figure 16].

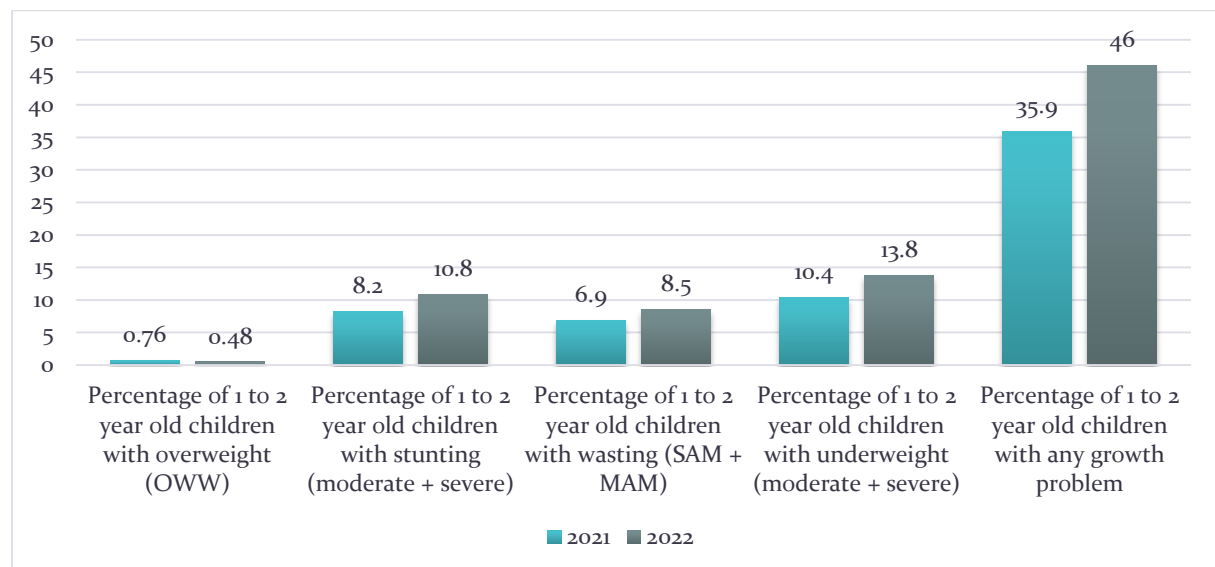


Figure 16 : Nutrition status of young children between 1 to 2 years

3.11.3 Children 2-5 years age group

Same trend continued among the preschoolers with increased undernutrition status compared to years 2020 and 2021 [Figure 17].

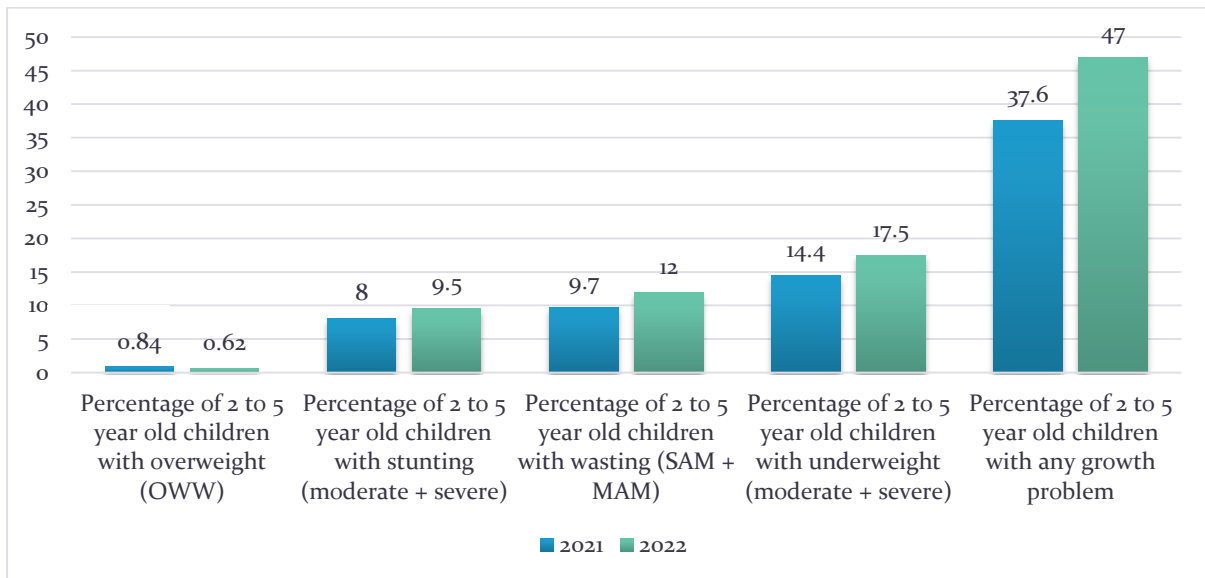
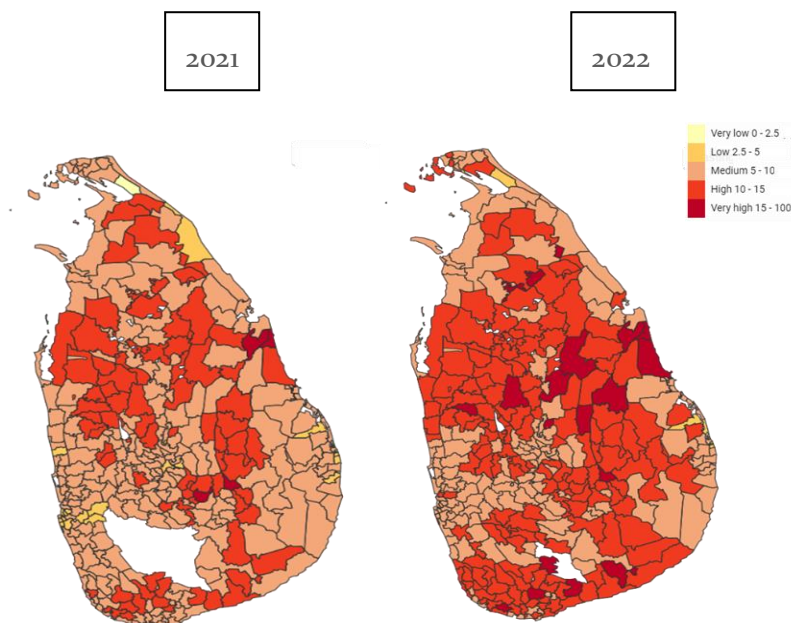


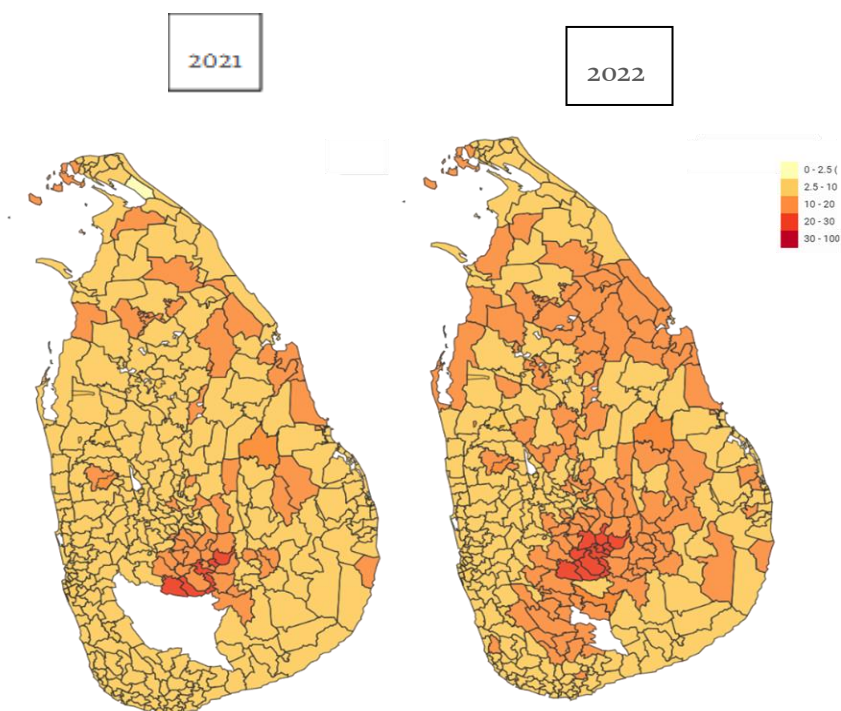
Figure 17 : Nutrition status of children between 2 to 5 years

When all 3 age groups (0-1, 1-2, 2-5 years) are compared, all forms of undernutrition show a steady increase with rising age.

3.12 Comparison of stunting and wasting 2021 and 2022 By MOH Areas



*Figure 18: Comparison of wasting children under 5 years 2021 & 2022 by MOH areas



***Figure 19: Comparison of stunting children under 5 years 2021 & 2022 by MOH areas**

**Maps were based on the WHO cut-off values for public health significance*

WHO. Global database on child growth and malnutrition (<http://www.who.int/nutgrowthdb/en/>)

LABELS	PREVALENCETHRESHOLDS (%)		
	WASTING	OVERWEIGHT	STUNTING
Very low	< 2.5	< 2.5	< 2.5
Low	2.5 - < 5	2.5 - < 5	2.5 - < 10
Medium	5 - < 10	5 - < 10	10 - < 20
High	10 - < 15	10 - < 15	20 - <30
Very high	≥ 15	≥ 15	≥ 30

4. Summary

In 2022, percentages of children under 5 years with any form of undernutrition (growth faltering, underweight, wasting and stunting) has increased compared to 2021 where as a slight reduction is observed in overweight and obesity [Figure 18].

This trend is seen in all age categories [infant, 1-2 years, 2-5 years] and in all three sectors [urban, rural & estate].

Nutrition status of the district of Kilinochchi is observed to be improved amidst the economic downfall which need to be further studied and experiences could be shared with the other districts as one way of addressing the problem of under nutrition.

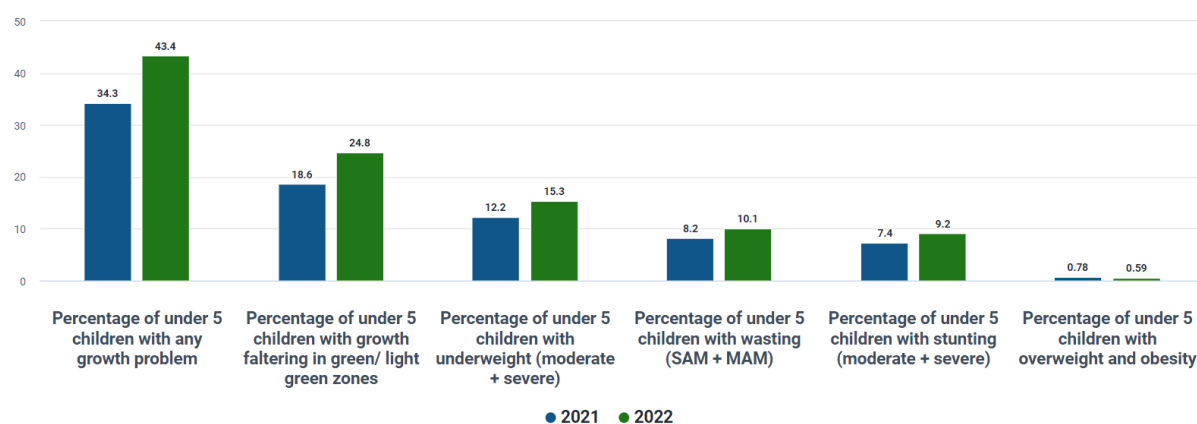


Figure 18: Nutrition status of Children under 5 years

5. Recommendations

- The trends of malnutrition over the past few years reveal a sudden increase in all forms of under nutrition in 2022. This increase may be attributed to the economic downturn in the country which highlights the importance of ensuring food security with much focus on nutrition security. Multisector involvement and collaboration play a key role in achieving food security among the vulnerable populations. National policies for providing healthy food items (at least a selected few) at an affordable price, school meal programmes, preschool meal programmes should be prioritized. Centrally coordinated effort should be taken to intervene based on the emergency nutrition plan developed.
- The health care system, both preventive and curative needs to further strengthen efforts to prevent and manage nutrition problems with early identification of risk for malnutrition, prompt management, referral as required, close follow up in the field and monitoring and supervision. **Therapeutic food supplementation and treating children with SAM with BP 100 need to be strengthened and monitored closely.** Information on low-cost nutritious diets using locally available healthy food should be disseminated to the general public.
- Individuals should change their behaviors adopting healthy dietary practices, better health seeking behaviors and utilization of health services. Proper cash management at family level prioritizing nutrition need be emphasized.

6. Acknowledgement

- All Medical Officers of Health and their teams for their prompt response and successfully concluding the activity amidst many hardships
- All provincial and district directorates for their continuous support and leadership
- UNICEF Sri Lanka for assisting nutrition month with essential stationaries
- District MCH teams for their guidance, supervisions and close monitoring of whole task
- Director MCH and the team at FHB for the guidance
- All staff members in the Child Nutrition Unit and Monitoring and Evaluation Unit for providing the technical guidance, managing online database and timely analysis of data

7. Annexure 1

District	No of under 5 children measured	Any growth problem	No of under 5 children with underweight	Total No of children		No of under 5 children with stunting	No of under 5 children with overweight & obesity
				SAM	MAM		
Mullaitivu	8827	3289	1270	109	811	796	41
Kilinochchi	9894	2680	1136	90	544	689	15
Mannar	10580	3395	1333	128	738	926	55
Vavuniya	11966	4156	1852	145	1046	1206	43
Colombo MC	18871	7281	2520	325	1530	1765	149
NIHS	20259	8672	2614	176	1318	1482	157
Ampara	20265	12135	3688	308	2109	1937	101
Polonnaruwa	33983	16710	6141	598	3975	3133	184
Matale	37221	16902	6400	496	3705	3699	213
Jaffna	39448	13993	5199	446	3182	3307	405
Trincomalee	40463	14186	6978	500	3291	5000	172
Monaragala	40559	18263	6497	471	3578	3763	260
Kalmunai	44863	14694	5299	382	2492	3761	200
Hambantota	48938	25375	7574	693	5237	3833	246
Batticaloa	49946	18113	6432	592	3605	3789	310
Nuwara Eliya	51460	26529	12310	778	4668	11727	201
Kegalle	52525	21466	8137	736	4650	4354	322
Matara	54776	30966	9210	808	5613	4596	286
Kalutara	56563	20740	7437	600	4430	4249	371
Puttalam	57389	17582	8166	892	5152	4659	290
Ratnapura	57764	30899	10154	907	5589	6392	394
Badulla	60069	26659	11449	983	6037	7183	301
Galle	65337	28459	10116	1137	6711	4975	446
Anuradhapura	67487	40261	12045	935	6770	6501	360
Colombo	81754	28370	8021	751	4767	4134	522
Kandy	95232	47092	15393	1070	7222	10147	513
Kurunegala	107908	48478	16798	1701	11057	9427	486
Gampaha	119400	45003	14472	1663	9632	7438	963
Sri Lanka	1363747	592348	208641	18420	119459	124868	8006