EVALUATION OF SELECTED COMPONENTS OF INTEGRATED NUTRITION PACKAGE IN 6 DISTRICTS

(NUWARAELIYA, BADULLA, MONARAGALA, TRINCOMALEE, BATTICALOE AND HAMBANTOTA)

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1. INTRODUCTION

1.1. Background

Despite substantial advances in the area of maternal and child mortality reduction, under nutrition remains a significant problem among children in Sri Lanka. Nearly 17 per cent of babies are born with low birth weight (weight less than 2.5 kg). The prevalence of wasting, under weight and stunting among under five children stands at 16 per cent. 22 per cent and 18 per cent respectively (DHS 2006/7). Over the past decades there has been slow but steady decline in the rates of under nutrition. Between 1993 and 2006, the prevalence of underweight has decreased from 37.7 per cent, a reduction by 1.2 percentage per year while the prevalence of wasting was almost the same. The prevalence of stunting has decreases from 23.8 per cent, an annual reduction of 0.5 per cent.

While the above findings represent aggregate national level data, there are marked regional variations which reflect the unevenness of persistent pocket of underserved population. The highest rate of child under nutrition has been documented in the estate sector where the prevalence of stunting stands at 30 per cent. The corresponding figures for rural & urban sectors are 22 per cent & 17 per cent respectively.

There has been a significant achievement in the control of iodine deficiency disorders. The prevalence of total goiter has been reduced from 20 per cent in 1996 to 3.5 in 2005. However, nutritional anemia & vitamin A deficiency still constitute major public health problems. Anemia in particular affects 30 per cent of children between 6 & 59 months of age, about 20% of adolescents &30 per cent of women (DHS 2006/7).

The greatest tragedy of malnutrition is that it prevents children from reaching their full potential for growth & development. The vast majority of malnourished children become malnourished in the first 3 years of life & by this time the growth of the brain is also complete. There is no second chance unless actions are taken during this critical period of rapid child growth & development.

One of the main ways of addressing malnutrition in Sri Lanka has been through a Government implemented free health services and various food subsidy and welfare programmes since independence in 1948. Food supplementary feeding programme, the Thriposha programme which has been in existence since 1976; the Thriposha is a ready-to-eat cereal prepared with Maize, Soya, full cream milk powder mixture and fortified with 15 vitamins and minerals, each 100 g provides 350 kcal of energy, 20 g of protein, and 25 g of fat. Since then it was implemented together with other primary healthcare nutrition-related interventions such as growth monitoring and promotion, case management of nutrition-related disease, providing nutrition education messages, counseling and micronutrient supplementation with deworming etc. Currently, the Maternal and child health services distribute food supplements to children under 5 years, pregnant and lactating women. Specific criteria need to be met for entry to the supplementary feeding Scheme by these target groups. These include underweight or growth faltering for at least two consecutive months for children between 6-59 months, all pregnant women and all lactating women. Criteria for discharge from the supplementary feeding programme include adequate weight gain for 2 consecutive months for children; following delivery in pregnant women; following 6 months after the delivery in lactating women. Supplements provided at monthly clinic visits include 1.5 kg of Thriposha to children 6-59 months of age, Vitamin A megadose for children over 6 months of age at every 6 months, immunisation and growth

monitoring and promotion. Pregnant and lactating women are provided at monthly clinic visits with 1.5 kg of Thriposha, weight gain monitoring and micronutrient supplementation.

In spite of all, it is interesting to see there is disparity both in terms of stunting and wasting in Sri Lanka. When the same districts are put in the same order for Stunting and Wasting, it is clear that the disparity is not consistent in among the district for both indicators. While Stunting is high in some districts like Nuwara Elliya and Badulla, Wasting is not high in those districts but there are district like Trincomale & Monregala where both Stunting and Wasting is high - making those districts unique for high priority for targeted approach and scale-up of interventions.

Ministry of Health has decided to implement life cycle based different targeted nutrition interventions in worse affected districts from 2009 to accelerate the reduction of under nutrition in Sri Lanka to exaggerate the progress of nutrition situation to reach the Millennium Development Goal. This package of interventions are named as Integrated Nutrition Programme (INP).

Interventions	Details
 Integrated Nutrition package (INP) 	 Pre-pregnant women Screening of pre-pregnant women to identify the underweight mothers and food guide Advocate on folic acid supplementation Pregnant women Monitoring of weight gain during pregnancy and specific dietary advices using food guide to each pregnant woman. Nutrition counseling and education that emphasizes the importance of protein rich foods, micronutrient-rich foods with special emphasize on increased food/caloric intake, reduction of workload for pregnant women Attain high coverage and good compliance with Iron/folate or micronutrient supplementation and Deworming; Identification and treatment of disease and infections; especially among mothers with inadequate weight gain. Provision of supplementary food for underweight mothers and inadequate weight gain mothers;
	 Iron/folate, Vitamin C, Ca, supplementation during first 6

1.2. Components of interventions in INP:

	 months Provision of supplementary food for underweight mothers during first 6 months; Children under five Use of multiple micronutrient supplementation for children 6-24 months Complementary feeding guide Growth monitoring and promotion and emphasis on growth faltering Management of acute severe malnutrition and moderate severe malnutrition children Supplementary feeding programme for underweight children Vitamin A megadose supplementation every 6 months starting from 6 months of age Follow up of low birth weight children Adolescents Implement weekly ion supplementation programme with deworming Screening programme for underweight children and proper guidance
2. Mandatory public health services	 Pre-pregnant women Registration of all eligible women who are married and age between 15-49 years by MOH Pregnant women Checking the weight in each clinic visit. Nutrition education talks and messages Iron/folate, Vitamin C, Ca, supplementation and deworming Provision of supplementary food for all mothers; Lactating mothers Iron/folate, Vitamin C, Ca, supplementation during first 6 months Provision of supplementary food for all mothers during first 6 months; Children under five Exclusive breast feeding for 6 months Promotion of timely, safe and adequate complementary



1.3. Implementation of interventions

As indicated above, these interventions were implemented in 6 worse affected districts in the country; Nuwaraeliya, Badulla, Monaragala, Trincomalee, Batticaloe and Hambantota under the chairmanship of Secretary, Ministry of Health, with members from Family Health Bureau, Health Education Bureau, Nutrition Division and Nutrition Coordination Division and all UN agencies and members of the National Nutrition steering committee. Above package of interventions was implemented by the health staff of the relevant districts after carrying out the baseline study by the Nutrition Department of Medical Research Institute (MRI) in early 2009 (NFSS 2010). It was planned to conduct mid survey, one year after the implementation and end line survey, two years after the implementation.

The current study aim for an evaluation of how effectively the different nutrition interventions has been implemented and what its impact has been on the growth of children in Sri Lanka. Hence this operation study was conducted one year after implementation of INP in all 5 districts under following objectives;

1.4. Objectives

- 1. To assess the impact of multiple micronutrient powder on anaemia among children aged 6-24 months
- 2. To determine the progress and coverage of lifecycle-based targeted interventions in improving child undernutrition.

2. METHODS

A cross sectional household survey, representing all five districts was carried out. Study population was all children under 5 years in five districts. The same data collection techniques and instruments was followed as were in baseline assessment. The same group of interviewers was re-trained before data collection and their work was supervised at community. Data collection was done in December 2010.

The districts included in the study are as follows:

- 1. Trincomalee
- 2. Nuwara Eliya
- 3. Badulla
- 4. Monaragala
- 5. Hambantota
- 6. Batticaloe

The study was carried out during the period, November to December 2010.

2.1 Sample size

The main target variable was considered as anaemia of under-five children (0-59 months), hence the sample size was calculated on the basis of this group. Assuming an expected anaemia prevalence of 15 percent, based on the baseline survey data, with a 5 percent precision and a design effect of 1.5, a total of 300 under-five children had to be included.

Assuming a non response rate of 2.5%, a total of 300 under five children had to be recruited per district. This required inclusion of a total of 750 households per district, assuming that only 0.4 under-five children would be present in an average household.

Target group and indicator	Estimated prevalence	Design effect	Desired Precision	Sample size	2.5% non- response rate	Households necessary
Children age 0-59 months (Aneamia)	15%	1.5	±5.0%	293	300	750

2.2. Sample frame and cluster selection

Clusters were defined at the level Grama Niladhari (GN) divisions. Sample frame used for baseline survey was taken to draw the sample. The probability proportional to size' technique was used to identify the clusters to be included in the baseline study. Ten clusters were randomly selected out of 30 clusters used in the baseline study from each district. A total of 30 households were included in a cluster.

2.3 Selection of households

A household was defined as persons routinely sharing food from the same cooking pot and living in the same compound or physical location. Members of a household need not necessarily be relatives by blood or marriage.

In selecting the households within a cluster, survey teams visited the selected location and a list of households was obtained from the Grama Niladhari (or, in his absence, the local midwife or other official representative). The households included in the list were divided into groups of approximately 75 and after randomly selecting one of group, every third household within that group was selected for the interview, thus enabling the inclusion of 30 households per cluster.

All selected households with child under five years were included in the survey. Each household was visited at least three times in an effort to identify missing household members, unless security or logistical constraints did not enable the team to do so. If there was reliable information of the non availability of household members during the study period, the household was replaced by another, from the same cluster.

Each survey team included three interviewers and one team leader. The same interviewers were used throughout the study.

The household survey included several components.

Administration of the questionnaire: The pre tested questionnaire was administered to the head of the household by a trained interviewer. Where possible, mothers were interviewed to obtain information on child care practices and maternal nutrition. The minimum age of respondents was 15 years. Where respondents felt they could not provide accurate information, houses were revisited.

Anthropometric assessments: All children aged 0 to 59 months, along with their mothers and any pregnant women within the household, were selected for measurement. All measurements were conducted by team leaders, and standardized procedures for measuring the height/length, weight were used¹⁴ (WHO, 1995). Anthropometric measurements were made using UNISCALES and UNICEF measuring boards.

Measurement of haemoglobin levels was carried out for all selected individuals, except children less than six months of age using hemocue method, using capillary blood.

Permission obtained from the relevant educational and health authorities.

Indices used

The following indices will be used to assess the impact of the MMN programme. Pre and post mean haemoglobin levels of the children, Pre and post anaemia prevalence among children in districts, Pre and post wasting, stunting and underweight using WHO standards (2005).

2.4 Data analysis

The data analysis was performed in two stages. Firstly, the data of the current survey was analysed and then comparative analyses was performed between corresponding pre and post intervention data.

3. RESULTS

A total of 1,776 children were included. Samples were distributed in the districts as follows; NuwaraEliya (300), Hambantota (293), Batticaloe (292), Trincomalee (295), Badulla (297) and Monaragala (299).

As shown in Table 1, of the total 1,776 individuals, 1351 (76.1 percent) were residing in rural areas and of those, 68.1 percent had four to six residents in a household.

Table 01.Background characteris	ics of households (Age≤59months)
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Urban30.30.09.619.720.23.024613.9Rural10.0100.090.480.379.897.0135176.1Estate59.70.00.00.00.010.017910.1No. of residents1.317.019.729.124.916.324.638721.94-669.071.059.966.276.266.3120368.1≥714.09.311.08.97.59.117610.0Household headshipMale97.798.096.992.293.998.0169796.1Female2.32.03.17.86.12.0693.9Educational level of the caretaker7.798.096.992.293.998.0169796.1Female2.32.03.17.86.12.0693.9Educational level of the caretaker7.798.096.99.292.282.258533.1Grade 1-515.33.819.59.94.75.71749.89.83.016979.6Igrade 1-1344.071.131.547.659.764.193853.011.953.053.053.053.053.0Higher Education1.73.41.02.02.01.3341.954.955.151.953.950.8 </td <td>Residence</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Residence								
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Sex of childMale 56.0 49.5 55.1 51.9 53.9 50.8 939 52.9 Female 44.0 50.5 44.9 48.1 46.1 49.2 837 47.1 Age of the child in months<6 8.0 6.8 8.2 9.8 0.0 0.0 97 5.5 $6-11$ 12.0 9.6 12.3 8.5 8.4 12.0 186 10.5 $12-23$ 25.7 22.2 17.1 22.0 22.9 31.1 418 23.5 $24-35$ 19.7 23.2 24.7 25.1 29.0 22.7 427 24.0 $36-47$ 19.0 25.3 18.8 15.6 23.9 18.1 357 20.1 $48-59$ 15.7 13.0 18.8 19.0 15.8 16.1 291 16.4 No. of<5 children in household 74.9 67.7 75.6 83.0 85.8 1329 75.5 2 24.1 18.1 20.1 15.9 12.2 9.7 403 22.9	Higher Education	1.7	3.4	1.0	2.0	2.0	1.3	34	1.9
Male 56.0 49.5 55.1 51.9 53.9 50.8 939 52.9 Female 44.0 50.5 44.9 48.1 46.1 49.2 837 47.1 Age of the child in months<6	Sex of child		••••					•	
Female44.050.544.948.146.149.283747.1Age of the child in months<6	Male	56.0	49.5	55.1	51.9	53.9	50.8	939	52.9
Age of the child in months <6 8.0 6.8 8.2 9.8 0.0 0.0 97 5.5 $6-11$ 12.0 9.6 12.3 8.5 8.4 12.0 186 10.5 $12-23$ 25.7 22.2 17.1 22.0 22.9 31.1 418 23.5 $24-35$ 19.7 23.2 24.7 25.1 29.0 22.7 427 24.0 $36-47$ 19.0 25.3 18.8 15.6 23.9 18.1 357 20.1 $48-59$ 15.7 13.0 18.8 19.0 15.8 16.1 291 16.4 No. of<5 children in household	Female	44.0	50.5	44.9	48.1	46.1	49.2	837	47.1
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	<6	8.0	6.8	8.2	9.8	0.0	0.0	97	5.5
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	6-11	12.0	9.6	12.3	8.5	8.4	12.0	186	10.5
24-35 19.7 23.2 24.7 25.1 29.0 22.7 427 24.0 36-47 19.0 25.3 18.8 15.6 23.9 18.1 357 20.1 48- 59 15.7 13.0 18.8 19.0 15.8 16.1 291 16.4 No. of<5 children in household	12-23	25.7	22.2	17.1	22.0	22.9	31.1	418	23.5
36-47 19.0 25.3 18.8 15.6 23.9 18.1 357 20.1 48- 59 15.7 13.0 18.8 19.0 15.8 16.1 291 16.4 No. of<5 children in household	24-35	19.7	23.2	24.7	25.1	29.0	22.7	427	24.0
48- 59 15.7 13.0 18.8 19.0 15.8 16.1 291 16.4 No. of<5 children in household	36-47	19.0	25.3	18.8	15.6	23.9	18.1	357	20.1
No. ot<5 children in household 1 65.8 74.9 67.7 75.6 83.0 85.8 1329 75.5 2 24.1 18.1 20.1 15.9 12.2 9.7 40.3 22.9	48-59	15.7	13.0	18.8	19.0	15.8	16.1	291	16.4
1 65.8 74.9 67.7 75.6 83.0 85.8 1329 75.5 2 24.1 18.1 20.1 15.9 12.2 9.7 40.3 22.9	No. ot<5 children in household	05.0	74.0	<u> </u>	75.0	00.0	05.0	4000	75 5
Z Z4.1 10.1 Z0.1 15.9 1Z.Z 97 403 22.9	1	65.8	10.4	b/./	15.6	83.0	85.8	1329	15.5
	2	24.1 1 /	10.1	∠0.1 2.1	15.9	12.2	9.7	403	22.9 1 4
5 1.4 U.U 5.1 2.7 U.U 1.U 24 1.4 54 00 00 14 00 03 00 5 03	ა ა/	1.4	0.0	১.। 17	2.1 0.0	0.0	1.0	24 5	1.4 0.3

Majority of the household headships were males (96.1 percent) compared with those households headed by females (3.9 percent). Approximately 97.8 percent of caretakers had attended schools, of them; 54.9 percent had completed more than 10 years of schooling. Around 52.9 percent of children were males and 47.1 percent were females. Majority of children being belongs to 24-35 months (24.0 percent), 12-23 months (23.5 percent) and 36-47 months (20.1 percent). About 76 percent of households had one child under the age of five.

Treatment		All Di	All Districts					
-	Nuwara Eliya	Hambanthota	Baticallo	Trincomale	Badulla	Moneragala	No	%
Vitamin A mega								
dose for								
children>6 mon.								
Once	63.4	55.1	48.7	57.2	60.3	63.3	971	58.2
Twice	9.4	22.4	10.6	14.8	16.8	19.5	262	15.7
> Twice	0.0	4.0	2.3	0.4	0.0	0.0	18	1.1
None	27.2	18.4	38.4	27.7	22.9	17.2	418	25.0
De-worming								
treatment for								
children > 1 year								
Once	25.9	21.7	32.2	31.9	37.5	24.4	431	29.0
Twice	28.0	23.4	28.3	22.3	34.6	24.4	400	26.9
> Twice	11.7	33.2	10.0	11.3	11.4	27.1	261	17.6
None	34.3	21.7	29.6	34.5	16.5	24.0	393	26.5

Table 02. Percentage distribution of children who received Vitamin A megadose and de-worming treatment during past 12 months by district

Information on the distribution of children above 6 months who received Vitamin A megadose and children above one year which received de-worming treatment during the past 12 months is presented in **Table 2**. Approximately 58.2 percent of children, in all districts, received vitamin A megadose once compared with 25.0 percent that had received none. Twenty nine percent of children had received de-worming treatment at least once compared with 26.5 percent who had not received any de-worming treatment in the last 12 months.

Table 03. Percentage distribution of children who had diarrhea and cough, or cold and fever during last two weeks, by background characteristics.

Characteristic	% Reported Illness									
		То	tal	. .	Тс	otal				
	Diarrhaa			Cough or	No	0/				
	Diaimea	No	%	fever	NO	70				
Age of the child in										
months										
<6	15.6	15	0.8	31.3	30	1.7				
6-11	16.7	31	1.7	31.7	59	3.3				
12-23	12.0	50	2.8	32.2	134	7.6				
24-35	9.9	42	2.4	32.9	140	7.9				
36-47	6.4	23	1.3	29.4	105	5.9				
48-59	4.1	12	0.7	32.3	94	5.3				
Sex of child	10.4	00		21.2	204	10.0				
Iviale	10.4	98 75	5.5	31.3	294	10.0				
District	9.0	/5	4.2	32.1	268	15.1				
Nuwara Eliya	5.7	17	1.0	41.3	124	7.0				
Hambanthota	6.8	20	1.1	44.7	131	7.4				
Baticallo	22.1	64	3.6	44.1	128	7.2				
Trinco	9.2	27	1.5	28.6	84	4.7				
Badulla	7.7	23	1.3	14.5	43	2.4				
Moneragala	7.4	22	1.2	17.4	52	2.9				
Residence					•					
Urban	8.5	21	1.2	29.8	73	4.1				
Rural	10.5	142	8.0	30.6	412	23.3				
Estate	5.6	10	0.6	43.0	77	4.3				
No. of residents	0.0		010							
1-3	11.9	46	2.6	30.6	118	6.7				
4-6	9.2	111	6.3	31.8	382	21.7				
≥7	9.1	16	0.9	34.1	60	3.4				
Educational level of										
the caretaker										
No school	20.5	8	0.5	53.8	21	1.2				
Grade1-5	9.2	16	0.9	37.6	65	3.7				
Grade 6-10	11.5	67	3.8	32.8	191	10.8				
Grade 11-13	8.5	80	4.5	29.1	273	15.5				
Higher Education	2.9	1	0.1	29.4	10	0.6				
vitamin A megadose										
Once	9.7	94	5.3	30.7	299	17.0				
Twice	7.1	19	1.1	30.1	80	4.5				
> Twice	5.6	1	0.1	16.7	3	0.2				
None	11.1	56	3.2	34.6	174	9.9				

Respondents were asked whether their child, under fiver years, had one or more symptoms related to respiratory illness (cough, rapid or difficult breathing) during the last two weeks preceding the survey. They were also asked whether their under five year old child had experienced an episode of diarrhea during the two weeks preceding the survey (three of more loose or watery stools per day or blood in stool). These results can be seen in **Table 3**.

Among the respiratory illness group, a total of 7.9 percent of children aged 24-35 months had developed a cough or cold with fever, in the last two weeks. Those in the diarrhea group had 2.8 percent of children aged 12-23 months had an episode of diarrhea during the last two weeks. Males had a higher risk of developing both diarrhea (5.5 percent) and a cough or cold with fever (16.6 percent) compared with females (4.2 percent and 15.1 percent, respectively). Baticallo district had the highest percentage of diarrhea occurrence (3.6 percent), whereas Hambanthota had the highest percentage of developing a cough or cold with fever (7.4 percent). Those who resided in rural areas had 8.0 percent of individuals that had developed diarrhea; similarly 23.3 percent of those in rural areas developed a cough or cold with fever. Households with four-six residents had 6.3 percent of those who developed diarrhea and 21.7 percent who developed a cough or cold with fever. Those who had their highest education level of grade 11-13 had 4.5 percent with diarrhea and 15.5 percent with cough or cold with fever. Those who had received Vitamin A megadose at least once had 5.3 percent with and episode of diarrhea and 17.0 percent had an episode of cough or cold with fever.

Treatment				All Districts				
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
Health								
records								
CHDR	99.0	100.0	97.6	98.0	100.0	99.7	1752	99.0
NRP	0.3	0.0	1.4	0.7	0.0	0.0	7	0.4
Both	0.3	0.0	0.3	0.0	0.0	0.3	3	0.2
None	0.3	0.0	0.7	1.4	0.0	0.0	7	0.4
Nutrition								
status								
Normal	75.8	75.9	71.9	71.3	76.9	73.2	1184	74.2
MAM	18.4	20.6	22.3	20.5	19.2	18.7	288	18.1
SAM	0.8	2.7	5.5	4.9	3.1	4.0	56	3.5
Underweight	0.0	0.0	0.4	0.4	2.0	0.7	10	0.6
Not visited	4.9	0.8	0.0	2.9	8.8	3.3	57	3.6

Table 04.Percentage distribution of children's nutrition status and availability of health records at the first visit by district

All districts had a higher percentage of CHDR being the form of health records, with a total of 99.0 percent of children having CHDR, compared with having NRP, both or none (0.4 percent, 0.2 percent and 0.4 percent, respectively), as seen in **Table 4.** Approximately74.2 percent of children had a normal nutritional status, whilst only

18.1 had moderate acute malnutrition (MAM), 3.5 percent had sever acute malnutrition (SAM). Hambanthota (20.6 percent) and Trinco (20.5 percent) had the highest numbers of MAM children, Baticallo had the highest

number of SAM children (5.5 percent), similarly; Badulla had the greatest number of children not visiting a clinic (8.8 percent).

Table 05.Management of SAM by district

Treatment		All Dis	All Districts					
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
BP100/Plummpynut								
Consumption								
Yes	100.0	100.0	92.3	87.5	66.7	58.3	41	80.4
No	0.0	0.0	77	12.5	33.3	41 7	10	19.6
Frequency of consumption	0.0	0.0		22.5	55.5		20	10.0
Mealth:	0.0	0.0	0.2	14.2	0.0	14.2	2	7 0
vveekiy	0.0	0.0	8.3	14.3	0.0	14.3	3	7.3
Fortnight	100.0	0.0	41.7	14.3	33.3	57.1	14	34.1
Monthly	0.0	100.0	41.7	42.9	33.3	28.6	19	46.3
Irregular	0.0	0.0	8.3	0.0	33.3	0.0	3	/.3
	0.0	0.0	0.0	28.6	0.0	0.0	2	4.9
Consumption of the food by the child	4.9	17.1	29.5	17.1	14.0	17.1	41	100.0
Ate all the ration	100.0	28.6	91.7	28.6	16.7	28.6	20	48.8
Ate part of the ration	0.0	28.6	0.0	14.3	83.3	42.9	11	26.8
Ate but not every day	0.0	14.3	0.0	14.3	0.0	14.3	3	7.3
No	0.0	28.6	8.3	42.9	0.0	14.3	7	17.1
Duration of programme								
<4	50.0	100.0	20.0	45.5	57.1	0.0	19	51.4
4-6	0.0	0.0	60.0	0.0	28.6	0.0	8	21.6
6-8	50.0	0.0	10.0	0.0	0.0	0.0	2	5.4
>8	0.0	0.0	10.0	54.5	14.3	0.0	8	21.6
Mean & SD	5.5(3.5)	2.4(0.5)	4.5(3.2)	18.6(18.9)	5.6(9.2)	0.0	8.6(12.7)	
Improvement								
Yes	100.0	83.3	90.9	83.3	62.5	100.0	33	84.6
No	0.0	16.7	9.1	16.7	37.5	0.0	6	15.4
Type of improvement								
More active	50.0	0.0	100.0	100.0	40.0	85.7	24	70.6
More alert	0.0	0.0	70.0	60.0	20.0	71.4	16	48.5
Improved appetite	0.0	20.0	70.0	0.0	60.0	42.9	14	42.4
Less sickness	0.0	0.0	60.0	100.0	20.0	71.4	16	50.0
Other	100.0	66.7	0.0	0.0	0.0	0.0	3	50.0
Total	5.9	15.6	31.3	15.2	15.6	21.9	34	100.0

As shown in **Table 5**, a total of 80.0 percent of those under the SAM category had consumed BP100/Plumpynut. Baticallo district had the highest percentage of BP100/Plumpynut consumption (92.3 percent). 46.3 percent had

consumed the BP100/Plumpynut on a monthly basis. Of all the children given BP100/Plumpynut, 48.8 percent had eaten the entire ration, whilst 17.1 percent had not consumed the ration. In total, 51.4 percent of all districts were in the programme for less than four weeks, with a total Mean(SD) of 8.6(12.7). Some form of visible improvement was seen in 84.6 percent, while only 15.4 percent had no improvements. More active was the type of improvement that was seen largely in the study population, with 70.6 percent being more active, 50.0 percent being less sick and other and 48.5 percent being more alert, after the consumption of the supplement.

Table 06.Management of MAM by district

Treatment			% Wit	thin District			All Dis	stricts
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
CBS								
Consumption								
Yes	2.2	11.3	100.0	100.0	3.8	5.8	114	40.9
No	97.8	88.7	0.0	0.0	96.2	94.2	165	59.1
Frequency								
Weekly	0.0	0.0	20.0	12.5	0.0	0.0	17	14.9
Fortnight	0.0	16.7	67.3	77.1	0.0	33.3	76	66.7
Monthly	0.0	33.3	12.7	8.3	0.0	0.0	13	11.4
Irregular	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not known	100.0	50.0	0.0	2.1	100.0	66.7	8	7.0
Total	0.9	5.3	48.2	42.1	0.9	2.6	114	100.0
Consumption of the food								
by the child								
Ate all the ration	0.0	0.0	49.1	25.0	0.0	33.3	40	35.1
Ate part of the ration	100.0	33.3	14.5	22.9	100.0	33.3	24	21.1
Ate but not every day	0.0	16.7	30.9	33.3	0.0	0.0	34	29.8
Dian't eat	0.0	50.0	5.5	18.8	0.0	33.3	16	14.0
Inriposna Consumption								
Yes	81.8	75.5	89.1	93.8	100.0	100.0	248	89.2
No	18.2	24.5	10.9	6.3	0.0	0.0	30	10.8
Frequency								
Weekly	5.6	2.5	16.3	11.1	0.0	3.8	18	7.3
Fortnight	33.3	7.5	38.8	62.2	0.0	9.6	67	27.0
Monthly	61.1	90.0	42.9	26.7	100.0	82.7	160	64.5
Irregular	0.0	0.0	2.0	0.0	0.0	0.0	1	0.4
Not known	0.0	0.0	0.0	0.0	0.0	3.8	2	0.8
Total	14.5	16.1	19.8	18.1	10.5	21.0	248	100.0
Consumption of the food								
by the child		50.0	70.0	50 F	60.0	745	450	66.2
Ate all the ration	80.8	50.0	/8.0	53.5	60.0	74.5	153	66.2
Ate part of the ration	15.4	20.0	18.0	41.9	36.0	21.3	58	25.1
No	2.0	0.0	0.0	4.7	4.0	4.5	2	12
High Energy biscuit	5.0	0.0	4.0	0.0	0.0	0.0	5	1.5
Consumption								
Voc	75.6	012	00.0	72.0	61 F	67.2	220	79 0
No.	24.4	54.3 F 7	50.9	12.3	01.2	07.5	220	70.9
	24.4	5.7	9.1	27.1	38.5	32.7	59	21.1
Frequency								
Weekly	14.7	18.0	20.0	25.7	43.8	37.1	53	24.1
Fortnight	85.3	58.0	34.0	34.3	37.5	45.7	109	49.5

Monthly	0.0	6.0	30.0	25.7	18.8	17.1	36	16.4
Irregular	0.0	0.0	0.0	11.4	0.0	0.0	4	1.8
Not known	0.0	18.0	16.0	2.9	0.0	0.0	18	8.2
Total	15.5	22.7	22.7	15.9	7.3	15.9	220	100.0
Consumption of the food								
by the child								
Ate all the ration	78.3	23.4	61.2	48.3	46.7	50.0	96	49.2
Ate part of the ration	17.4	59.6	20.4	31.0	46.7	37.5	70	35.9
Ate but not every day	4.3	14.9	12.2	3.4	0.0	6.3	17	8.7
No	0.0	2.1	6.1	17.2	6.7	6.3	12	6.2
Number of the weeks in								
the programme								
<4	18.2	69.8	16.7	22.6	72.7	100.0	72	38.7
4-6	40.9	13.2	45.2	3.2	27.3	0.0	48	25.8
6-8	27.3	15.1	7.1	3.2	0.0	0.0	24	12.9
>8	13.6	1.9	31.0	71.0	0.0	0.0	42	22.6
Mean & SD	6.2 (3.0)	3.5 (2.6)	7.5 (5.2)	23.0 (18.5)	2.3 (1.6)	2.8 (0.4)	8.2 (10.6)	
Improvement								
Yes	51.4	60.0	54.7	42.9	65.0	73.3	135	58.4
No	48.6	40.0	45.3	57.1	35.0	26.7	96	41.6
More active	68.4	51.6	90.3	88.9	76.9	65.6	96	71.1
More alert	5.9	0.0	21.4	33.3	40.0	44.8	26	22.0
Improved appetite	0.0	32.3	38.7	28.6	69.2	59.4	52	39.7
Less sickness	5.9	25.8	34.5	55.6	36.4	44.8	41	32.5
Others	0.0	0.0	50.0	50.0	0.0	0.0	0.0	0.0

As seen in **Table 6**, of those who were MAM, CBS was only consumed by 40.9 percent whilst 59.1 percent had not consumed CBS. Of those who had consumed CBS, 66.7 percent consumed the ration on a fortnight basis and 35.1 percent consumed the entire ration. Thriposha was consumed by 89.2 percent where 64.5 percent had consumed the ration monthly and 66.2 percent has consumed the entire ration. High energy biscuit was consumed by 78.9 percent and 49.5 percent consumed the ration fortnightly. Only 49.2 percent had consumed the entire ration and 38.7 percent had only stayed less than four weeks. Some form of improvement was seen in 58.4 percent where 71.1 percent were seen to be more active.

Table 07. Management of children with normal nutrition status, by district

Food Supplementation			All	All Districts				
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Voneragaia	No	%
BP100/Plummpynut						-		
Consumption								
Yes	0.0	0.0	12.1	3.2	2.2	2.3	37	3.2
No	100.0	100.0	87.9	96.8	97.8	97.7	1118	96.8
Frequency								
Weekly	0.0	0.0	0.0	20.0	0.0	0.0	1	2.7
Fortnight	0.0	0.0	9.1	60.0	20.0	20.0	7	18.9
Monthly	0.0	0.0	4.5	20.0	40.0	40.0	6	16.2
Irregular	0.0	0.0	0.0	0.0	20.0	0.0	1	2.7
Not known	0.0	0.0	86.4	0.0	20.0	40.0	22	59.5
Total CBS	0.0	0.0	59.5	13.5	13.5	13.5	37	100.0
Consumption								
Yes	0.0	3 1	96.7	95.7	0.9	0.9	340	29.4
No	100.0	96.9	3.3	4.3	99.1	99.1	818	70.6
Frequency	20010	5015	0.0		5512	5512	010	1010
Weekly	0.0	0.0	8.5	15.6	0.0	50.0	40	11.8
Fortnight	0.0	0.0	67.6	72.7	50.0	0.0	232	68.2
Monthly	0.0	100.0	21.6	11.0	50.0	50.0	63	18.5
Irregular	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not known	0.0	0.0	2.3	0.6	0.0	0.0	5	1.5
Total	0.0	1.8	51.8	45.3	0.6	0.6	340	100.0
Thriposha								
Consumption								
Yes	76.4	54.9	78.6	93.1	69.3	75.2	855	73.8
No	23.6	45.1	21.4	6.9	30.7	24.8	303	26.2
Frequency								
Weekly	4.3	4.7	10.5	9.9	3.2	0.6	47	5.5
Fortnight	34.5	3.7	28.7	64.9	7.7	11.2	221	25.8
Monthly	49.6	87.9	58.7	25.5	87.2	87.0	561	65.6
Irregular Not known	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	11.5	3.7	2.1	0.0	1.9	1.2	28	3.3
High Energy biscuit								
Consumption								
Yes	0.6	3.1	33.9	24.2	6.8	9.0	135	12.0
No	99.4	96.9	66.1	75.8	93.2	91.0	987	88.0
Frequency								
Weekly	0.0	0.0	38.6	24.3	20.0	57.9	45	33.3
Fortnight	0.0	66.7	29.8	32.4	53.3	42.1	49	36.3
Monthly	0.0	16.7	10.5	29.7	20.0	0.0	21	15.6
Irregular	0.0	0.0	5.3	0.0	0.0	0.0	3	2.2
Not known	100.0	16.7	15.8	13.5	6.7	0.0	17	12.6
IOLAI	0.7	4.4	42.2	27.4	11.1	14.1	132	100.0

Table 7 shows that in those children with a normal nutritional status, 96.8 percent were consuming BP100/plumpynut, but 59.5 percent did not know the frequency of consumption. Only 29.4 percent had consumed CBS and 70.6 percent had not. Of those who consumed CBS, 68.2 percent consumed he ration fortnightly. 73.8 percent of the 'normal' children had consumed Thriposha where 65.6 percent consumed the ration on a monthly basis. High energy biscuits were only consumed by 12.0 percent of children and 88.0 percent had not consumed the ration. Of those who had consumed the ration, 36.3 percent had consumed it fortnightly.

Outcome		% Within District							
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%	
Nutrition status at the									
last clinic visit									
Normal	99.5	97.7	78.2	80.2	77.0	66.9	1167	81.7	
MAM	0.5	2.3	17.5	11.8	16.2	28.3	202	14.1	
SAM	0.0	0.0	1.6	3.2	2.4	3.8	28	2.0	
Underweight	0.0	0.0	2.7	4.8	4.5	1.0	32	2.2	

Table 7 shows that 81.7 percent of all children had a normal nutritional status at their clinical visit, compared with 14.1 percent being MAM, 2.0 percent SAM and 2.2 percent being underweight. NuwaraEliya had the highest percentage of 99.5 percent of children having a normal nutritional status, followed by Hambanthota and Trinco with 97.7 percent and 80.2 percent, respectively. Moneragala had the highest MAM (28.3 percent) and SAM (3.8 percent) children, whilst Trinco had the highest (4.8 percent) underweight children.

		All Districts				
Supplementation	Normal	MAM	SAM	Underweight	No	%
BP100	28.9	44.7	18.4	7.9	38	2.7
Plumpy nut	38.1	42.9	9.5	9.5	21	1.5
CBS	78.5	14.8	2.6	4.1	344	24.7
Thriposha	74.2	19.9	2.6	3.3	784	56.2
High Energy biscuit	51.8	39.8	5.2	3.1	191	13.7
MMN	84.4	9.7	2.8	3.1	321	24.4

Table 08. Nutrition Status during the recent visit and Supplements receiving

Table 8 shows that the most consumed supplement was Thriposha (56.2 percent). 84.4 percent of those with a normal nutritional status had consumed MMN. Those with MAM and SAM had mostly consumed BP100, 44.7 percent and 18.4 percent, respectively. Those who were underweight had mostly consumed Plumpy nut (9.5 percent).

Table09. Sprinkle Programme

Characteristics				All Di	stricts			
		_						
	iliya	hota				ala		
	IraE	ant	olle	•	e	erag	No	%
	ewn	amk	atica	ji	adu	lone		
	z	Ï	ä	F	ä	Σ		
Received sprinkles (MMN)								
Yes	70.6	83.3	44.9	75.6	89.1	81.7	417	75.1
No	29.4	16.7	55.1	24.4	10.9	18.3	138	24.9
Age of the child when 1 st receiving								
the Sprinkle (months)								
6-11	76.8	56.2	29.2	70.2	74.1	90.5	193	66.8
12-17	19.6	37.0	50.0	28.1	22.4	9.5	81	28.0
18-24	3.6	6.8	20.8	1.8	3.4	0.0	15	5.2
lotal Frequency of receiving	19.4	25.3	8.3	19.7	20.1	7.3	289	100.0
Frequency of receiving Fortnight	54	16.2	50.0	20.0	11 3	17.2	70	16 9
Monthly	83.8	56.8	20.6	63.3	72.5	76.3	278	67.0
Only once	10.8	27.0	29.4	16.7	16.3	6.5	67	16.1
Frequency of giving sprinkle to the								
child								
Daily	6.9	7.1	62.9	22.8	11.1	11.8	65	15.9
Every other day	91.7	81.4	31.4	73.7	86.4	87.1	327	80.1
Monthly Once in a time	1.4	7.1	0.0 5 7	25	0.0	0.0	0	1.5
Not known	0.0	4.3	0.0	0.0	1.2	0.0	1	0.2
Liking for sprinkles	0.0	0.0	010	0.0		010	-	0.2
Yes	73.6	38.4	80.0	58.3	41.3	51.1	224	54.4
No	26.4	61.6	20.0	41.7	58.8	48.9	188	45.6
Reasons for dislike								
Does not like the taste	2.4	0.0	1.0	4.0	19.5	2.3	31	4.3
No appetite	3.5	27.7	2.1	4.0	16.6	9.1	67	10.6
No taste	1.7	1.0	0.0	5.0	6.8	4.6	21	3.3
Bad smell	0.0	0.0	0.0	1.0	0.0	0.0	1	0.2
Sick	0.0	0.0	0.0	0.0	0.0	0.8	1	0.2
Vomited after eating	1.7	3.0	2.1	0.0	0.0	0.0	7	1.1
Side effects								
Yes	12.5	19.4	12.1	10.9	22.5	21.3	70	17.5
No	87.5	80.6	87.9	89.1	77.5	78.7	331	82.5
Details on effects								
Vomiting	87.5	60.0	100.0	66.7	88.9	41.2	44	69.8
Nausea	12.5	40.0	0.0	16.7	11.1	52.9	17	27.0
Rash	0.0	0.0	0.0	16.7	0.0	5.9	2	3.2
Itching	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
uration of receiving the Sprinkle (months)								
<1	15.5	35.9	69.6	28.6	21.1	0.0	70	29.2
1-2	29.3	39.1	13.0	32.7	42.1	12.5	78	32.5
3-4	48.3	23.4	13.0	32.7	26.3	87.5	79	32.9
>4	6.9	1.6	4.3	6.1	10.5	0.0	13	5.4

Approximately, total of 75.1 percent of all children received Sprinkles, seen in **Table 9.** Badullahad 89.1 percent who received Sprinkles and 55.1 percent in Baticallo did not receive any Sprinkles. The age of child when first

receiving the Sprinkles was highest in 6-11 months (66.8 percent). Majority had received the Sprinkles on a monthly basis (67.0 percent) and most gave their child Sprinkles every other day (80.1 percent). Approximately half of the children (54.4 percent) liked the Sprinkles and of those who disliked it reasoned they had no appetite (10.6 percent). Majority said there were no side effects after consuming the Sprinkles (82.5 percent), but 17.5 percent said they found some side effects, mostly vomiting (69.8 percent) and nausea (27.0 percent). The average duration of receiving the Sprinkles was mostly seen in 3-4 month children (32.9 percent).

Character		Im	provement	s (%)		All Districts	
	More active	More alert	Improved appetite	Less sickness	Other	No	%
Age of the child when 1 st receiving the							
Sprinkle (months)							
6-11	65.9	18.4	35.8	35.7	66.7	91	72.8
12-17	66.7	24.1	40.0	32.3	40.0	31	30.3
18-24	100.0	100.0	100.0	100.0	100.0	3	6.1
Frequency of receiving							
Fortnight	79.3	36.0	46.2	48.1	25.0	29	16.5
Monthly	55.6	15.7	32.2	30.2	72.0	126	72.4
Only once	73.9	20.0	31.6	28.6	62.5	23	13.1
Not known	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Frequency of giving sprinkle to the child							
Daily	86.4	29.4	52.6	50.0	0.0	22	12.4
Every other day	57.6	18.9	32.9	31.2	70.6	151	94.4
Monthly	50.0	0.0	0.0	50.0	0.0	2	1.2
Once in a time	100.0	0.0	0.0	0.0	0.0	2	1.3
Not known	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Does the child like the supplement							
Yes	67.7	24.3	39.7	37.0	63.3	130	81.1
No	45.7	5.0	15.0	20.9	71.4	46	26.5
After effects							
Vomiting	60.0	0.0	20.0	33.3	0.0	10	66.7
Nausea	40.0	2.0	40.0	20.0	100.0	5	35.7
Rash	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Itching	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Duration of receiving the Sprinkle (months)							
<1	73.1	36.4	61.9	43.5	37.5	26	24.2
1-2	41.2	12.5	18.8	25.0	70.0	34	31.7
3-4	72.0	11.6	29.8	29.2	66.7	50	46.5
>4	100.0	100.0	0.0	100.0	0.0	1	1.0
Side effects							
Yes	55.0	11.1	26.3	22.2	50.0	20	11.9
No	63.2	21.1	34.8	34.0	65.7	155	94.6

Table 10. Improvements in children under the Sprinkle Programme

The improvements of children under the Sprinkle Programme can be seen in **Table 10**. The age of child when first receiving the Sprinkles was mostly seen in 6-11 month old children (72.8 percent). 72.4 percent had received the Sprinkles on a monthly basis, compared to 13.1 percent who had only received the Sprinkles once. Most children received the Sprinkles every other day (94.4 percent) and 81.1 percent of children had liked the Sprinkles. The greatest after effect was vomiting (66.7 percent) followed by nausea (35.7 percent). Three to four months was the greatest duration of receiving the Sprinkles (46.5 percent) with 94.6 percent indicating that there were no side effects seen.

Characteristic		An	thropometric	Measuremen	its (%)		Тс	otal
							(n=:	1776)
	Stu	Inting	W	asting	Unde	rweight		
	(Heigh	t-for-age)	(Weigh	it-for-age)	(Weight-	for-height)		
	<-2SD	<-35D	<-25D	<-3SD	<-2SD	<-3SD	No	%
	~~23D	<-33D	~~23D	-330	~~250	<-33D	NO	70
Age of the child in								
months								
<6	2.1	0.0	5.2	1.0	5.2	1.0	97	5.5
6-11	10.8	1.1	4.3	1.1	9.7	1.1	186	10.5
12-23	16.0	3.8	9.8	2.6	18.4	4.3	418	23.5
24-35	15.9	2.6	19.0	3.7	23.4	6.6	427	24.0
36-47	15.7	3.9	20.2	2.5	28.6	5.3	357	20.1
48- 59	16.2	3.4	17.9	2.8	26.8	7.6	291	16.4
Sex of child								
Male	15.0	3.0	14.8	3.7	21.1	4.4	939	52.9
Female	14.2	3.0	14.3	1.8	21.7	5.9	837	47.1
District								
Nuwara Eliya	23.3	7.0	11.0	2.0	24.0	8.0	300	16.9
Hambanthota	10.6	1.7	17.7	3.1	22.2	4.8	293	16.5
Baticallo	16.4	3.4	16.1	1.7	19.5	6.2	292	16.4
Trinco	9.5	0.7	13.6	2.7	14.2	4.7	295	16.6
Badulla	16.5	3.4	11.8	4.4	24.9	4.0	297	16.7
Moneragala	11.4	1.7	17.4	3.0	23.4	2.7	299	16.8
Residence								
Urban	13.4	2.0	10.2	2.0	16.3	4.5	246	13.9
Rural	13.5	2.3	15.7	3.0	21.5	4.5	1351	76.1
Estate	25.1	9.5	12.3	2.8	27.4	10.1	179	10.1
No. of residents								
1-3	12.9	3.1	14.0	4.4	20.4	4.9	387	21.9
4-6	14.8	3.1	14.9	2.6	21.8	5.6	1203	68.1
≥7	18.2	2.3	14.8	1.1	22.2	2.3	176	10.0
Educational level of								
the caretaker								
No school	25.6	0.0	17.9	0.0	33.3	2.6	39	2.2
Grade1-5	21.3	2.9	19.0	2.3	29.3	7.5	174	9.8
Grade 6-10	16.1	4.4	15.2	3.4	22.4	7.0	585	33.1
Grade 11-13	12.5	2.3	13.5	2.8	19.6	3.6	938	53.0
Higher education	2.9	0.0	5.9	0.0	2.9	0.0	34	1.9
No. 01<5 children in								
nousenoid	147	2.2	15.0	2.0	22.0	F 0	1220	75 5
1 2	14.7 1711	3.Z 2.2	13.U 13.7	3.U 2.2	23.U 16.4	5.U 5.2	102	/ J. J J J D
2	14.1 0 0	2.2 1 0	12.7	2.2	10.4 0 0	5.Z 0 0	403 24	22.9 1 /
5 5/	0.5 20.0	4.Z 0	25.0	0.0	0.5 20.0	0.5 0.0	24 5	1.4 0.2
≤4 Total	20.0 14 6	0 3 0	0.0 14 6	0.0 2 8	20.0 21 <i>1</i>	0.0 5 1	ט 1776	0.5 100 0
Grade 11-13 Higher education No. of<5 children in household 1 2 3 ≥4 Total	12.5 2.9 14.7 14.1 8.3 20.0 14.6	2.3 0.0 3.2 2.2 4.2 0 3.0	13.5 5.9 15.0 12.7 25.0 0.0 14.6	2.8 0.0 3.0 2.2 0.0 0.0 2.8	19.6 2.9 23.0 16.4 8.3 20.0 21.4	3.6 0.0 5.0 5.2 8.3 0.0 5.1	938 34 1329 403 24 5 1776	53.0 1.9 75.5 22.9 1.4 0.3 100.0

Table 11. Anthropometric measurement of children, by background characteristics

Table 11 shows anthropometric measurements of children that determine stunting (Height-for-age <-2 SD), wasting (Weight-for-age <-2SD) and underweight (Weight-for-Height <-2SD), by background characteristics. Among the children in the age group 0-59 months 14.6 percent were stunted, 14.6 percent wasted and 21.4 percent were underweight. Severe stunting, wasting and underweight children were seen in 3.0 percent, 2.8 percent and 5.1 percent, respectively.

The prevalence of stunting was relatively low during the first few months of life (2.1 percent) and started to increase after six months of age up till 59 months. Rates of wasting was fairly low during the first year of life, but started to dramatically increase after two years of age till five years. The prevalence of underweight children was low in the first six months, but started to increase considerably after one year of age till five years.

The percent of children with stunting and wasting was marginally higher in males than in females, where prevalence of underweight was similar between males and females. Inter-district differences were seen with high percentage of children being stunted in Nuwara Eliya (23.3 percent) and Badulla (16.5 percent). Similarly, this pattern was also seen in the prevalence of underweight. Wasting was most prevalent in Hambanthota and Moneragala districts.

A comparison between the three sectors show that the prevalence of stunting and underweight was the highest in the estate sector and wasting was the highest in the rural sector, with the urban sector having the lowest prevalence of all three indicators.

The prevalence of all three indicators had a high prevalence as the number of residents in a household increased. With a lower educational level of the caretaker, the higher the prevalence of the three indicators. Those with higher education levels had the lowest prevalence of the indicators. Households with more than or equal to four children aged under five had a 20.0 percent stunting and underweight prevalence and three children under five in a household had a 25.0 percent prevalence of wasting.

Characteristic	Normal birth weight (%)	Low birth weight (%)	All Di	stricts
	>2500g	≤2500kg	No	%
Age of the child in	Ŭ			
months				
<6	89.4	10.6	94	5.3
6-11	84.9	15.1	186	10.6
12-23	84.1	15.9	416	23.6
24-35	80.9	19.1	425	24.1
36-47	81.9	18.1	354	20.1
48- 59	78.7	21.3	286	16.2
Sex of child				
Male	84.2	15.8	930	52.8
Female	80.4	19.6	831	47.2
District				
Nuwara Eliya	75.9	24.1	299	17.0
Hambanthota	86.3	13.7	293	16.6
Baticallo	84.8	15.2	282	16.0
Trinco	83.8	16.2	291	16.5
Badulla	83.2	16.8	297	16.9
Moneragala	80.6	19.4	299	17.0
Residence				
Urban	83.7	16.3	246	14.0
Rural	83.3	16.7	1337	75.9
Estate	73.6	26.4	178	10.1
No. of residents				
1-3	79.9	20.1	384	21.9
4-6	82.5	17.5	1193	68.1
≥7	86.8	13.2	174	9.9
Educational level of the				
caretaker				
No school	73.7	26.3	38	2.2
Grade1-5	84.7	15.3	170	9.7
Grade 6-10	79.2	20.8	578	32.9
Grade 11-13	84.3	15.7	935	53.3
Higher Education	82.4	17.6	34	1.9
No. of<5 children in				
household				
1	82.8	17.2	1321	75.7
2	81.5	18.5	399	22.9
3	72.7	27.3	22	1.3
>4	75.0	25.0	4	0.2

Table 12. Prevalence of low birth weight, by background characteristics

Newborns with a birth weight of less than 2500g was considered as having a low birth weight (LBW) and those with birth weights higher than 2500g were considered as normal birth weight in **Table 12**.

Children aged 48-59 had a higher prevalence of LBW of 21.3 percent. The prevalence was the highest for female newborns compared with males. Those in the Nuwara Eliya district had a higher prevalence of LBW of 24.1 percent, followed by Moneragala with 19.4 percent being LBW. Those in the estate sector had 26.4 percent with LBW. With a lower number of residents in a household, the higher the prevalence of LBW as those households with one to three residents had 20.1 percent with LBW.

Caretakers with no schooling had the highest prevalence of children with LBW (26.3 percent). Households with three children less than five years had a higher prevalence of LBW (27.3 percent), followed by households with more than or equal to four children less than five years (25.0 percent).

(Hb>11.0g/dL) (Hb<11.0g/dL)*	Characteristic	Normal	Low		Total
Age of the child in months		(Hb>11.0g/dL)	(Hb<11.0g/dL)*	No	%
sector base matrix is a sector	Age of the child in months				
6-1157.043.014910.312-2363.136.936.625.224-3579.220.835524.436-4782.817.232.616.3Sev child </td <td><6</td> <td>50.0</td> <td>50.0</td> <td>44</td> <td>3.0</td>	<6	50.0	50.0	44	3.0
12-23 63.1 36.9 366 25.2 24-35 79.2 20.8 355 24.4 36-47 82.8 17.2 302 20.8 48-59 80.5 19.5 23.6 16.3 Sex of chid Male 72.8 27.2 762 52.5 Female 73.0 27.0 69.0 47.5 District 28.1 29.2 20.1 Hambanthota 71.9 28.1 29.2 20.4 Moneragala 80.9 19.1 29.6 20.4 Moneragala 80.9 22.7 10.6 20.6 Residence 22.7 10.6 21.7 Urban 60.8 39.2 20.9 14.4 Rural 77.3 22.7 10.1 <t< td=""><td>6-11</td><td>57.0</td><td>43.0</td><td>149</td><td>10.3</td></t<>	6-11	57.0	43.0	149	10.3
24-35 36-4779.220.835.524.436-4782.817.230.220.836-4782.817.223.616.3Sec of child </td <td>12-23</td> <td>63.1</td> <td>36.9</td> <td>366</td> <td>25.2</td>	12-23	63.1	36.9	366	25.2
§82.817.230220.848-5980.519.523016.348-5980.519.52016.3Sex of child7.27.6252.5Pistne7.027.069.047.5District7.127.029.220.1Battallo74.525.527.115.7Trinco73.226.826518.3Badulla80.919.129.920.6Moneragala80.919.129.920.6Residence14.410.4Urban60.839.220.914.4Rural61.538.517.912.3Pister11.668.2271.376.523.5116.968.22.774.020.017.310.1Educational level of the15.4392.3Grade 1.579.420.615.96.6Grade 6-1075.324.756.232.7Grade 6-1075.324.756.232.7Grade 6-1075.324.756.232.7Grade 6-1075.324.756.232.7Grade 6-1075.324.756.232.7Grade 6-1075.329.753.416.9Higher education79.420.6342.0Age of the child when 1*50.213.6District	24-35	79.2	20.8	355	24.4
A8-5980.519.523616.3Sex of child776252.5Female7.027.069.047.5District776.252.527.1Uwara Eliya56.044.030020.7Hambanthota71.928.129220.1Baticallo74.525.527.115.7Trinco73.226.826.518.3Badulla80.919.129.020.6ResidenceU10033.220.6Urban60.839.220.914.4Rural77.322.7106.473.3Estate60.839.220.914.4Rural77.322.7106.473.3Estate61.538.517.912.3No. of residents1121.721.72776.023.516.968.22776.023.516.968.22776.023.516.968.22776.723.317.733.4Stonol84.615.4392.3Grade 1-579.420.6342.0Grade 1-1.376.723.391753.4Higher education79.420.6342.0Grade 1-1.376.723.391753.4Higher education79.420.6342.018.2460.020.020.1 <th< td=""><td>36-47</td><td>82.8</td><td>17.2</td><td>302</td><td>20.8</td></th<>	36-47	82.8	17.2	302	20.8
set of childMale72.827.276252.5Female73.027.069047.5District </td <td>48- 59</td> <td>80.5</td> <td>19.5</td> <td>236</td> <td>16.3</td>	48- 59	80.5	19.5	236	16.3
Male 72.8 77.2 762 52.5 Female 73.0 27.0 690 47.5 District Nuwara Eliya 56.0 44.0 300 20.7 Hambanthota 71.9 28.1 292 20.1 Baticallo 74.5 25.5 27.1 15.7 Trinco 73.2 26.8 265 18.3 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 299 20.6 Residence Urban 60.8 39.2 20.9 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents Li Afa 76.7 23.5 1169 68.2 2.7 70.4 20.6	Sex of child				
Female73.027.069047.5District	Male	72.8	27.2	762	52.5
District Nuwar Eliya 56.0 44.0 300 20.7 Hambanthota 71.9 28.1 29.2 20.1 Baticallo 74.5 25.5 271 15.7 Trinco 73.2 26.8 265 18.3 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 292 20.4 Moneragala 80.9 19.1 296 20.4 Residence Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 23.5 1169 68.2 27 74.0 22.6.0 17.3 10.1 246 75.5 23.5 1169 68.2 27 74.0 26.0 17.3 10.1 Cardet Section 75.3 24.7 25.2 2.7 Grade 1.5 79.4 20.6 36.9 2.0	Female	73.0	27.0	690	47.5
Nuwara Eliya 56.0 44.0 300 20.7 Hambanthota 71.9 28.1 292 20.1 Baticallo 74.5 25.5 271 15.7 Trinco 73.2 26.8 265 18.3 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 299 20.6 Residence 7.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents 21.7 24.6 21.7 27 74.0 26.0 173 10.1 Eductional level of the 22.7 10.6 8.2 27 74.0 26.0 173 10.1 Eductional level of the 23.5 1169 68.2 27 74.0 26.0 165 9.6 Grade 1.5 79.4 20.6 34 2.0 Grade 1.1.3 76.7	District				
Hambanthota71.928.129220.1Baticallo74.525.527115.7Trinco73.226.826518.3Badulla82.817.229620.4Moneragala80.919.129920.6Residence20914.4Urban60.839.220914.4Rural77.322.7106473.3Estate61.538.5116968.2No. of residents74.026.017312.74-676.523.5116968.22774.026.017310.1Educational level of the caretaker392.3Grade 1-579.420.61559.6Grade 1-1375.324.752.42.7Grade 6-1075.324.753.42.0Age of the child when 1st75.324.753.4Higher education79.420.6342.0Age of the child when 1st53.43.63.6Duration of receiving the Sprinkle (months)25.913.651.263.636.79.93.1252.464.036.05013.6Duration of receiving the Sprinkle (months)33.79229.01-263.636.49931.23-460.036.05013.6Duration of receiving the Spri	Nuwara Eliya	56.0	44.0	300	20.7
Baticallo 74.5 25.5 271 15.7 Trinco 73.2 26.8 265 18.3 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 296 20.4 Residence Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents 11.3 76.5 23.5 1169 68.2 27 74.0 26.0 173 10.1 12.3 Educational level of the caretaler 11.3 10.1 12.3 12.3 Grade 1.5 79.4 20.6 165 9.6 12.3 Grade 1.5 79.4 20.6 165 9.6 12.3 Grade 1.13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1 st </td <td>Hambanthota</td> <td>71.9</td> <td>28.1</td> <td>292</td> <td>20.1</td>	Hambanthota	71.9	28.1	292	20.1
Trinco 73.2 26.8 265 18.3 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 299 20.6 Residence Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents 1-3 78.2 21.8 327 21.7 4-6 76.5 23.5 1169 68.2 27 74.0 26.0 173 10.1 Educational level of the 23.7 Grade1-5 79.4 20.6 165 9.6 Grade1-5 79.4 20.6 34 2.0 Grade 6-10 75.3 23.7 552 32.7 Grade 6-10 75.3 <	Baticallo	74.5	25.5	271	15.7
Inst. 1.0.0 2.00 2.00 0.00 Badulla 82.8 17.2 296 20.4 Moneragala 80.9 19.1 299 20.6 Residence 299 20.6 Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents 21.8 327 21.7 4-6 76.5 23.5 1169 68.2 27 27 76.0 26.0 17.4 66.8.2 27 67.40 76.7 23.5 1169 68.2 27 Grade 1.5 79.4 20.6 36.5 9.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36.4 20.6 36	Trinco	73.2	26.8	265	18.3
bootma bootma<	Badulla	87.8	17.2	205	20.4
Moneragial 8.0.9 19.1 2.99 20.6 Residence Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 179 12.3 No. of residents 1-3 78.2 21.8 327 21.7 4-6 76.5 23.5 1169 68.2 ≥7 74.0 26.0 173 10.1 Educational level of the 2.3 Grade1-5 79.4 20.6 165 9.6 Grade1-5 79.4 20.6 34 2.0 Grade 6-10 75.3 24.7 562 32.7 Grade 1-1.3 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1 st	Mananaala	02.0	17.2	290	20.4
Residence Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 38.5 17.9 12.3 No. of residents 78.2 21.8 327 21.7 4-6 76.5 23.5 1169 68.2 ≥7 70.0 26.0 173 0.1 Educational level of the 60.8 15.4 39 2.3 Grade1-5 79.4 20.6 165 9.6 Grade 6-10 75.3 24.7 562 32.7 Grade 1-1.3 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1 st 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1 st 70.3 20.6 50.5 15.9 12-17 80.0 20.0 5	woneragaia	80.9	19.1	299	20.6
Urban 60.8 39.2 209 14.4 Rural 77.3 22.7 1064 73.3 Estate 61.5 32.5 179 12.3 No. of residents	Residence				
Rural77.322.7106473.3Estate61.538.517912.3No. of residents $I1-3$ 78.221.832721.71-378.223.5116968.2≥774.026.017310.1No school84.615.4392.3Grade 1-579.420.61659.6Grade 1-579.420.6342.0Grade 1-1376.723.391753.4Higher education79.420.6342.0Age of the child when 1 st 34.4No school84.615.4392.3Grade 1-1379.420.634.020.7Age of the child when 1 st fereiving the Sprinkle (months)29.72260.512-1780.020.09525.918-2464.033.79229.012-2563.633.79229.01-263.636.49931.23-467.033.010633.42485.012.931.23-485.012.931.23-485.012.931.23-485.012.93	Urban	60.8	39.2	209	14.4
Estate 61.5 38.5 179 12.3 No. of residents	Rural	77.3	22.7	1064	73.3
No. of residentsI1-378.221.832721.74-676.523.5116968.2≥774.026.017.310.1Educational level of thecaretakerNo school84.615.4392.3Grade1-579.420.61659.6Grade 6-1075.324.756232.7Grade 11-1376.723.391753.4Higher education79.420.6342.0Age of the child when 1st20.6342.0receiving the Sprinkle (months)6-1170.329.72260.512-1780.020.09525.918-2464.036.05013.6Duration of receiving theSprinkle (months)66.333.79229.01-263.636.49931.23-467.033.010633.4>480.030.010633.4>480.031.010633.4>480.030.010633.4>480.030.010633.4>480.030.010633.4>480.030.010633.4>480.020.020.030.01-2<	Estate	61.5	38.5	179	12.3
1-378.221.832721.74-676.523.5116968.2≥774.026.017310.1Educational level of the caretakercaretakerNo school84.615.4392.3Grade1-579.420.61659.6Grade 6-1075.324.756232.7Grade 11-1376.723.391753.4Higher education79.420.6342.0Age of the child when 1*76.723.391753.4receiving the Sprinkle (months)Fereiving the Sprinkle (months)CCCSprinkle (months)CCCSprinkle (months)CCCCCCCCCCCCCCCCCCCCCCCCC <td< td=""><td>No. of residents</td><td></td><td></td><td></td><td></td></td<>	No. of residents				
4-676.523.5116968.2≥774.026.017310.1Educational level of the caretakercaretaker7310.1No school84.615.4392.3Grade 1-579.420.61659.6Grade 6-1075.324.756232.7Grade 11-1376.723.391753.4Higher education79.420.6342.0Age of the child when 1streceiving the Sprinkle (months)64.029.72260.512-1780.020.09525.918-2464.036.05013.6Duration of receiving the Sprinkle (months)21.263.633.79229.01-263.636.49931.23-467.033.010633.4>485.015.02063.4>485.015.020.931.23-467.033.010633.4>485.015.020.931.23-485.015.020.933.4>485.015.020.9179.220.8129976.1	1-3	78.2	21.8	327	21.7
≥7 74.0 26.0 173 10.1 Educational level of the caretaker No school 84.6 15.4 39 2.3 Grade1-5 79.4 20.6 165 9.6 Grade 6-10 75.3 24.7 562 32.7 Grade 11-13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1 st 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months) <1	4-6	76.5	23.5	1169	68.2
Educational level of the caretaker No school 84.6 15.4 39 2.3 Grade1-5 79.4 20.6 165 9.6 Grade 6-10 75.3 24.7 562 32.7 Grade 11-13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1st 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1st 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months) 7 7 33.7 92 29.0 1-2 66.3 33.7 92 29.0 31.2 3-4 65.0 15.0 20 33.4 24 85.0 15.0 20 33.4 24 85.0 15.0 20 33.4 <	≥7	74.0	26.0	173	10.1
caretaker value	Educational level of the				
No school 84.6 15.4 39 2.3 Grade1-5 79.4 20.6 165 9.6 Grade 6-10 75.3 24.7 562 32.7 Grade 11-13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1st 76.7 23.3 917 53.4 receiving the Sprinkle (months) 70.4 20.6 34 2.0 6-11 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months) 51 13.6 14 <1 66.3 33.7 92 29.0 1-2 63.6 36.4 99 31.2 3-4 67.0 33.0 106 33.4 >4 85.0 15.0 20 6.3 No. of children under fiv	caretaker				
Grade1-5 79.4 20.6 165 9.6 Grade 6-10 75.3 24.7 562 32.7 Grade 11-13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1st 20.6 34 2.0 receiving the Sprinkle (months) 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months) 71.2 33.7 92 29.0 1-2 63.6 36.4 99 31.2 3-4 65.0 15.0 20 6.3 Variation of receiving the Sprinkle (months) 33.0 106 33.4 <1	No school	84.6	15.4	39	2.3
Grade 6-1075.324.756232.7Grade 11-1376.723.391753.4Higher education79.420.6342.0Age of the child when 1streceiving the Sprinkle (months) $6-11$ 70.329.722 60.5 12-1780.020.09525.918-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months)<1	Grade1-5	79.4	20.6	165	9.6
Grade 11-13 76.7 23.3 917 53.4 Higher education 79.4 20.6 34 2.0 Age of the child when 1st * * * * receiving the Sprinkle (months) 511 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the * * * * Sprinkle (months) * * * * * <1	Grade 6-10	75.3	24.7	562	32.7
Higher education/9.420.6342.0Age of the child when 1stzzzzreceiving the Sprinkle (months)zzz60.56-1170.329.72260.512-1780.020.09525.918-2464.036.05013.6Duration of receiving the Sprinkle (months)<1	Grade 11-13	76.7	23.3	917	53.4
Age of the child when 1 ^a receiving the Sprinkle (months) 29.7 22 60.5 6-11 70.3 29.7 22 60.5 12-17 80.0 20.0 95 25.9 18-24 64.0 36.0 50 13.6 Duration of receiving the V V V V Sprinkle (months) 66.3 33.7 92 29.0 1-2 63.6 36.4 99 31.2 3-4 67.0 33.0 106 33.4 >4 85.0 15.0 20 6.3 No. of children under five V V V 1 79.2 20.8 1299 76.1	Higher education	79.4	20.6	34	2.0
receiving the Sprinkle (months)6-1170.329.72260.512-1780.020.09525.918-2464.036.05013.6Duration of receiving theSprinkle (months)<1	Age of the child when 1*				
6-1170.329.72260.512-1780.020.09525.918-2464.036.05013.6Duration of receiving the Sprinkle (months)<1	receiving the Sprinkle (months)				
12-1780.020.09525.918-2464.036.05013.6Duration of receiving the Sprinkle (months)<1	6-11	70.3	29.7	22	60.5
18-24 64.0 36.0 50 13.6 Duration of receiving the Sprinkle (months) 50 13.6 <1	12-17	80.0	20.0	95	25.9
Duration of receiving the Sprinkle (months) 92 29.0 <1	18-24	64.0	36.0	50	13.6
Sprinkle (months) 2 29.0 <1	Duration of receiving the				
<1	Sprinkle (months)				
1-2 63.6 36.4 99 31.2 3-4 67.0 33.0 106 33.4 >4 85.0 15.0 20 6.3 No. of children under five 79.2 20.8 1299 76.1	<1	66.3	33.7	92	29.0
3-4 67.0 33.0 106 33.4 >4 85.0 15.0 20 6.3 No. of children under five 1 79.2 20.8 1299 76.1	1-2	63.6	36.4	99	31.2
>4 85.0 15.0 20 6.3 No. of children under five 1 79.2 20.8 1299 76.1	3-4	67.0	33.0	106	33.4
No. of children under five 1 79.2 20.8 1299 76.1	>4	85.0	15.0	20	6.3
1 /9.2 20.8 1299 /6.1	NO. OF CHIIGREN UNDER TIVE	70.2	20.9	1200	76 1
2 67 0 22 1 292 22 4	1 2	67.9	20.0	783	22.4
2 07.5 52.1 505 22.4 3 77.3 77.7 77 1.2	2	77 3	22.1	22	1 3
≥4 100.0 0.0 4 0.2	_ ≥4	100.0	0.0	4	0.2

Table 13. Prevalence of anemia, by background characteristics

*Adjustments in the cut off points in hemoglobin levels have been made for altitude (N' Eliya <11.5g/dL, Badulla 11.2g/dL, Moneragala 11.1g/dL).

The hemoglobin levels of 1776 children in the age groups between 6-59 months are seen in **Table 13**, with the cutoff point being Hb<11.0g/dL. The age group that had the highest prevalence of anemia was children aged less than six months (50.0 percent). Male children showed a slightly higher prevalence than females (27.2 percent and 27.0 percent, respectively). Nuwara Eliya had the highest prevalence compared to all other districts, with 44.0 percent of children having anemia. Both urban and estate sectors had a high prevalence of anemia (39.2 percent and 38.5 percent, respectively). There were no major differences between the numbers of residents in each household and the educational level of the caretaker. Children that first received the Sprinkles at age 18-24 months had a 36.0 percent higher prevalence of developing anemia. The longer the duration of the Sprinkle Programme, the lower the prevalence of anemia. Households that have at least two children under five had a 32.1 percent prevalence of anemia.

Table 14. Quality of	Antenatal care	provided to th	ne pregnant women
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Characteristic			% Wit	hin District				Trimester		All Di	stricts
		_									
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	1st	2nd	3rd	No	%
Attending ANC regularly											
Yes	100.0	70.6	71.4	63.6	85.7	100.0	6.6	59.0	34.4	61	81.3
No	0.0	11.8	28.6	27.3	14.3	0.0	40.0	60.0	0.0	10	13.3
First visit	0.0	17.6	0.0	9.1	0.0	0.0	50.0	50.0	0.0	4	5.3
Frequency of ANC				•							
attendance											
	0.0	0.0	0.1	10 E	0.0	0.0	0.0	100.0	0.0	n	2.0
0	0.0	0.0	9.1	12.5	0.0	0.0	0.0	100.0	0.0	2	2.9
1	0.0	26.3	18.2	12.5	16.7	9.1	40.0	50.0	10.0	10	14.3
2	26.7	15.8	9.1	0.0	0.0	36.4	8.3	91.7	0.0	12	17.1
3	26.7	26.3	36.4	12.5	33.3	0.0	b.3	93.8	0.0	16	22.9
≥4 Supplementation	46.7	31.0	27.3	62.5	50.0	54.5	0.0	30.0	70.0	30	42.9
Iron											
Regularly	86 7	82 /	81 8	87 5	85 7	72 7	18	61 /	36.8	57	82.6
Irregularly	0.0	002.4	0.0	0.0	0.0	91	0.0	0.0	100.0	1	1 4
Only once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not received	13.3	17.6	18.2	12.5	14.3	18.2	54.5	45.5	0.0	11	15.9
Folic acid											
Regularly	80.0	76.5	72.7	87.5	100.0	63.6	7.5	58.5	34.0	53	77.9
Irregularly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Only once	13.3	5.9	0.0	12.5	0.0	9.1	0.0	60.0	40.0	5	7.4
Not received	6.7	17.6	27.3	0.0	0.0	27.3	30.0	60.0	10.0	10	14.7
Calcium											
Regularly	80.0	76.5	63.6	87.5	85.7	72.7	1.9	58.5	39.6	53	76.8
Irregularly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Only once	6.7	5.9	9.1	0.0	14.3	0.0	0.0	75.0	25.0	4	5.8
Not received	13.3	17.6	27.3	12.5	0.0	27.3	50.0	50.0	0.0	12	17.4
Vitamin C											
Regularly	80.0	76.5	72.7	87.5	57.1	81.8	1.9	60.4	37.7	53	76.8
Irregularly	0.0	0.0	0.0	0.0	28.6	0.0	0.0	50.0	50.0	2	2.9
Only once	6./	5.9	9.1	0.0	14.3	0.0	25.0	50.0	25.0	4	5.8
Not received	13.3	17.6	18.2	12.5	0.0	18.2	50.0	50.0	0.0	10	14.5
Bogularly	02.2	47 1	00.0	07 E	14.2	70 7	1 2	66 7	20.2	10	60.6
Irrogularly	93.3 6 7	47.1	90.0	87.5 0.0	14.3 12.0	72.7	4.2	00.7 1/1 2	29.2 95 7	48 7	09.0 10.1
Only once	0.7	11.0	0.0	125	42.9 28.6	0.0 27 3	0.0 25 0	14.5 50.0	05.7 25.0	2 2	10.1
Not received	0.0	22.5	0.0	12.5	20.0	27.5	50.0	50.0	23.0	6	9.7
CSB	0.0	د.2	5.1	0.0	14.3	0.0	50.0	50.0	0.0	0	0.7
Regularly	13.3	0.0	81.8	75.0	0.0	0.0	0.0	64.7	35.3	17	24.6
Irregularly	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Only once	20.0	5.9	9.1	25.0	28.6	63.6	6.3	62.5	31.3	16	23.2
, Not received	66.7	94.1	9.1	0.0	71.4	36.4	16.7	52.8	30.6	36	52.2

Table 14 shows the Antenatal Care (ANC) provided to pregnant women. Overall, 81.3 percent of pregnant womenhad attended ANC and 42.0 percent attended four or more times. Both Nuwara Eliya and Moneragala districts had

100.0 percent regular attendance to ANC. Those in the second trimester of pregnancy had the highest regular attendance to ANC. Trincomale had 62.5 percent attending ANC four or more times whilst 93.8 percent of those in the second trimester attended ANC at least three times. Iron, calcium and vitamin C was regularly received in Trincomale (87.5 percent received for all three supplements), Badulla received folic acid (100.0 percent) and Corn Soya Blend (CSB) regularly (81.8 percent). In Nuwara Eliya, 93.3 percent had received Thriposha regularly. Those in the second trimester of pregnancy received supplements more regularly than those in other two trimesters.

Characteristic	Supplements (%)									
	Iron	Folic acid	Calcium	Vitamin C	Thriposha	CSB				
District										
Nuwara Eliya	86.7	93.3	86.7	86.7	80.0	0.0				
Hambanthota	61.1	77.8	77.8	72.2	70.6	7.1				
Baticallo	54.5	60.0	60.0	80.0	90.0	90.0				
Trinco	50.0	50.0	62.5	50.0	55.6	75.0				
Badulla	85.7	100.0	85.7	85.7	57.1	16.7				
Moneragala	81.8	63.6	90.9	72.7	54.5	0.0				
Residence										
Urban	70.0	100.0	70.0	70.0	72.7	36.4				
Rural	64.7	67.3	76.0	72.0	65.3	32.5				
Estate	100.0	88.9	100.0	100.0	88.9	0.0				
No. of residents										
1-3	65.6	67.7	80.6	74.2	74.2	46.2				
4-6	71.4	79.4	74.3	74.3	65.7	16.1				
≥7	100.0	100.0	100.0	100.0	66.7	0.0				

Table 15.Intake of nutrition supplements by pregnant women, by background characteristics

The intake of nutrition supplementation by pregnant woman of different districts, residence and by number of residents is seen in **Table 15.** Nuwara Eliya received the highest amount of folic acid supplements (93.3 percent) and Hambanthota received more folic acid (77.8 percent) and calcium (77.8 percent). Baticallo received more Thriposha (90.0 percent) and CSB (90.0 percent) compared with other districts. Badula received 100.0 percent folic acid and Moneragala received 90.9 percent of calcium supplementation. The estate sector received majority of the supplementation with iron, calcium and vitamin C being received 100.0 percent. Similarly, households that had seven or more residents received 100.0 iron, folic acid, calcium and vitamin C supplementation.

Table 16. Quality of care provided to lactating mothers.

Characteristic	% Within District							Districts
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
Number of visits by PHM								
None	13.6	4.8	25.0	3.6	0.0	0.0	11	11.6
Once	9.1	23.8	29.0	25.0	0.0	0.0	21	22.1
Unce	9.1	25.0	29.2	23.0	0.0	0.0	21	22.1
Twice	13.0	19.0	37.5	32.1	0.0	0.0	25	20.3
Number of clinic visits	05.0	52.4	0.5	59.5	0.0	0.0	20	40.0
None	43	0.0	11 5	11 5	0.0	0.0	7	7 2
Once	26.1	18.2	15.4	15.4	0.0	0.0	, 18	18.6
Twice	34.8	27.3	19.7	34.6	0.0	0.0	28	28.9
>Twice	34.8	54.5	53.8	38.5	0.0	0.0	44	45.4
Supplementation								
Iron								
Regularly	45.8	72.7	51.9	51.9	0.0	0.0	55	55.0
Irregularly	0.0	4.5	0.0	0.0	0.0	0.0	1	1.0
Only once	4.2	4.5	25.9	7.4	0.0	0.0	11	11.0
Not received	50.0	18.2	22.2	40.7	0.0	0.0	33	33.0
Folic acid								
Regularly	41.7	54.5	51.9	51.9	0.0	0.0	50	50.0
Irregularly	0.0	4.5	0.0	0.0	0.0	0.0	1	1.0
Only once	4.2	9.1	25.9	7.4	0.0	0.0	12	12.0
Not received	54.2	31.8	22.2	40.7	0.0	0.0	37	37.0
Calcium								
Regularly	45.8	77.3	40.7	51.9	0.0	0.0	53	53.0
Irregularly	0.0	4.5	0.0	0.0	0.0	0.0	1	1.0
Only once	4.2	0.0	25.9	3.7	0.0	0.0	9	9.0
Not received	50.0	18.2	33.3	4.4	0.0	0.0	37	37.0
Vitamin C	45.0	77.0	54.0	54.0			50	56.0
Regularly	45.8	//.3	51.9	51.9	0.0	0.0	56	56.0
Only and	0.0	4.5	0.0	0.0	0.0	0.0	1	1.0
Not received	4.2	19.2	23.9	7.4	0.0	0.0	22	22.0
Thrinosha	50.0	10.2	22.2	40.7	0.0	0.0	55	33.0
Regularly	75.0	54 5	51 9	59 3	0.0	0.0	60	60.0
Irregularly	0.0	18.2	37	37	0.0	0.0	6	6.0
Only once	4.2	4 5	14.8	3.7	0.0	0.0	7	7.0
Not received	20.8	22.7	29.6	33.3	0.0	0.0	, 27	27.0
CSB								
Regularly	0.0	4.5	70.4	55.6	0.0	0.0	35	35.0
Irregularly	0.0	4.5	0.0	3.7	0.0	0.0	2	2.0
Only once	8.3	0.0	14.8	7.4	0.0	0.0	8	8.0
Not received	91.7	90.9	14.8	33.3	0.0	0.0	55	55.0

Table 16 shows the quality care provided to lactating mothers. The Public Health Midwives (PHM) had only visited the households more than twice 40.0 percent, in all districts. Hambanthota and Baticallo had the highest rates of clinical visits (54.5 percent and 53.8 percent, respectively) with 45.4 percent attending the clinic more than twice. Overall, Thriposha was regularly supplemented 60.0 percent to all districts whilst CSB was the lowest received regularly (35.0 percent).

Characteristic		Supplementation (%)								
	Iron	Folic acid Calcium Vitamin C Thriposha					No	%		
District										
Nuwara Eliya	54.5	50.0	54.5	54.5	78.3	4.5	23	23.7		
Hambanthota	85.7	60.0	85.7	85.7	85.7	10.5	21	21.9		
Baticallo	70.4	73.1	61.5	73.1	73.1	84.6	27	27.8		
Trinco	51.9	51.9	51.9	59.3	55.6	55.6	27	28.4		
Badulla	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Moneragala	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Residence										
Urban	73.3	78.6	78.6	78.6	78.6	57.1	15	15.5		
Rural	66.2	57.8	61.5	69.2	70.8	49.2	68	70.8		
Estate	52.9	47.1	52.9	52.9	72.2	5.9	18	18.6		
No. of residents										
1-3	77.3	72.7	68.2	77.3	81.8	77.3	22	23.7		
4-6	56.7	54.2	57.6	61.0	66.7	32.8	60	62.5		
≥7	85.7	61.5	78.6	85.7	85.7	30.8	14	14.7		

Table 17.Intake of nutrition supplementations by lactating women by background characteristics

The intake of nutrition supplements by lactating women can be seen in **Table 17.** Nuwara Eliya received Thriposha the greatest (78.3 percent) followed by Hambanthota receiving 85.7 percent of iron, calcium, vitamin C and Thriposha, Baticallo received folic acid, vitamin C and Thriposha 73.1 percent and Trinco received vitamin C 59.3 percent. Rural areas had the greatest number of supplements received (70.8 percent). Households with four to six residents received supplements 62.5 percent.

Table 18.Community mobilization & Education by district

Characteristic			All Districts					
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
Being a member of a								
group								
Yes	37.0	42.0	45.7	22.8	29.6	34.8	616	35.3
No	63.0	58.0	54.3	77.2	70.4	65.2	1128	64.7
View on mother's group								
discussion								
Useful	100.0	99.1	77.1	52.3	96.6	100.0	610	85.3
Did not learn anything	0.0	0.0	22.3	39.4	3.4	0.0	92	12.9
Waste of time	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
No comments	0.0	0.9	0.6	8.3	0.0	0.0	13	1.8
House visit by volunteer								
Yes	59.8	78.0	87.9	84.9	2.0	1.0	900	51.6
No	40.2	22.0	12.1	15.1	98.0	99.0	844	48.4
View on their visit								
Useful	97.0	99.1	92.0	91.1	85.7	80.0	849	94.2
Did not learn anything	3.0	0.5	7.2	2.8	14.3	20.0	34	3.8
Waste of time	0.0	0.5	0.8	5.7	0.0	0.0	17	1.9
No comments	0.0	0.0	0.0	0.4	0.0	0.0	1	0.1
Received printed health								
education material from								
clinic								
Yes	49.3	79.2	33.6	18.7	68.6	80.8	960	55.3
No	50.7	20.8	66.4	81.3	31.4	19.2	775	44.7
Had read health								
		07.4	00.2	AC 4	00 5	00.6	061	00 F
ies No	95.4 1 E	97.4 26	80.5 10 7	40.4 52 6	98.5 1 E	99.0 0.4	901 101	90.5 0 5
No View on their visit	4.0	2.0	19.7	0.50	1.5	0.4	101	5.5
	07.2	00.4	01 5	F1 1	00 5	00.0	047	02.0
Useiul Did not loarn anything	97.Z	99.I	5.18 2 /	51.1 11 7	99.5 0 F	99.0 0.4	947 10	92.0 1.0
Waste of time	1.4 1.4	0.0	5.4 15 1	11.7 27.2	0.5	0.4	19 57	1.5

Table 18 shows community mobilization and education. Only 35.3 percent, in all districts, had been a member of a group where 85.3 percent found that the mother's group discussions were useful. Overall, only 51.6 percent had volunteers visiting their homes and of them 94.2 percent found the visits useful. In all districts, 55.3 percent had received printed health educational material from the clinic and 90.5 percent had read the material where 92.6 percent found it useful.

Table 19. Provision of Iron supplementation to adolescents, by districts

Characteristic	% Within District All Dis								
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%	
Having a child aged 10-19									
Yes	12.5	24.2	35.1	35.5	19.0	20.1	406	24.0	
No	87.5	75.8	64.9	64.5	81.0	79.9	1285	76.0	
Child had received iron tablets from									
the school									
Yes	9.4	28.1	57.1	54.8	51.9	64.3	188	48.2	
No	90.6	71.9	42.9	45.2	48.1	35.7	202	51.8	
Duration of the treatment									
6 months	33.3	6.1	43.5	29.2	21.4	15.8	64	27.1	
Irregular	66.7	42.4	13.0	16.9	46.4	28.9	60	25.4	
Still receiving	0.0	0.0	5.8	10.8	7.1	15.8	19	8.1	
Don't know	0.0	51.5	37.7	41.5	25.0	39.5	92	39.0	

As shown in **Table 19**, of those who had a child aged 10-19 (24.0 percent), only 48.2 percent had received iron tablets from school, with Moneragala having the highest percentage (64.3 percent) of iron distribution at schools. A total of 39.0 percent, in all districts, did not know the duration of the treatment, whilst only 27.1 percent knew the duration of the treatment was six months.

Table 20. Household characteristics, by districts

Characteristic		All Districts						
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
Floor of the house								
Mud/cow dung	12.4	12.6	2.7	3.4	17.2	20.1	203	11.5
Wood	1.3	0.3	5.5	0.3	1.0	1.0	28	1.6
Cement	84.9	82.3	87.6	94.2	70.0	70.2	1442	81.5
Tile/Terrazzo	1.3	4.4	2.4	2.1	8.1	2.3	61	3.4
Uther	0.0	0.3	1./	0.0	2.0	6.4	31	1.8
Cadian	0.7	6.8	14.8	27	34	3.0	92	52
Corrugated sheet/Tar sheets	80.6	10.2	10.3	22.0	12.1	11.7	436	24.6
Asbestos	13.7	9.6	4.1	31.3	54.2	19.4	391	22.1
īile	2.0	73.0	70.8	41.6	23.2	63.5	806	45.5
oncrete	3.0	03	0.0	1 4	6.4	23	40	23
Others	0.0	0.0	0.0	1.0	0.7	0.0	5	0.3
Type of wall in the house	0.0	010	010	210	017	0.0	0	010
Cadian	0.0	0.7	8.6	3.1	2.0	0.0	42	2.4
Mud	7.4	4.8	1.7	2.4	7.4	7.7	93	5.3
Nood	4.3	0.0	1.0	1.4	0.7	0.0	22	1.2
Hard boards	1.0	0.0	0.7	0.3	0.7	0.0	8	0.5
Brick/Cabok	21.7	74.4	33.1	37.2	44.8	74.6	843	47.7
Cement blocks	62.2	19.8	50.3	54.8	43.8	17.4	731	41 3
Others	3 3	03	4 5	0.7	0.7	03	29	16
tems in the household	5.5	0.0		0.7	0.7	0.5	25	1.0
	97.6	99 7	70.2	93.8	95 9	97 3	1633	92 5
Electricity	88.6	85.7	61.0	85.9	83.2	72.6	1407	79.5
Solar power	2.7	0.7	0.7	0.7	5.7	6.0	49	2.8
Radio	73.6	64 8	42.8	63 1	5. <i>1</i> 77 7	73.2	1164	65.9
Television	82.6	78.8	54.8	76.6	83.6	70.9	1316	74.6
Mobile phone	67.2	83.3	64.0	74.8	79.5	69.6	1293	73.1
and/CDMA phone	41.8	37.9	16.4	34.5	54.5	40.1	666	37.6
Push bicycle	6.7	35.2	65.4	64.5	23.2	53.8	731	41.3
Notorcycle	5.4	40.6	18.5	39.1	21.2	33.8	466	26.3
Three wheeler	6.0	11.6	4.5	8.7	12.5	13.7	168	9.5
Fractor/land master	1.0	5.5	1.0	4.5	1.7	12.0	76	4.3
Car/Van/Bus/Lorry	3.7	3.8	1.4	2.4	5.4	0.7	51	2.9
Motor boat	0.7	0.7	0.0	2.8	0.0	0.0	12	0.7
			0.0		0.0	21.4		0.,

Table 20 presents information relevant to the housing structure and items in the household, according to districts. Majority lived in houses made of cement (81.5 percent), tile roofing (45.5 percent) and brick/cabok was used for walls for the household (47.7 percent). Common items owned by the households include clocks (92.5 percent), television (74.6 percent) and mobile phones (73.1 percent). Almost 79.5 percent of households had access to electricity, the coverage being relatively high in Nuwara Eliya (88.6 percent) and low in Baticallo (61.0 percent).

Table 21.Water and sanitation

			0/ \4/:1-	in Distair			A 11 P	intuinte
Characteristic			% With	in Distric	t		All D	istricts
Characteristic	Nuwara Eliya	Hambantho ta	Baticallo	Trinco	Badulla	Moneragala	No	%
Main source of drinking								
water	53.3	70.0	2.4	40.0	44.0	F 4 F	011	45.0
Piped water	52.3	79.2	2.1	48.3	41.8	51.5	811	45.9
Public tap	3.7	0.7	1.0	3.1	0.3	5.4	42	2.4
Tube well/Borehole	0.0	1.4	12.0	1.7	3.7	2.3	62	3.5
Protected/common well	3.7	11.3	50.5	39.6	23.6	15.4	421	23.8
Rain water	0.0	0.0	2.4	0.3	1.7	2.3	20	1.1
Water tank	2.0	0.0	0.0	0.7	0.0	0.7	10	0.6
River	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pond	0.3	2.0	0.3	0.7	0.3	1.7	16	0.9
Protected well	2.7	0.3	0.0	0.0	0.0	3.7	20	1.1
Unprotected well	1.3	1.0	2.7	0.7	2.4	1.7	29	1.6
Canal	33.9	4.1	28.9	4.9	26.3	15.4	335	19.0
Main source of water for								
washing and other purposes								
Piped water	47.5	77.8	1.7	24.2	41.8	45.2	704	39.8
Public tap	0.7	0.3	1.0	1.4	1.0	5.0	28	1.6
Tube well/Borehole	0.0	1.4	11.0	3.1	2.0	1.3	55	3.1
Protected well/common	0.3	9.2	47.6	52.6	15.8	11.7	401	22.7
well								
Rain water	2.3	0.3	4.1	10.0	6.1	1.7	72	4.1
Water tank	2.0	0.3	0.0	0.0	0.0	1.0	10	0.6
River	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pond	0.0	1.7	0.3	0.7	1.3	2.3	19	1.1
Protected well	7.4	2.7	0.0	0.0	0.3	9.7	60	3.4
Unprotected well	0.0	0.7	0.7	0.3	0.7	0.0	7	0.4
Canal	9.7	2.4	33.6	7.6	15.2	15.7	248	14.0
Method								
Chlorine	9.4	20.1	9.2	17.0	6.4	6.0	200	11.3
Boiling	84.2	44.7	68.5	42.2	79.1	61.5	1122	63.5
Filtration	3.0	18.1	11.3	17.6	7.4	22.1	234	13.2
None	3.4	17.1	11.0	23.2	7.1	10.4	211	11.9
Hand washing after								
using toilet								
Always with soap	65.2	92.8	99.3	96.9	82.4	74.2	1500	85.0
Sometimes with soap	13.4	5.1	0.0	2.8	16.2	25.1	186	10.5
Without soap	20.1	1.4	0.0	0.3	0.7	0.7	69	3.9
Don't wash	1.3	0.3	0.3	0.0	0.7	0.0	8	0.5
No answer	0.0	0.3	0.3	0.0	0.0	0.0	2	0.1
Hand washing before								
eating	20.0	77.7	00.4	72.2	E 6 0	12.0	1000	62.2
Aiways with soap	38.9 20 0	12.3	90.4 2.7	/3.2 0.1	50.9 20.2	42.8 15 0	200 T078	02.2 22.0
sometimes with soap	28.9	10.1	Z./	9.1	29.3	45.2	389	22.0

Without soap	31.2	11.0	6.2	17.4	12.8	11.7	266	15.1
Don't wash	1.0	0.7	0.7	0.3	1.0	0.3	12	0.7
No answer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Toilets								
Flush latrines/Toilet with water	67.3	85.3	84.6	97.2	88.2	97.0	1529	86.6
Traditional pit	8.4	13.7	1.7	0.3	5.4	3.0	96	5.4
latrine/open pit								
Communal latrines	11.8	1.0	1.0	0.7	6.4	0.0	62	3.5
No latrines	12.5	0.0	12.7	1.7	0.0	0.0	79	4.5
Disposal of child's stool								
Flush latrines/Toilet with water	64.3	79.7	73.6	94.1	87.5	90.3	1437	81.6
Traditional pit	8.4	16.9	3.1	0.0	4.0	2.3	102	5.8
latrine/open pit								
Communal latrines	9.1	1.0	1.4	1.0	6.4	0.7	58	3.3
Plastic commode								
No latrines	18.2	2.4	21.9	4.9	2.0	6.7	165	9.4

As shows in **Table 21**, piped water was the main source of drinking water followed by protected well/borehole, in all districts, practiced by 45.9 percent and 23.8 percent of all households, respectively. An overall 39.8 percent of households used piped water as their main source of water for washing and other purposes. The most common method of purifying water, in all districts, was boiling (63.5 percent). Hand washing after using the toilet was commonly practiced by households with 85.0 percent always using soap after using the toilet. Similarly, 62.2 percent always washed their hands with soap before eating. Majority of the households had access to flush latrines/toilet with water and 81.6 percent disposed their child's stool in a flush latrine/toilet with water.

Table 22. Income and expenditure

			All districts					
Characteristic								
	Nuwara Eliya	Hambanthota	Baticallo	Trinco	Badulla	Moneragala	No	%
Father's occupation								
Accountant	0.3	0.0	0.3	0.0	0.6	0.0	4	0.3
Agriculture	0.7	1.0	0.0	0.3	0.0	0.3	7	0.5
Air Force	0.0	0.0	0.0	0.3	2.0	0.0	/	0.4
Army Bankor	1.3	5.4	0.0	0.0	5.7	8.0	2	3.0 0.2
Barber	0.5	0.0	0.0	0.0	0.0	0.0	2	0.2
Business	10.4	10 E	6.7	0.7	17.2	4.0	177	10 5
Dusiliess	10.4	10.5	0.7	9.4 0.0	17.2	4.9	1	10.5
Corportor	0.0	0.0	0.0	0.0	0.0	0.3	100	6.2
Carpenter	3.0	17.3	4.1	3.1	2.7	0.3	108	0.2
Cher	0.6	0.0	0.0	0.0	0.6	0.3	5	0.4
Civil server	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Clerk	1.0	1.0	0.7	0.3	0.3	0.0	10	0.6
Communication	0.3	0.0	0.0	0.0	0.0	0.0	1	0.1
Computer engineer	0.0	0.0	0.0	0.0	0.0	0.3	1	0.1
Contractor	0.6	0.3	0.3	0.3	0.3	0.3	6	0.5
Dead ??	0.0	0.0	0.0	0.0	0.0	0.3	1	0.1
Disable	0.0	0.0	0.3	0.0	0.0	0.0	1	0.1
Doctor	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Driver	9.9	6.5	5.4	8.1	11.5	6.7	143	8.2
Electrician	1.2	0.3	0.3	0.0	0.0	0.0	6	0.5
Executive	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Factory office	1.3	0.0	0.0	0.0	0.0	0.0	4	0.3
Farmer	1.4	24.6	0.7	11.2	25.6	36.8	297	16.8
Field officer	0.0	0.0	0.0	0.0	0.3	0.3	2	0.2
Fisherv	0.1	8.5	13.3	10.8	0.0	0.3	97	5.5
Foreign employment	3.6	0.7	4.8	5.6	2.0	2.5	58	3.6
Garage owner	0.3	0.0	0.0	0.0	0.0	0.0	1	0.1
Garment factory	0.6	0.3	0.0	0.0	0.7	0.0	5	0.3
Government officer	0.7	0.7	1.0	0.0	0.3	0.3	9	0.6
Govijanaseva	0.0	0.3	0.0	0.0	0.0	0.0	1	0.1
GramaNiladari	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Hair salon	0.0	0.0	1.0	0.6	0.0	0.0	5	0.3
Home guard	0.7	0.3	0.0	2.0	0.0	0.0	9	0.5
Horse guide	1.0	0.0	0.0	0.0	0.0	0.0	3	0.2
Hotal	1.0	0.0	1 /	0.0	1 2	0.0	17	1.2
	2.2	0.0	1.4	0.0	1.5	0.0	1	1.2
Insurance	0.3	0.0	0.7	0.3	0.0	0.0	4	0.5
Labourer	44./	11.3	46.9	27.4	8.8	15.3	457	25.9
Lawyer	0.0	0.3	0.0	0.0	0.0	0.0	1	0.1
Learner's owner	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Mechanic	1.0	0.0	1.0	2.1	2.0	2.3	25	1.5

Making jewellery	0.0	0.3	0.0	0.0	0.0	0.0	1	0.1
Male nurse	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Manager	1.0	0.3	0.0	0.0	2.0	0.6	14	0.8
Marketing executive	0.0	0.0	0.0	0.0	0.1	0.0	1	0.1
Mason	0.0	0.0	1.3	0.7	4.7	0.7	22	1.3
Measure inspector	0.0	0.0	0.0	0.7	0.0	0.0	2	0.1
Non-government official	0.3	0.3	0.3	0.3	0.0	0.0	3	0.3
Navy	0.3	0.7	0.0	0.7	0.3	0.6	8	0.4
Out of country	0.0	0.0	0.0	0.6	0.0	0.0	2	0.2
Packing	0.0	0.0	0.3	0.0	0.0	0.0	1	0.1
Painter	0.3	1.0	0.7	0.0	0.0	16.7	7	0.4
Pensioner	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Police	0.9	0.7	0.0	1.0	1.0	1.0	14	1.0
Post officer	0.0	0.3	0.0	0.3	1.6	0.0	7	0.5
Priest	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Principle	0.3	0.0	0.0	0.0	0.0	0.0	1	0.1
Printing	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Prisoner	0.0	0.0	0.0	0.0	0.0	0.3	1	0.1
Proiect officer	0.0	0.0	0.0	0.1	0.0	0.0	1	0.1
Sales	1.9	0.3	0.3	0.3	0.3	1.2	14	1.0
Saloon	0.3	0.0	0.0	0.6	0.0	0.0	3	0.3
Samurdey officer	0.3	0.3	0.3	0.9	0.0	0.0	5	0.5
Sea diving	0.0	0.7	0.0	0.0	0.0	0.0	2	0.1
Security officer	0.0	1.0	0.0	0.3	2.3	3.0	20	1.3
Self employment	0.3	0.7	0.0	0.0	0.3	0.0	4	0.3
Selling fish	0.0	0.0	0.0	0.0	0.0	0.3	1	0.1
Senior director	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Servant	0.0	0.0	0.3	0.3	0.0	0.0	2	0.2
Supervisor	0.0	0.0	0.0	0.3	0.0	0.3	2	0.2
Tailor	0.9	0.0	0.6	0.7	0.3	1.0	11	0.8
Teacher	0.9	2.0	0.3	2.4	1.3	2.0	127	1.5
Technical officer	1.3	0.3	0.0	1.2	1.3	0.0	13	1.0
Trade	1.7	0.3	0.0	0.0	0.0	0.7	8	0.5
V.S officer	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Waiter	0.0	0.3	0.0	0.0	0.0	0.0	1	0.1
Washing dress	0.0	0.0	0.3	0.0	0.0	0.0	1	0.1
Welder	0.0	0.0	0.0	0.3	0.0	0.0	1	0.1
Wood work	0.0	0.0	0.7	0.0	0.0	0.0	2	0.1
Work in court	0.0	0.0	0.0	0.0	0.3	0.0	1	0.1
Monthly average income(Rs)	0.0	0.0	0.0	0.0	0.5	0.0	-	0.1
<9000	38.3	34.0	40.3	26.4	25.3	29.2	569	32.3
9000-13999	29.3	23.0	31.0	24.7	27.7	24.8	472	26.8
14000-19999	15.0	18.9	19.3	17.0	15.5	21.8	316	17.9
20000-31999	13.7	19.2	9.0	30.2	23.6	20.5	341	19.3
≥32000	3.7	4.8	0.3	1.7	7.8	3.7	65	3.7
Median								

Fathers' occupation, income and expenditure are shown in **Table 22.** Labourer, farming and owning a business were the most common occupations done by the father in the household, in all districts, with some variations between districts. Almost 32.3 percent of households obtained a monthly average income of less than 9000Rs, followed by 9000-13999Rs.

Comparison with the results of the baseline survey



Prevalence of Severe Acute Undernutrition (SAM) in children under five years by District in compared to the baseline survey (n=1776)

Prevalence of Moderate Acute Undernutrition (MAM) in children under five years by District in compared to the baseline survey (n=1776)



Prevalence of Global Acute Undernutrition (GAM) in children under five years by Districts in compared to the baseline survey (n=1776)



Prevalence of stunting in children under five years by Districts in compared to the baseline survey (n=1776)



Prevalence of underweight in children under five years by Districts in compared to the baseline survey (n=1776)



Prevalence of Anaemia among children aged 6-59 months by districts in compared to the baseline survey (n=1676)





Prevalence of low birth weight by Districts in compared to the baseline survey (n=1761)