

Nutrition Rehabilitation Programme for displaced children in Sri Lanka
Challenges and Lessons Learnt

Department of Nutrition

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In collaboration with

UNICEF

2011

Background

Child under nutrition in both chronic and acute forms is a major Public Health problem in South Asia. The situation is often exacerbated by frequent resurgence of emergencies which often call for effective and efficient responses. To this effect, a number of countries in the regions have put in place nutrition rehabilitation programmes for children with severe acute under nutrition and have acquired considerable experiences in the operationalisation of these programmes, in particular, in the rehabilitation of children with severe acute under nutrition at community and facility level. However, these experiences have not been widely shared among countries in the regions.

In Sri Lanka itself, even in non-emergency situation child under nutrition is the single most important development challenge for children. Despite substantial achievements that the country has made in the area of maternal and child mortality reduction, under nutrition remains a significant problem among Sri Lankan children. 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 14 per cent, 29 per cent and 14 per cent respectively (DHS 2000). Over the past decades there has been slow but steady decline in the rates of under nutrition. Between 1993 and 2000, the prevalence of under weight has decreased from 37.7 per cent to 29.4 per cent, a reduction by 8 percentage points while the prevalence of wasting only showed marginal reduction - from 15.5 per cent to 14.0 per cent. The prevalence of stunting has decreased from 23.8 per cent to 13.5 per cent. While these findings represent aggregate national level data, there are marked regional variations which reflect the unevenness of persistent pockets of underserved population.

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At the escalation of conflict in the North East between the Government of Sri Lanka (GOSL) and the Liberation Tigers of Tamil Eelam (LTTE), more than 200,000 people were Internally displaced (IDPs). While some of these IDPs were housed in camps others joined their relatives. These very same people were also affected by the past conflicts and the tsunami and hence by this time subject to multiple displacement and immense suffering.

In Jaffna district, the closure of A 9 road - the main link between the Jaffna peninsula and the rest of the country led to total isolation of the district and its 650,000 population, blocking commercial and humanitarian access as well as impeding population movement. The only access routes for humanitarian aid were air (through the Palali military airport) and sea from Colombo and Trincomalee. A joint UNICEF, WFP and FAO food and nutrition assessment conducted in Jaffna in 2006 showed that 18 per cent of children between 6 and 59 months suffered from acute global under nutrition and 3.5 per cent from severe acute under nutrition. These findings were high when compared to the UNICEF survey conducted in 2004 that showed 13 per cent wasting amongst children of the same age group.

In Batticaloa district, the majority of IDPs were those displaced by the violence from Muthur area of Trincomalee district, which is an island, and settled in LTTE controlled areas of Vaharai division of North Batticaloa where access to food and essential health services were curtailed by restriction of movement of food items to the area. Although these IDPs later moved to the government controlled areas of Batticaloa district, the restriction of food and non-food items to the area had immense impact on the nutritional status of vulnerable groups, notably children, pregnant women and lactating mothers. Even in the so called normal situation, according to UNICEF survey conducted in the district in 2004, 38 per cent of children under five years of age were under weight, 24 per cent were stunted and 14 per cent suffered from moderate acute under nutrition. These figures were high and unacceptable by any standards. A survey conducted in 2006 in the isolated camps of Vahari division of Batticaloa district showed that 5.6 per cent of children between 6 months and 5 years suffered from severe acute under nutrition.

With the high rates of acute severe under nutrition, UNICEF identified that implementation of a nutrition rehabilitation programme as a priority to respond to the needs of those children with severe acute under nutrition. The initiative was undertaken in a setting where protocol for management of severe acute under nutrition did not exist, health workers did not have good knowledge and understanding of what it takes to establish and manage a nutrition rehabilitation programme and services with acute severe under nutrition were not available. The process of establishing a nutrition rehabilitation programme in Sri Lanka involved a series of national level consultations and building of consensus. This was followed by the development of a national protocol, training of health workers and procurement of necessary supply items as well as initiation of the programme in three districts.

Undoubtedly many countries in the region have been implementing nutrition rehabilitation programmes for children with severe acute under nutrition. Some of these countries are at advanced levels of implementation and yet others may perhaps be struggling

to establish one. Thus this report envisages helping facilitate dissemination of information and experience sharing among countries in the region. Sri Lanka could certainly learn from other countries and also share the experiences gained in the course of implementation of the nutrition rehabilitation programme both at community and health facility level.

Interview- Programme officer - UNICEF

He was the programme officer for health and nutrition UNICEF, regional office in Batticaloa at the time the NRP was implemented in the district. At an interview held for the purpose of documentation of the NRP in Sri Lanka, he brings to attention the operational challenges that he was faced with throughout the planning and implementation of the NRP.

“NRP was a very new concept to all of us at the time” he comments giving the idea that novelty was the main operational challenge. Sri Lanka is home to a massive well established and well networked health structure with a vast coverage that has been proven effective. Hence it was decided that the implementation of the NRP should be done utilizing this already existing health structure.

He also went on to state that apart from the issue of novelty there were 2 main problems that arose even prior to the implementation of the programme.

The first of which being that; there was a need to collect baseline data prior to NRP implementation for the purpose of conducting a situation analysis for future planning purposes as well as to assess the impact of the programme. This data was to be obtained at the height of conflict between the GOSL and the LTTE. “Most of the areas that were identified for the NRP to be implemented in were under LTTE control” states Gowri, “This meant that permission needed to be obtained from the GOSL and also the LTTE”. This situation was one of a very delicate nature that had to be handled in a manner which ensured the smooth sailing of the programme. “There was a significant suspicion of outsiders entering the conflict zone” , when asked why it was difficult to obtain clearance from the two parties. But yet, after a series of obstacles the green light was obtained from the GOSL and the LTTE for the conduction of the baseline study and the NRP in their respective areas of control.

The 2nd problem that arose according to Gowri was with regard to the releasing of the findings of the baseline study. “The data could not be published immediately due to the fact that it was a very sensitive topic at the time”, this lead again to the retardation of the progress of the NRP.

At this point UNICEF intervened, and began planning the training of the health system staff on conducting the NRP in collaboration with Department of Nutrition, Medical Research Institute (MRI), Colombo. This was supposed to give the project the kick start it needed. "Rain was flooding the district of Batticaloa, and this made it virtually impossible for the training to take place there" states Gowri, bringing to light some of the difficulties that were endured. The project was now again at a stand still. Then it was decided that a move had to be made hence the training was then scheduled to be held in the neighboring district of Pollonnaruwa at the Sudu Araliya Hotel. "I remember the Public Health Midwives and the staff of the Batticaloa RDHS trodding through flood water at Mannampitiya bridge en-route to Pollonnaruwa" Stated him reminiscing.

When the training was completed the screening commenced. After the initial screening results were analyzed it was seen that there was an astounding number of SAM children present. This finding signified an acute problem and did not fit the already known scenario of multiple displacement, hence it was decided that a series of spot checks needed to be done at the screening camps. "The team from MRI and FHB found that the PHMS were categorizing borderline MAM children as SAM due to inaccurate measurement" said him. Hence a follow up training was conducted and screening improved significantly.

"You might remember that there was a huge commotion in the papers stating that the UN was allegedly feeding the Tigers?" He goes on to explain that many problems were encountered in the transportation of the high energy biscuits needed for the NRP. "Clearance needed to be obtained from many checkpoints, and in some occasions access into areas were denied". A stock of high energy biscuits was apprehended at the Malawachchi check point by the GOSL in suspicion that the UN was supplying "high energy food" to LTTE carders to be consumed while in combat. "Even though UNICEF imported the biscuits, it was the WFP that transported them, reason being that the WFP had a big enough Lorry and UNICEF didn't" he states explaining how WFP too was also caught up in the newspaper scandal of conflict prejudice. Finally the allegations were discarded and the stock of biscuits were released .

When he was asked about any other complications that arose during the NRP, he stated "during the review of the NRP, the importing of expensive therapeutic food into the country became a massive controversy". As many believed that, low cost alternatives could be manufactured and promoted. But given the magnitude of the problem, time was a governing factor, it was practically impossible to formulate and manufacture a new product in a very short time frame. It was of immense need that the issue at hand was to be handled as swiftly as possible to avoid any unfortunate irreversible outcomes. At the end of the day the children of the country were at stake. He was an important stake holder in the venture of NRP, and was an integral part of the success story of the NRP in Batticaloa.