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PART I : SECTION (I) — GENERAL

Government Notifications

NATIONAL NUTRITION POLICY OF SRI LANKA

Ministry of Healthcare and Nutrition

I, Nimal Siripala De Silva, Minister of Healthcare and Nutrition do hereby publish the National Nutrition Policy of Sri Lanka applicable for ten-year period from 2008 to 2018 in accordance with cabinet decision taken on 11.11.2009.

NIMAL SIRIPALA DE SILVA,  
Minister of Healthcare and Nutrition.

2nd February, 2010,  
Ministry of Healthcare and Nutrition,  
Colombo 10.

1. PREAMBLE

Good nutrition is essential for achieving and maintaining good health, improving quality of life, and enhanced socio-economic development of the country. At national level, nutritional status is the outcome of the interrelationships between health, environment, community and economic development.

The nutritional status of individuals is inter-related as they pass through different stages of the lifecycle. Poor maternal nutrition leads to under nutrition in-utero, followed by low birth weight and its' consequences of increased neonatal and infant morbidity and mortality, as well as increased risk of chronic diseases in later life. A comprehensive nutrition policy will lead the way to optimum nutrition through all stages of life cycle reducing the inter-generational impact of malnutrition.

The Nutrition Policy for Sri Lanka was first developed in 1986. There is now an urgent need to revise it as a sound nutrition policy is an essential prerequisite for implementing future strategies and action plans in accordance with the former, while building upon the related policies already in existence. The nutritional well-being of a population is influenced by determinants that cut across the areas of responsibilities of different sectors and agencies. Household food insecurity, for example, is influenced by factors such as health, education, employment, food availability and food

affordability and leads to malnutrition. These factors are under the purview of many sectors and extends beyond the health sector. The proposed National Nutrition Policy (NNP) will provide a platform for inter-sectoral coordination in order to accelerate efforts to achieve optimum nutrition for all. The policy will also provide overall guidance for the development of national strategic plans of action for nutrition activities. A concerted effort by relevant sectors, including Planning, Agriculture, Fisheries, Livestock, Health, Women's Affairs/Empowerment, Education, Social Services, Poverty alleviation, Trade and Industry and Media, the Government, non-Governmental agencies, international development partners and the cooperation of the public will be mandatory for effective implementation of the policy and for acceleration of national development.

The NNP will be updated in 2013 and revised in 2018.

## 2. NUTRITION STATUS IN SRILANKA

Health and social status of Sri Lanka has shown a significant progress over the last several years. Life expectancy of Sri Lankans is 68 years for males and 76 years for females in 2006 (Central Bank Annual Report, 2008), Maternal mortality rate is 39.3 per 100,000 live births (FHB. 2006) Infant mortality rate is 10 per 1000 live births (Registrar General's Department, 2006). Under five mortality is 12.1 per 1000 births (Registrar General's Department - 2006). However, improvement of nutrition indicators has not kept pace with the others.

Despite the relatively high literacy rate (90.8% in 2006) in the country (Central Bank Annual Report, 2008), and achievements in economic growth, the nutritional status of children is not satisfactory, and neither is that of adolescents and women. According to the Demographic & Health Survey 2006/07 data, low birth weight prevalence is 16.6%. among the under five children, 21.1% are underweight (compared to 22.8% revealed by DHS 2000), about 14.7% are wasted (15.5% in 2000) and Stunting levels have declined from 18.4% in 2000 to 17.3% in 2007 (DHS). The nutrition status shows a wide variation across the Districts and as for wasting ; it ranges from 10.5% to 28.1% substantiating the geographical disparity.

Undernutrition leads to sub-optimal growth, poor cognitive development and poor academic performance in children resulting in decreased work capacity and productivity in adult life. Sri Lanka is dependent upon well-nourished healthy children to grow up and contribute effectively to the well-being of the nation. However, if the current figures of undernutrition in non-pregnant women are a proxy indicator (DHS 2007 revealed that 16.2% of women aged 15–49 years are undernourished with Body Mass Index below  $18.5 \text{ kgm}^{-2}$ ), the goal of achieving optimum nutrition status faces a great challenge. This picture is further deteriorated by comparatively high micronutrient deficiencies particularly anaemia and Vitamin A deficiency. The prevalence of anaemia among children under five years, primary school children, adolescents, non pregnant women and pregnant women were 29.9%, 20.9%, 22.3%, 31.6% and 30.3% respectively (MRI. 2001). The last Vitamin A deficiency survey (2006) shows that about 29% of under-five children are biochemically deficient in vitamin A deficient.

According to the Food Balance Sheets published by the Department of Census and Statistics (2000-2005) it has been shown that there is an increasing trend in the production of rice, vegetables, milk, meat and fruits over the last five years. Accordingly, per capita availability of calories and proteins (g/day) has increased. This generally implies an improved food security situation even though it does not necessarily follow at household level. Inequity of household food distribution, insufficient knowledge, inappropriate feeding and caring practices add to the problem of compromising nutrition security of the individual.

Inappropriate infant and young child feeding practices especially short duration of exclusive breast-feeding, and inappropriate complementary feeding still persist. Nevertheless exclusive breast-feeding has been increased from 57.6% in 2000 (predominant breast-feeding ; 0–4 months) to 75.8% (0–5 months) in DHS 2007 Inadequate knowledge and time constraints on the part of caregiver are major contributory factors for poor feeding practices than economic hardships.

As the child grows into an adolescent and then to an adult, lifestyle changes are influenced by marketing strategies, convenience factor and peer pressure leading to unbalanced dietary patterns resulting in nutritional

deficiencies on one hand and overweight and its consequences on the other. Imbalanced diets, sedentary lifestyles, and lack of physical activity are risk factors leading to a high prevalence of overweight (about 31.2% in females aged 15-49 years (DHS 2007), and other diet-related non-communicable diseases such as diabetes mellitus, cardiovascular disease, hypertension and certain types of cancer. Comparatively high prevalence of overweight is seen in urban areas (7.6% in urban adolescents aged 11-19 years. (MRI 2001). Overweight and obesity are emerging challenges leading to a double burden.

Although a wide range of programmes (*e. g.* Thriposhha programme, growth monitoring and promotion of children, micronutrient supplementation etc.) have been ongoing for several years, it is imperative that they are evaluated and strengthened to reap the full benefit.

A strong political commitment and concerted social action are needed to address the multicausal problems simultaneously. Different ministries and stakeholders of various sectors and agencies are required to act urgently, in a coordinated manner.

A well-defined policy and a workable action plan will serve as a guideline to the relevant stakeholders in planning and management of nutrition programmes with effective integration ensuring efficiency and sustainability.

### 3. VISION

Every Sri Lankan has access to appropriate and adequate food and nutrition irrespective of their geographical location and socio-economic status.

### 4. GOAL AND OBJECTIVES

#### 4.1 *Goal*

To achieve and maintain the nutritional well-being of all Sri Lankans enabling them to contribute effectively towards national socio-economic growth and development.

#### 4.2 *Objectives*

1. To ensure optimal nutrition throughout the life cycle.
2. To enhance capacity to deliver effective and appropriate interventions.
3. To ensure effective management of adequate nutrition to vulnerable populations.
4. To ensure food and nutrition security for all citizens.
5. To strengthen advocacy, partnerships and networking.
6. To strengthen research, monitoring and evaluation.

### 5. POLICY STATEMENTS

#### 5.1 *Ensuring optimal nutrition throughout the life cycle*

Nutritional status throughout the stages of the life cycle is interrelated. Fetal malnutrition due to poor maternal nutrition sets-up a vicious cycle affecting all stages of life and even future generations. Thus, in-order to reduce this inter-generational impact of malnutrition, the National Nutrition Policy will focus on a life-cycle approach and aims to:

Policy Statements 5.1.1:

**Pregnant Women.**— Ensure appropriate and adequate nutrition and related services for all pregnant women throughout the pregnancy enabling a delivery of a healthy baby with an adequate birth weight.

Policy Statement 5.1.2:

**Lactating Mothers.**— Ensure supportive family environment, services and regulatory safety nets to enable mothers to provide optimal care including exclusive breastfeeding for 6 months and continuation of breast feeding for 2 years and beyond.

Policy Statement 5.1.3:

**Infant and Young Child.**— Ensure a good foundation for all infants and young children during their early childhood years by providing optimal nutrition through provision of exclusive breast-feeding for 6 months followed by appropriate complementary feeding together with continued breast feeding for 2 years and beyond.

Policy Statement 5.1.4:

**Pre-School and School Children.**— Ensure all pre-school and primary school children have access to adequate and safe nutrition, which will optimise their growth and development.

Policy Statement 5.1.5:

**Adolescents.**— Reduce undernutrition and obesity (malnutrition) among adolescents enabling them to be healthy and productive adults.

Policy Statement 5.1.6:

**Adults and Elderly.**— Promote appropriate nutrition for adults and elderly to ensure prevention and control of nutrition related Non-Communicable Diseases.

5.2 *Enhancing capacity to deliver effective and appropriate interventions :*

Empowerment of all stakeholders can only be achieved through capacity building, which is vital for successful interventions. National Nutrition Policy therefore aims to:

Policy Statement 5.2.1:

**Behaviour Change Communication.**— Promote behaviour change communication to all sections of population enabling them to make right food choices and care practices.

Policy Statement 5.2.2:

**Capacity Building.**— Strengthen capacity building of health staff and community-based workers for effective behaviour change communication with regards to nutrition promotion in all sections of the community.

Policy Statement 5.2.3:

**Community Empowerment.**— Empower the community by reorganizing grass root level community organizations, in programme planning, implementation and monitoring of nutrition intervention programmes.

Policy Statement 5.2.4

**Media.**— Ensure dissemination of appropriate nutrition messages and promotion programmes through media in a responsible and ethical manner.

5.3 *Ensuring effective management of adequate nutrition to vulnerable populations:*

Vulnerable populations are worst affected particularly during man made and natural disasters as well as during illnesses. Hence National Nutrition Policy aims to:

Policy Statement 5.3.1:

**Vulnerable Populations.**— Ensure targeting of nutritional interventions to underserved areas, plantation community, urban poor and areas identified by the nutrition surveillance system.

Policy Statement 5.3.2:

**Emergencies/Conflict.**— Ensure access to adequate nutrition for people affected by emergencies (conflict or natural disasters) and ensure emergency preparedness and response plans to adequately address the basic nutrition needs of all people.

Policy Statement 5.3.3

**Illness / PLWHA.**— Ensure adequate nutrition during and after illness with special considerations on those affected with chronic diseases and people living with HIV/AIDS (PLWHA).

5.4 *Ensuring food and nutrition security for all citizens :*

Food and nutrition security is a major factor in achieving nutritional wellbeing at individual and household level. National Nutrition Policy aims to:

Policy Statement 5.4.1:

**Food Based Approaches.**— Ensure access to adequate, nutritious, safe and quality food at affordable price throughout the year.

Policy Statement 5.4.2:

**Dietary Diversification.**— Promote consumption of a wide variety of foods ensuring intake of all macro and micronutrients to prevent deficiency disorders and diet related chronic diseases.

Policy Statement 5.4.3:

**Nutrient Enhancement.**— Promote and facilitate improvement of quality of commonly consumed food items (eg.— food fortification) to ensure micronutrient supplementation for vulnerable groups.

Policy Statement 5.4.4:

**Food Safety.**— Enact and implement of appropriate legislations and other regulatory mechanisms to ensure provision of safe nutrition to all citizens of Sri Lanka.

5.5 *Strengthen advocacy, partnerships and networking :*

Appreciating the cross-cutting nature of nutrition interventions, measures will be taken to advocate incorporation of nutritional objectives and components into national development and other relevant policies and programmes and aims to:

Policy Statement 5.5.1:

**Political Commitment.**— Establish a mechanism for regular consultation and dialogue between political leadership, policy planners and other stakeholders to ensure sustainability of programmes in coherence with other nutrition related policies.

Policy Statement 5.5.2:

**Inter Agency Partnership.**— Strengthen partnerships and networking with relevant sectors and stakeholders including private sector for undertaking collaborative programmes to improve nutrition at community level.

5.6 *Strengthen research, monitoring and evaluation :*

Timely information and updated knowledge is vital for evidence based programme planning and management. The National Nutrition Policy will:

Policy Statement 5.6.1:

**Nutrition Surveillance.**— Promote establishment and operation of National Nutrition Surveillance System providing policy makers, programme managers, and nutrition care providers with evidence needed for better programme management.

Policy Statement 5.6.2:

**Evidence Based Review.**— Prioritise and support research oriented activities and utilize evidence for regular monitoring and periodic evaluations of nutrition programmes.

## 6. IMPLEMENTATION

The National Nutrition Policy (NNP) upon adoption will serve as the base document on which the strategic approaches will be developed leading to the phase of implementation.

Effective and sustainable institutional framework is a mandatory requirement for smooth implementation of this policy. Identifying and promoting establishment of required institutions and mechanisms are important to ensure efficient administration of policy and action plan.

Comprehensive action plan will be drawn up inline with the NNP identifying responsibility for each activity with a pre-determined time line for implementation and a means of verification.

The policy will be implemented through bodies with well-defined responsibilities. The following bodies will be established in order to accomplish this objective :—

(1) *National Nutrition Steering Committee (NNSC) :*

This committee will make nationally important policy decisions and monitor the activities and will comprise of high-level representatives of relevant ministries.

(2) *National Nutrition Co-ordination Committee (NNCC) :*

This committee will make key technical decisions and review the action plan periodically and prioritize activities and will comprise of nutrition professionals of different sectors.

(3) *Nutrition Coordinating Committee at Provincial level (NCCP) :*

This committee plans and manages the nutritional interventions and other programmes within the province.

(4) *Nutrition Co-ordination Unit (NCU) :*

NCU functioning as a secretariat will be responsible for coordination between implementing agencies ensuring smooth implementation of key decisions made by the NNSC and NNCC. Monitoring and evaluation system will be developed to ensure that the NNP is being implemented and the objectives are met. The problems faced in implementing as well as monitoring will be identified and the information will be shared with the respective institutions/bodies at provincial/district level in order to take necessary actions.