Results of actions during 1994-2000 on nutrition

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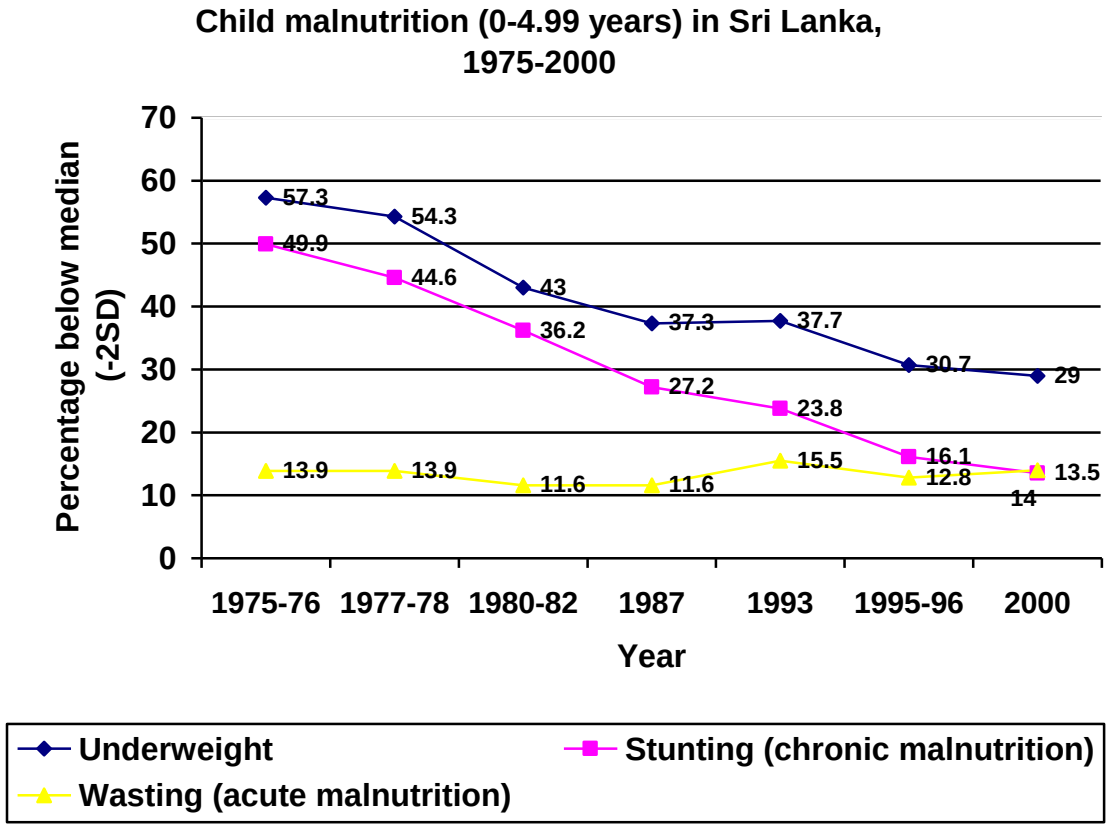
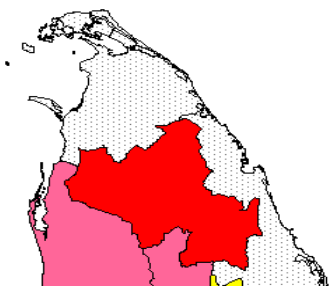
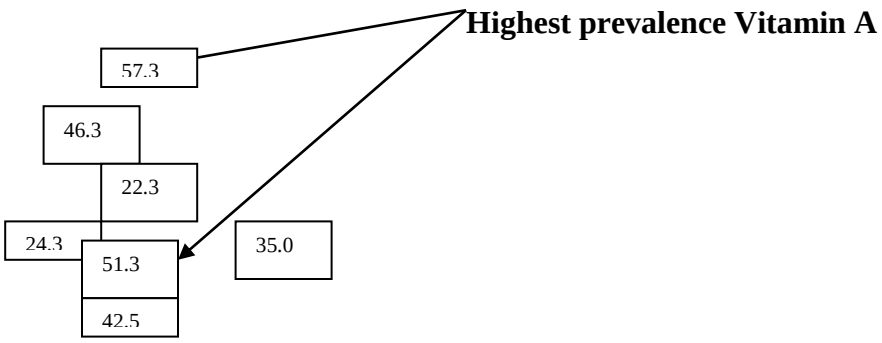
Most of the activities were integrated to family health component.



Activities on child malnutrition:

1. Growth monitoring and promotion services are carried out through maternal and child health clinics. The clinics are located within 5 kilometer radius.
2. Acute malnourished children were given Thriposa. 1500g of Thriposa (2 packets) per month to achieve 50g per day till they become normal.
3. Individual counselling of parents of malnourished children by the Family health workers by carrying out home visits.
4. Health education for mothers on special topics
    a. Complementary feeding
    b. Feeding of the child
5. Worm treatment for children 1-5 years once every 6 months.
6. Provision of sanitary toilets.
7. Educational activities on safe drinking water.
8. National survey on child malnutrition and related factors in year 2000.





0. 6 % Bitot's spots and 0. 7 % Night Blindness

Blindness due to Vitamin A deficiency:

1. National survey on Vitamin A deficiency was carried out in 1995/6 and found that blindness is not a public health problem in Sri Lanka. But 33% of children under 5 years were found biochemicaly deficient in Vitamin A.
2. Health education programmes were carried out accordingly.
3. Nutrition week was carried out during March 2001 and all the educational activities related to Vitamin A were carried out.
4. NGO workers were trained on this subject to send necessary messages accordingly.

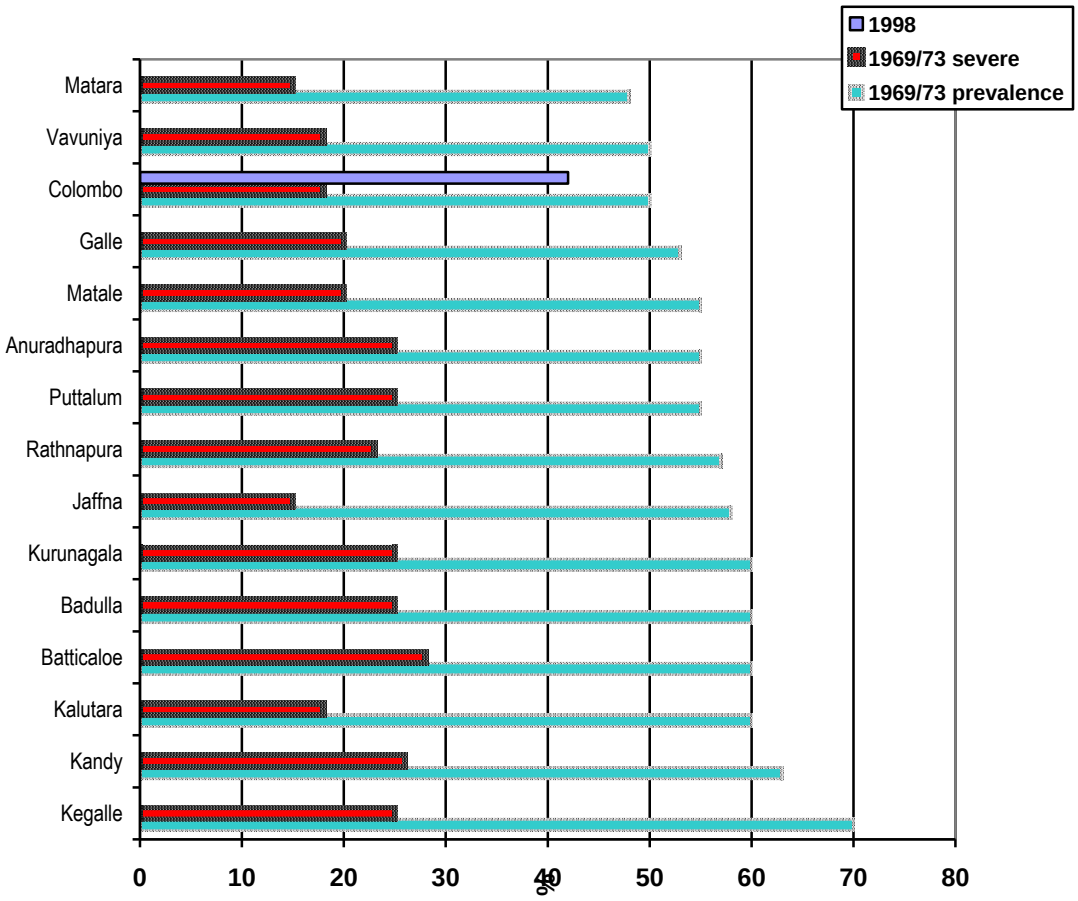
Low birth weight:

1. Monitoring of weight during pregnancy at antenatal clinic periodically.
2. Individual counselling of pregnant women by Family health workers during home visits.
3. Health education for them on
    a. Nutrition during pregnancy
4. Distribution of Thriposa to each pregnant women in the country, i.e. 1500g per month.

Iron deficiency among pregnant women:

1. Iron supplementation to all the pregnant women in the country.
2. Worm treatment for all the pregnant women.
3. Health education activities and leaflets on the subjects.
4. Treatment of iron deficiency (anaemic) women with IM Imferon and blood in some instances.
5. Malaria prophylaxis treatment for mothers in the malarial area.
6. Assessment of haemoglobin among pregnant women were initiated in some provinces, not in all due to logistic reason.

Prevalence of anaemia among pregnant women 1969-1998



Ailments due to Iodine deficiency:

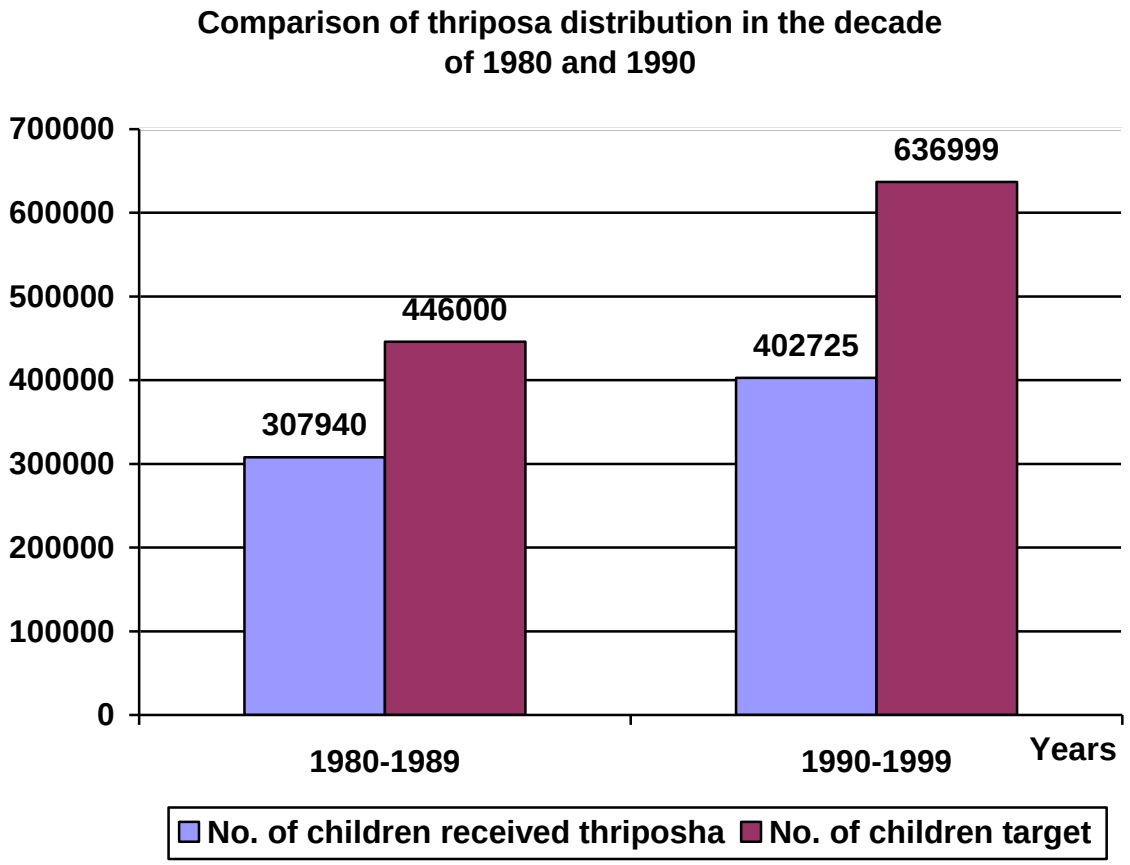
1. Universal iodisation of salt was initiated in 1995.
2. National survey was carried out in 2000. Acute iodine deficiency is not there in Sri Lanka except in Uva province.
3. But the goitre rates are still high due to long standing problems.
4. Reported cases of Cretins are very low.
5. Establishment of iodine laboratory at Medical Research Institute to carry out iodine deficiency surveillance.
6. Monitoring of iodine levels of salt at retail level by public health inspectors in each MOH area.
7. Taken legal action against salt traders when the permitted range of iodine levels in the salt were not found.

Iodine deficiency status in Sri Lanka according to the WHO classification

Province*	Indicators		
	Goitre	Median urinary iodine (μg/L)	Household iodide salt
			% adequately iodised salt (=>25ppm)
Western	16.3 Mild	151.4 Ideal	65.0 Inadequate
Southern	17.1 Mild	122.4 Ideal	59.0 Inadequate
Uva	25.9 Moderate	96.2 Mild	52.7 Inadequate
Eastern	25.6 Moderate	139.5 Ideal	55.3 Inadequate
North Central	26.2 Moderate	231.5 More than adequate	37.4 Inadequate
Central	24.2 Moderate	122.5 Ideal	37.1 Inadequate
Sabaragamuwa	19.4 Mild	135.9 Ideal	48.7 Inadequate
Northwestern	17.3 Mild	181.0 Ideal	38.0 Inadequate
Northern	-	194.4 Ideal	54.5 Inadequate
Sri Lanka	**20.8 Moderate**	**145.3 Ideal**	**49.5 Inadequate**

Spend on a malnourished child:

1. Growth monitoring activity - 28/= per month.
2. Thriposa supplementation - 80/= per month.
3. To treat frequent infections of malnourished child -110/= per visit
4. Annual cost per child -2616/=Rs.



Target number of children have got increased from 1980-1990 due to increase population. The productions are static due to old machinery in the factory.

(Source: Nutrition Information System, Nutrition Department, Medical Research Institute, 2001)