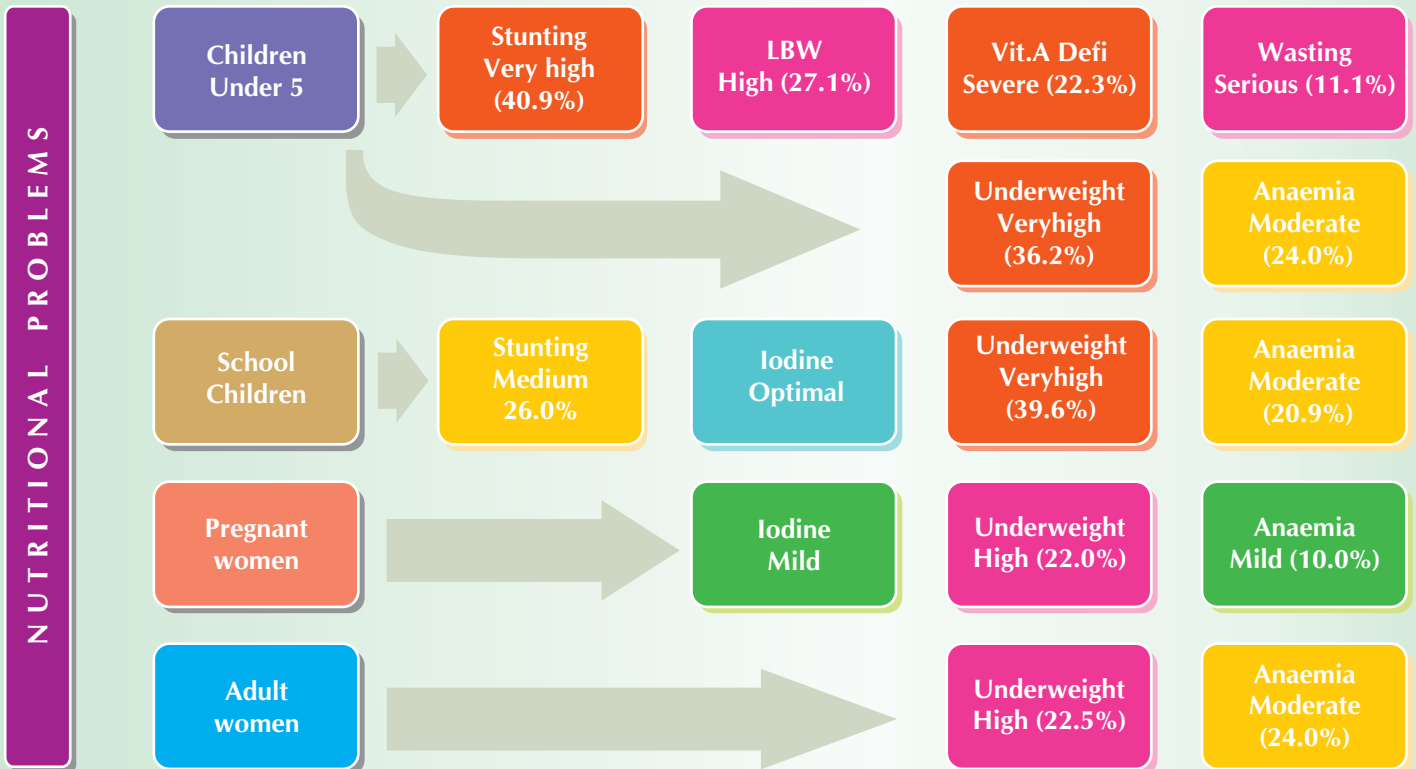




# CENTRAL PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	97.5	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	96.1	Strong	74.6
	Children aged 5 years immunised against measles	97.1	Strong	97.1
	Improved sanitation and drinking water	49.8	Weak	64.1
Food Security	Household food consumption	96.3	Strong	97.6
	Household consumption of adequate iodised salt	67.9	Weak	68.2
Caring Practices	Early initiation of breast feeding	85.9	Medium	92.3
	Infants 6 to 8 months who receive solid, semisolid food	100.0	Strong	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	17.6	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	38.9	Weak	40.6

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	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
<b>Commitment to act</b>	Willingness to contribute to scale up		40.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		30.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	56.0	Weak	58.5
		PHMs**	33.3	Weak	34.3
	Involvement of gov. non health sector in nutrition		62.5	Weak	44.4
Supervision of activities at the MOH level		66.6	Weak	92.5	
<b>Capacity to act</b>	Number of staff involved in nutrition programmes		2936:1	Medium	3245:1
	Availability of training opportunities at the district level		28.5	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	22.4	weak	27.4
		Facility managers	52.0	weak	58.0
		PHMs	35.6	weak	42.2
	Relevance of the training to the field level activities		77.7	Medium	75.0
	Health workers have correct knowledge on nutrition protocols		72.8	Weak	81.2
	Confidence of the staff to address nutrition problems		83.3	Medium	82.2
	PHM having adequate time to carry out nutrition duties		44.4	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		100.0	Strong	88.8
	Adequate information flow and feedback		66.6	Weak	69.5
	Availability of updated protocols at the facilities		2.3	Weak	26.0
	Adequate supplies to the facilities	Drugs	58.2	Weak	61.0
		Equipments	100.0	Strong	84.7
		Thripasha	66.6	Weak	88.9
RUTF***		66.6	Weak	25.0	
ORS****		00.0	Weak	77.8	
Availability of updated IEC material		31.3	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		68.9	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

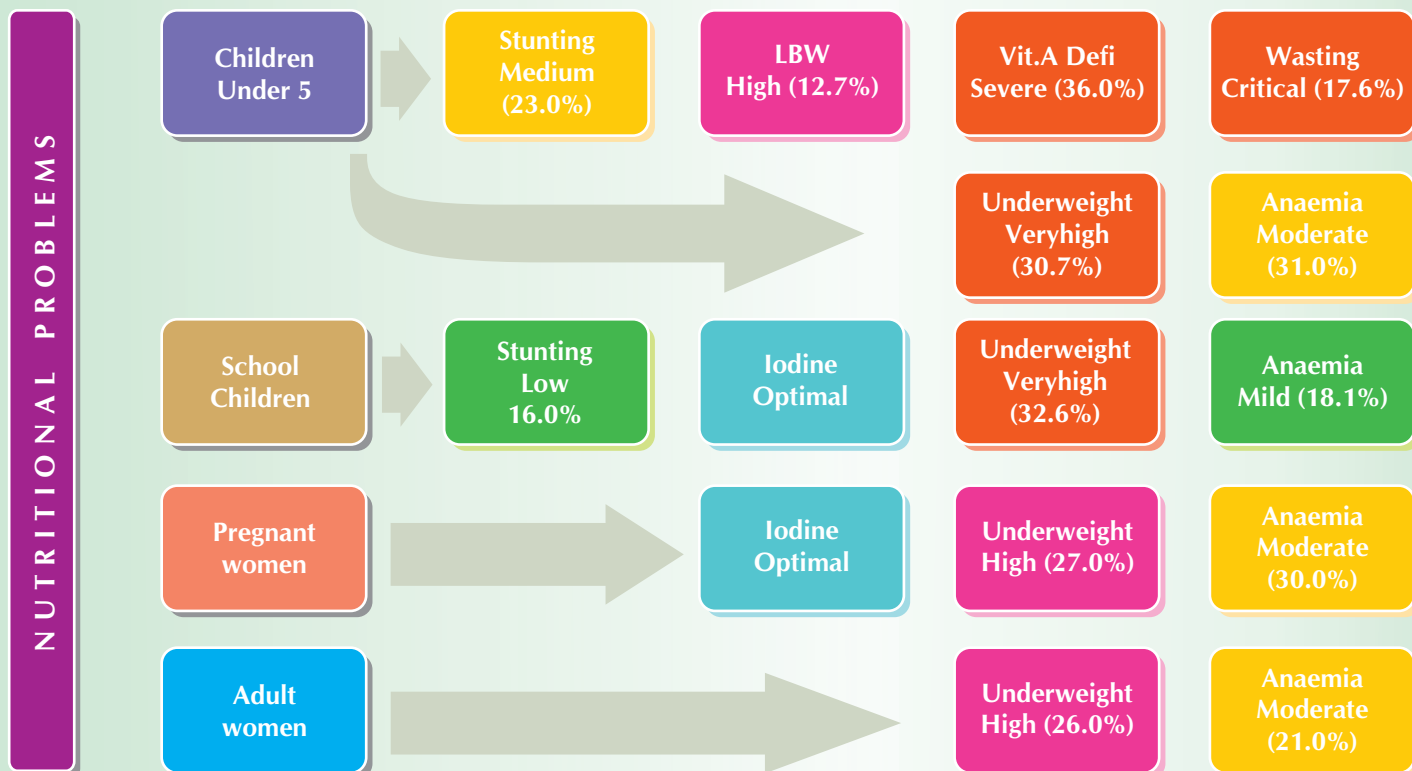
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2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# EASTERN PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	97.2	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	83.0	Medium	74.6
	Children aged 5 years immunised against measles	95.9	Strong	97.1
	Improved sanitation and drinking water	42.9	Weak	64.1
Food Security	Household food consumption	98.7	Strong	97.6
	Household consumption of adequate iodised salt	78.8	Medium	68.2
Caring Practices	Early initiation of breast feeding	85.5	Medium	92.3
	Infants 6 to 8 months who receive solid, semisolid food	70.0	Weak	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	19.4	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	44.4	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		40.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		27.0	weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	100.0	Strong	58.5
		PHMs**	70.0	Weak	34.3
	Involvement of gov. non health sector in nutrition		62.5	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		2108:1	Medium	3245:1
	Availability of training opportunities at the district level		32.5	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	34.5	Weak	27.4
		Facility managers	75.0	Medium	58.0
		PHMs	70.0	Weak	42.2
	Relevance of the training to the field level activities		90.0	Strong	75.0
	Health workers have correct knowledge on nutrition protocols		86.6	Medium	81.2
	Confidence of the staff to address nutrition problems		77.8	Medium	82.2
	PHM having adequate time to carry out nutrition duties		20.0	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		75.0	Medium	88.8
	Adequate information flow and feedback		50.0	Weak	69.5
	Availability of updated protocols at the facilities		32.1	Weak	26.0
	Adequate supplies to the facilities	Drugs	65.0	Weak	61.0
		Equipments	100.0	Strong	84.7
		Thripasha	100.0	Strong	88.9
RUTF***		100.0	Strong	25.0	
ORS****		50.0	Weak	77.8	
Availability of updated IEC material		45.6	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		40.0	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

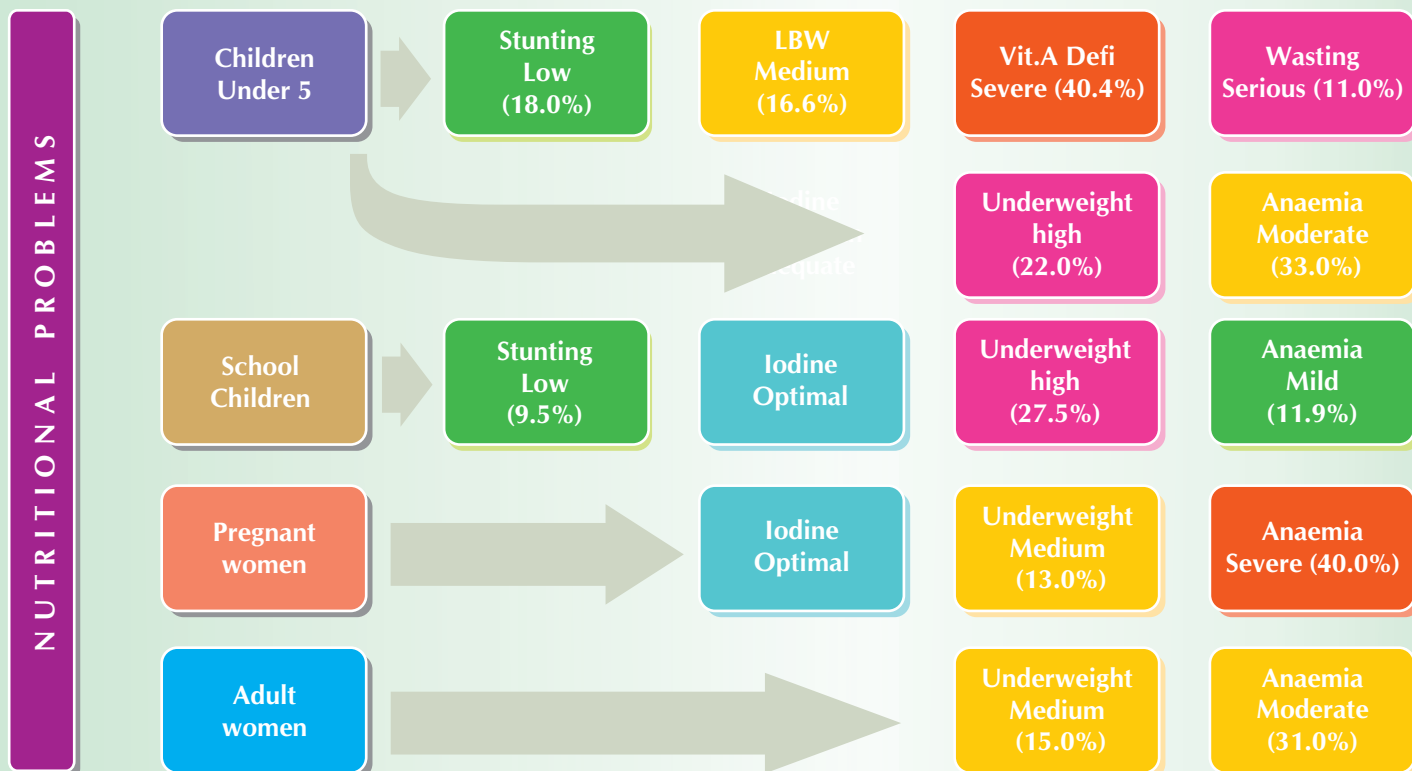
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2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# NORTHERN PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	*	*	98.5
	Children aged 6-59 months receiving Vit.A supplementation	62.2	Weak	74.6
	Children aged 5 years immunised against measles	*	*	97.1
	Improved sanitation and drinking water	73	Weak	64.1
Food Security	Household food consumption	97.4	Strong	97.6
	Household consumption of adequate iodised salt	49.6	Weak	68.2
Caring Practices	Early initiation of breast feeding	91.7	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	80.0	Medium	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	14.4	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	28.6	Weak	40.6

\* Data not available

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		20.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	87.5	Medium	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		67.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	80.0	Medium	58.5
		PHMs**	90.0	Strong	34.3
	Involvement of gov. non health sector in nutrition		25.0	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		5466:1	Weak	3245:1
	Availability of training opportunities at the district level		38.4	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	22.8	Weak	27.4
		Facility managers	63.6	Weak	58.0
		PHMs	51.0	Weak	42.2
	Relevance of the training to the field level activities		100.0	Strong	75.0
	Health workers have correct knowledge on nutrition protocols		81.1	Medium	81.2
	Confidence of the staff to address nutrition problems		85.0	Medium	82.2
	PHM having adequate time to carry out nutrition duties		10.0	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		80.0	Medium	88.8
	Adequate information flow and feedback		60.0	Weak	69.5
	Availability of updated protocols at the facilities		52.1	Weak	26.0
	Adequate supplies to the facilities	Drugs	80.0	Medium	61.0
		Equipments	75.0	Medium	84.7
		Thripasha	100.0	Medium	88.9
RUTF***		00.0	Weak	25.0	
ORS****		00.0	Weak	77.8	
Availability of updated IEC material		31.4	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		60.0	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

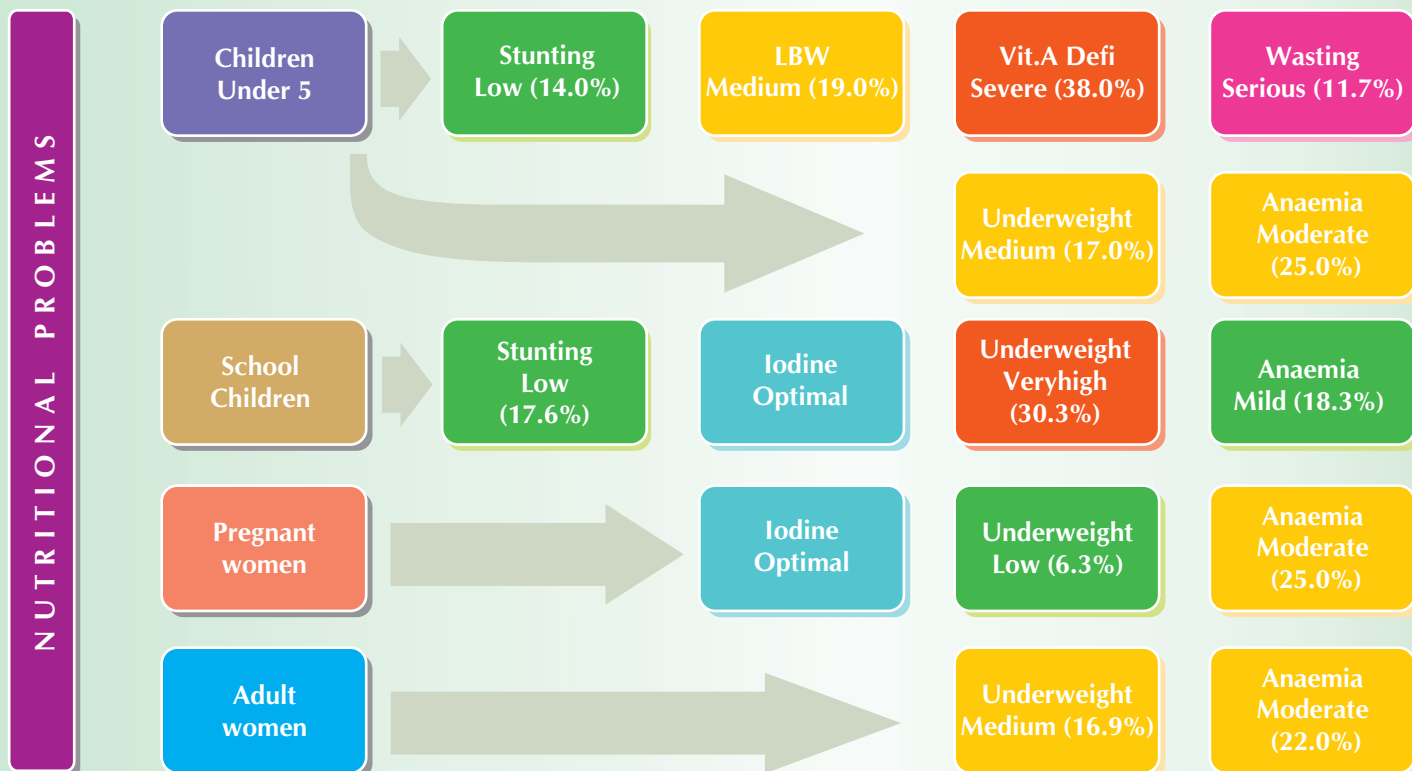
1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# NORTH - CENTRAL PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	98.8	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	77.1	Medium	74.6
	Children aged 5 years immunised against measles	100.0	Strong	97.1
	Improved sanitation and drinking water	54.4	Weak	64.1
Food Security	Household food consumption	98.2	Strong	97.6
	Household consumption of adequate iodised salt	68.1	Weak	68.2
Caring Practices	Early initiation of breast feeding	93.8	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	92.0	Strong	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	42.9	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	25.0	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		20.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		80.0	Medium	43.4
	Awareness and adherence to nutrition protocols	MOHs*	71.0	Weak	58.5
		PHMs**	16.7	Weak	34.3
	Involvement of gov. non health sector in nutrition		25.0	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		2967:1	Medium	3245:1
	Availability of training opportunities at the district level		20.0	Weak	35.3
	Availability of follow up training		50.0	Weak	72.2
	Training on nutrition received by the staff	District level staff	28.6	Weak	27.4
		Facility managers	26.7	Weak	58.0
		PHMs	18.3	Weak	42.2
	Relevance of the training to the field level activities		83.3	Medium	75.0
	Health workers have correct knowledge on nutrition protocols		90.7	Strong	81.2
	Confidence of the staff to address nutrition problems		81.2	Medium	82.2
	PHM having adequate time to carry out nutrition duties		16.7	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		100.0	Strong	88.8
	Adequate information flow and feedback		50.0	Weak	69.5
	Availability of updated protocols at the facilities		23.2	Weak	26.0
	Adequate supplies to the facilities	Drugs	72.0	Weak	61.0
		Equipments	75.0	Medium	84.7
		Thripasha	100.0	Strong	88.9
RUTF***		00.0	Weak	25.0	
ORS****		50.0	Weak	77.8	
Availability of updated IEC material		54.4	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		25.0	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
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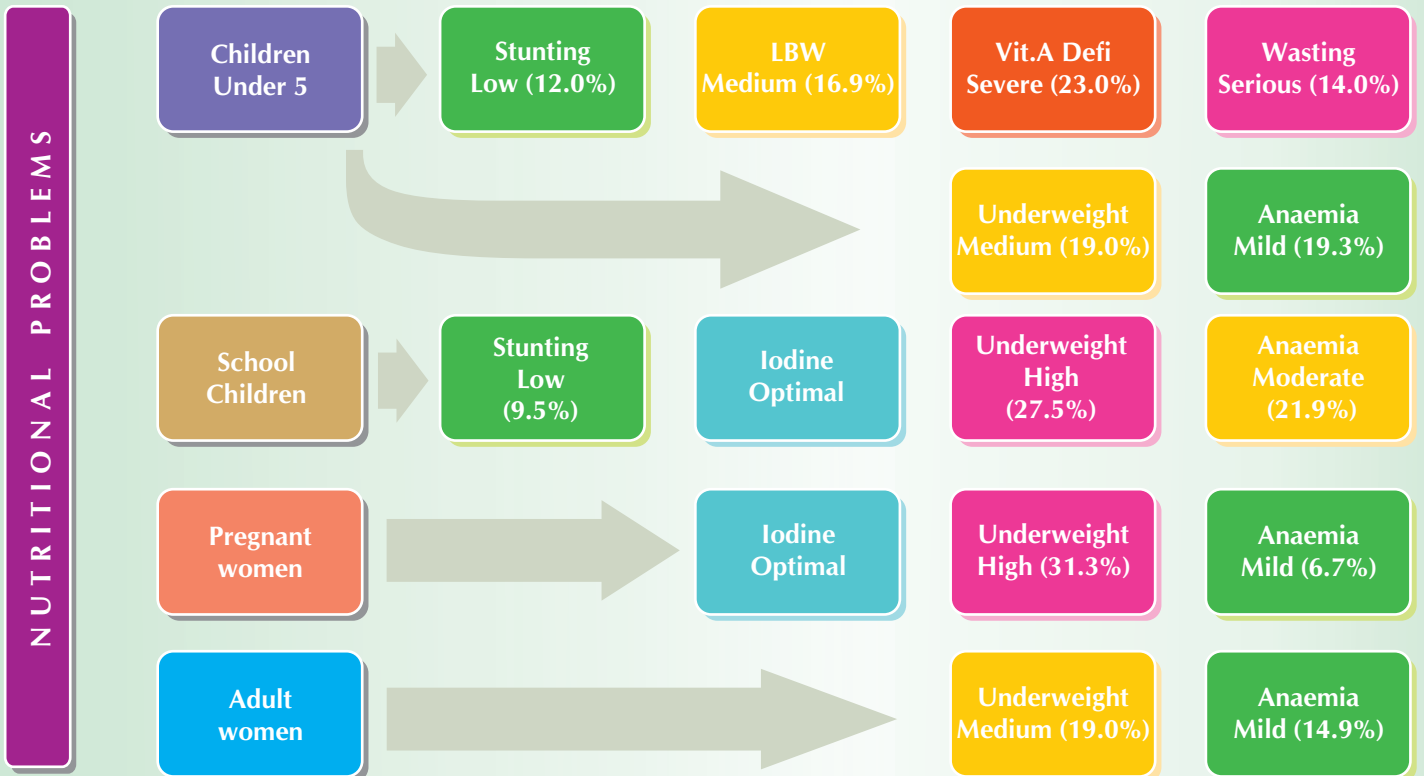




# NORTH - WESTERN PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	98.5	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	85.1	Medium	74.6
	Children aged 5 years immunised against measles	96.3	Strong	97.1
	Improved sanitation and drinking water	54.6	Weak	64.1
Food Security	Household food consumption	97.3	Strong	97.6
	Household consumption of adequate iodised salt	60.8	Weak	68.2
Caring Practices	Early initiation of breast feeding	94.0	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	100.0	Strong	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	32.8	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	47.8	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		60.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	37.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		50.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	35.0	Weak	58.5
		PHMs**	08.3	Weak	34.3
	Involvement of gov. non health sector in nutrition		62.5	Weak	44.4
Supervision of activities at the MOH level		83.3	Medium	92.5	
Capacity to act	Number of staff involved in nutrition programmes		3618:1	Weak	3245:1
	Availability of training opportunities at the district level		36.0	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	14.3	Weak	27.4
		Facility managers	57.1	Weak	58.0
		PHMs	64.1	Weak	42.2
	Relevance of the training to the field level activities		75.0	Medium	75.0
	Health workers have correct knowledge on nutrition protocols		84.2	Medium	81.2
	Confidence of the staff to address nutrition problems		71.9	Weak	82.2
	PHM having adequate time to carry out nutrition duties		00.0	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100
	Use of data for decision making		100.0	Strong	88.8
	Adequate information flow and feedback		50.0	Weak	69.5
	Availability of updated protocols at the facilities		08.9	Weak	26.0
	Adequate supplies to the facilities	Drugs	20.0	Weak	61.0
		Equipments	75.0	Medium	84.7
		Thripasha	75.0	Medium	88.9
RUTF***		00.0	Weak	25.0	
ORS****		00.0	Weak	77.8	
Availability of updated IEC material		30.8	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		25.0	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

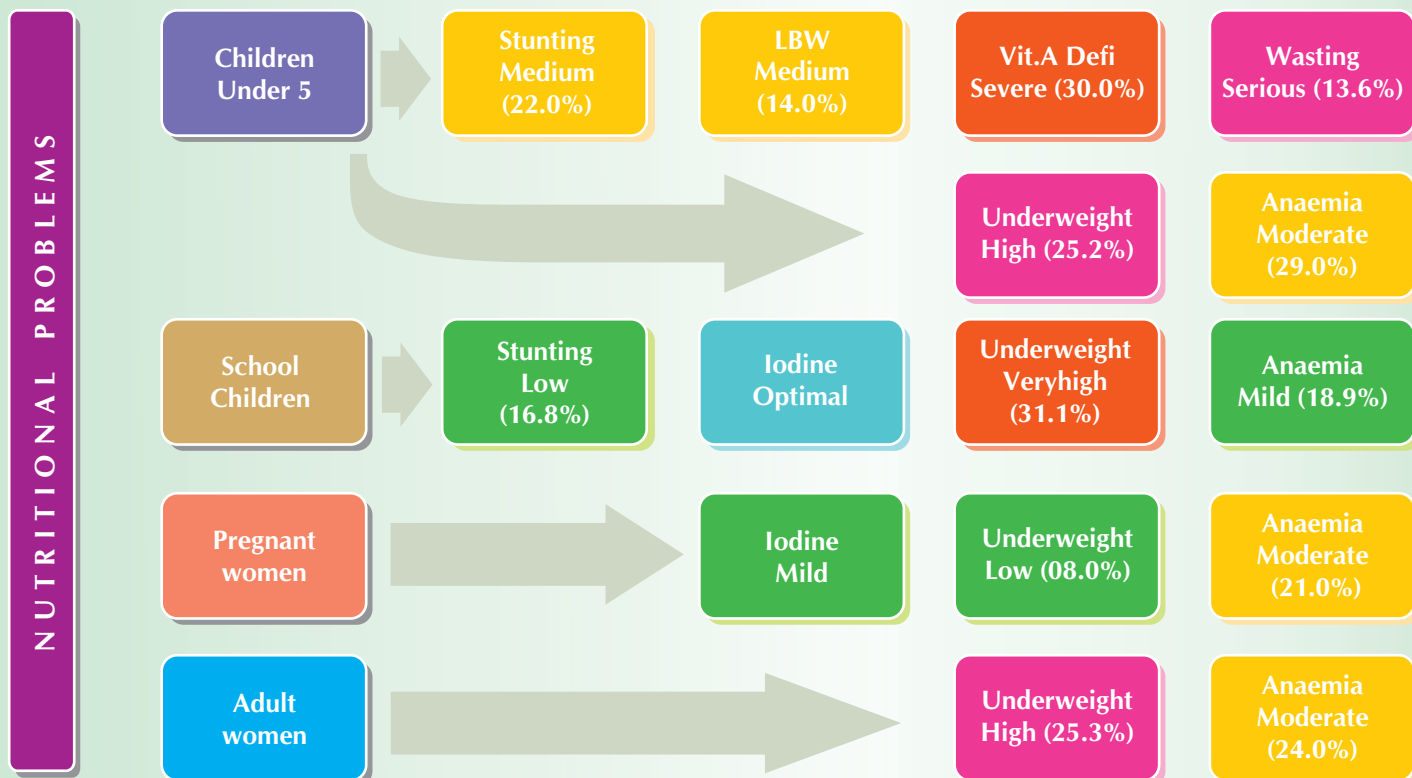
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6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# SABARAGAMUWA PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	99.4	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	85.2	Medium	74.6
	Children aged 5 years immunised against measles	97.1	Strong	97.1
	Improved sanitation and drinking water	53.5	Weak	64.1
Food Security	Household food consumption	96.5	Strong	97.6
	Household consumption of adequate iodised salt	70.7	Weak	68.2
Caring Practices	Early initiation of breast feeding	93.3	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	89.0	Medium	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	43.3	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	41.7	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		60.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		13.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	25.0	Weak	58.5
		PHMs**	33.3	Weak	34.3
	Involvement of gov. non health sector in nutrition		50.0	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		2565:1	Medium	3245:1
	Availability of training opportunities at the district level		29.0	Weak	35.3
	Availability of follow up training		00.0	Weak	72.2
	Training on nutrition received by the staff	District level staff	35.7	Weak	27.4
		Facility managers	45.0	Weak	58.0
		PHMs	45.6	Weak	42.2
	Relevance of the training to the field level activities		55.5	Weak	75.0
	Health workers have correct knowledge on nutrition protocols		87.6	Medium	81.2
	Confidence of the staff to address nutrition problems		87.5	Medium	82.2
	PHM having adequate time to carry out nutrition duties		11.1	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		100.0	Strong	88.8
	Adequate information flow and feedback		50.0	Weak	69.5
	Availability of updated protocols at the facilities		04.7	Weak	26.0
	Adequate supplies to the facilities	Drugs	66.7	Weak	61.0
		Equipments	33.3	Weak	84.7
		Thripasha	100.0	Strong	88.9
RUTF***		00.0	Weak	25.0	
ORS****		33.3	Weak	77.8	
Availability of updated IEC material		29.4	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		44.4	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

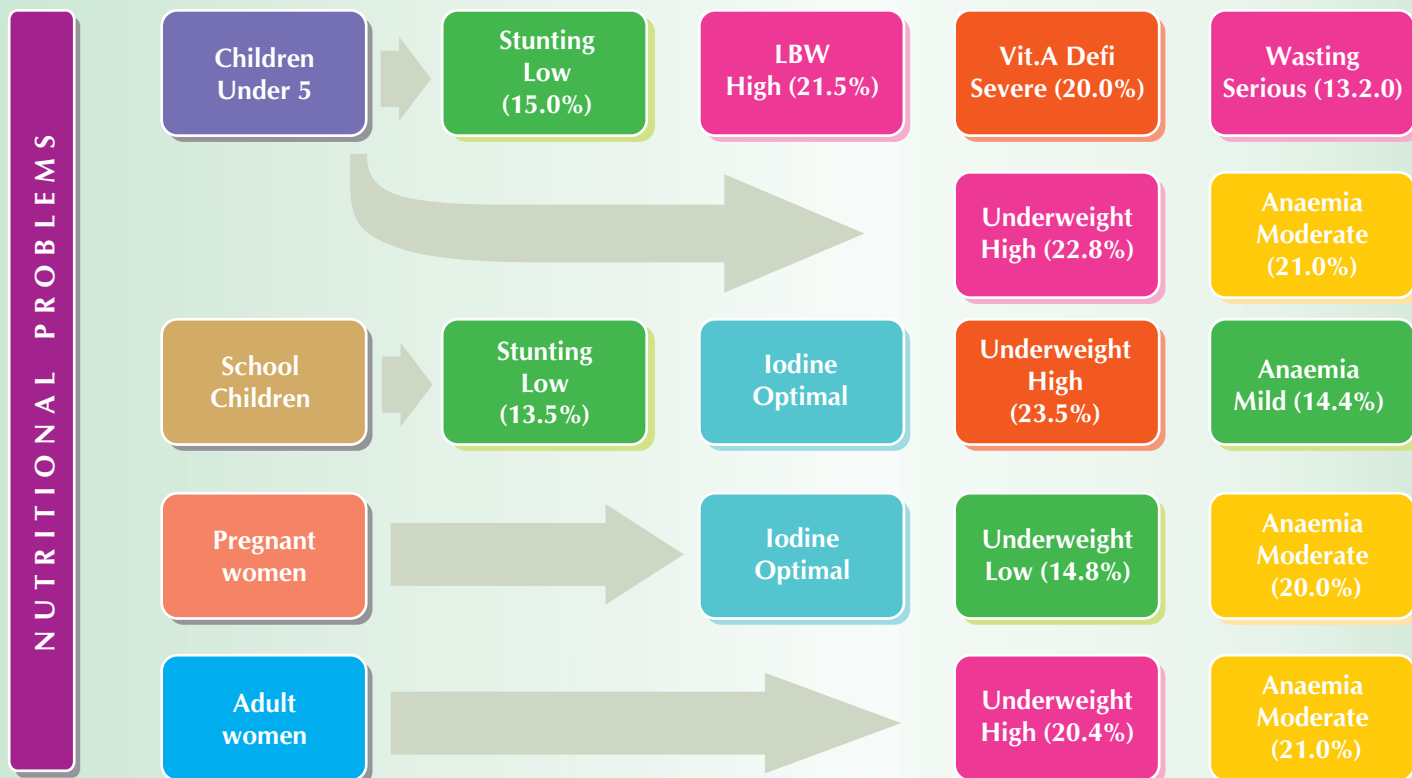
1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# SOUTHERN PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	99.5	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	80.2	Medium	74.6
	Children aged 5 years immunised against measles	97.9	Strong	97.1
	Improved sanitation and drinking water	79.6	Medium	64.1
Food Security	Household food consumption	98.4	Strong	97.6
	Household consumption of adequate iodised salt	74.6	Weak	68.2
Caring Practices	Early initiation of breast feeding	96.6	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	91.0	Strong	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	53.8	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	33.3	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		60.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	87.5	Medium	65.2
		Interventions at facility level	100	Strong	100.0
	Status of BFHI certification		22.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	63.0	Weak	58.5
		PHMs**	11.1	Weak	34.3
	Involvement of gov. non health sector in nutrition		50.0	Weak	44.4
Supervision of activities at the MOH level		83.3	Medium	92.5	
Capacity to act	Number of staff involved in nutrition programmes		2755:1	Medium	3245:1
	Availability of training opportunities at the district level		38.3	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	19.1	Weak	27.4
		Facility managers	59.1	Weak	58.0
		PHMs	15.4	Weak	42.2
	Relevance of the training to the field level activities		33.3	Weak	75.0
	Health workers have correct knowledge on nutrition protocols		72.8	Weak	81.2
	Confidence of the staff to address nutrition problems		83.3	Medium	82.2
	PHM having adequate time to carry out nutrition duties		33.3	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		33.3	Weak	88.8
	Adequate information flow and feedback		50.0	Weak	69.5
	Availability of updated protocols at the facilities		25.0	Weak	26.0
	Adequate supplies to the facilities	Drugs	68.7	Weak	61.0
		Equipments	75.0	Medium	84.7
		Thripasha	50.0	Weak	88.9
RUTF***		66.6	Weak	25.0	
ORS****		00.0	Weak	77.8	
Availability of updated IEC material		35.3	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		66.7	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

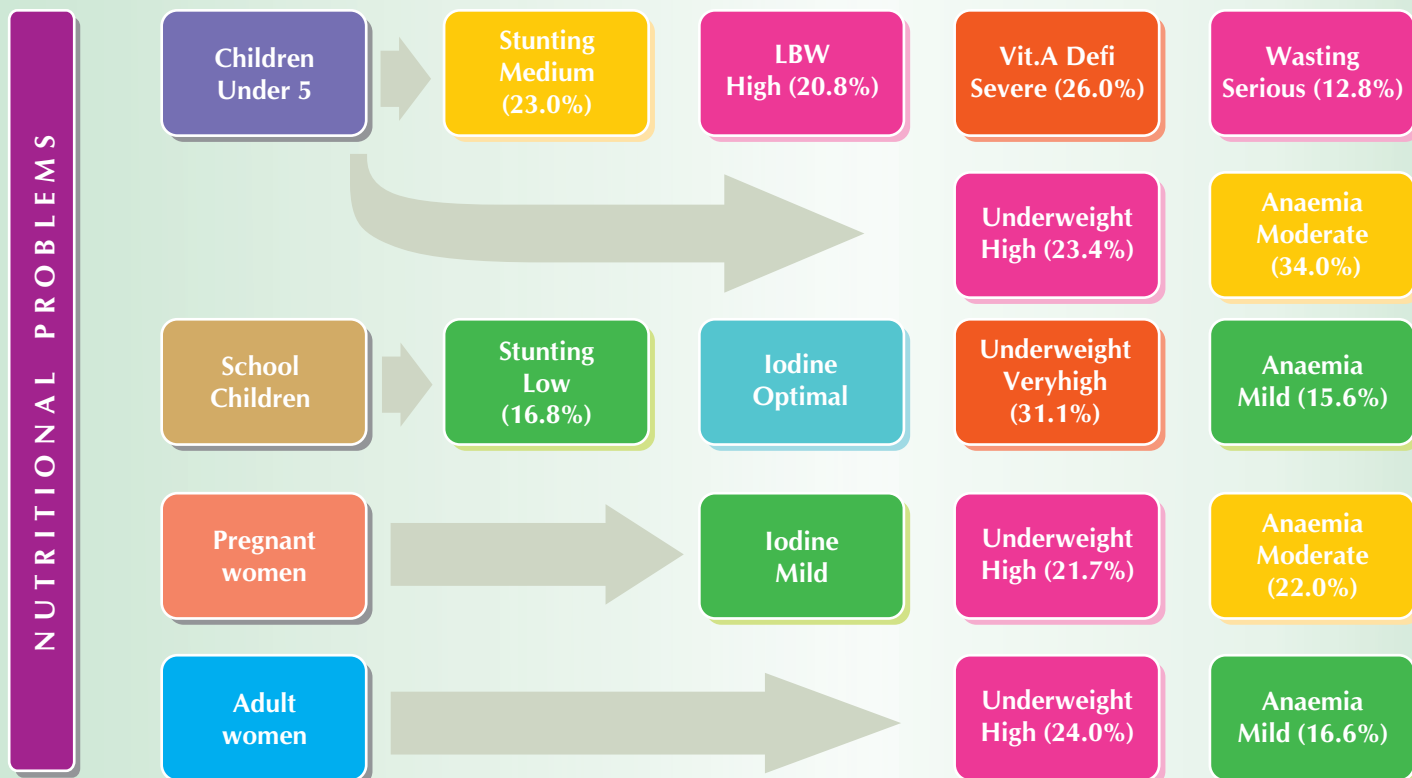
1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.



# UVA PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	97.6	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	84.2	Medium	74.6
	Children aged 5 years immunised against measles	96.0	Strong	97.1
	Improved sanitation and drinking water	57.9	Weak	64.1
Food Security	Household food consumption	93.8	Strong	97.6
	Household consumption of adequate iodised salt	73.3	Weak	68.2
Caring Practices	Early initiation of breast feeding	93.2	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	85.0	Medium	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	23.6	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	66.7	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		80.0	Medium	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		25.0	Weak	43.4
	Awareness and adherence to nutrition protocols	MOHs*	67.0	Weak	58.5
		PHMs**	10.0	Weak	34.3
	Involvement of gov. non health sector in nutrition		50.0	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		3014:1	Weak	3245:1
	Availability of training opportunities at the district level		43.0	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	50.0	Weak	27.4
		Facility managers	89.0	Medium	58.0
		PHMs	59.0	Weak	42.2
	Relevance of the training to the field level activities		90.0	Strong	75.0
	Health workers have correct knowledge on nutrition protocols		83.3	Medium	81.2
	Confidence of the staff to address nutrition problems		86.3	Medium	82.2
	PHM having adequate time to carry out nutrition duties		50.0	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100
	Use of data for decision making		50.0	Weak	88.8
	Adequate information flow and feedback		100.0	Strong	69.5
	Availability of updated protocols at the facilities		50.0	Weak	26.0
	Adequate supplies to the facilities	Drugs	80.0	Medium	61.0
		Equipments	93.7	Strong	84.7
		Thripasha	00.0	Weak	88.9
RUTF***		75.0	Medium	25.0	
ORS****		00.0	Weak	77.8	
Availability of updated IEC material		42.6	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		30.0	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	<span style="background-color: #92d050; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>
75%-89.9%	Medium	<span style="background-color: #ffff00; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>
< 75%	Weak	<span style="background-color: #ff00ff; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
5. Department of Census and Statistics. Sri Lanka Demographic and Health Survey (DHS) 2006.
6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.

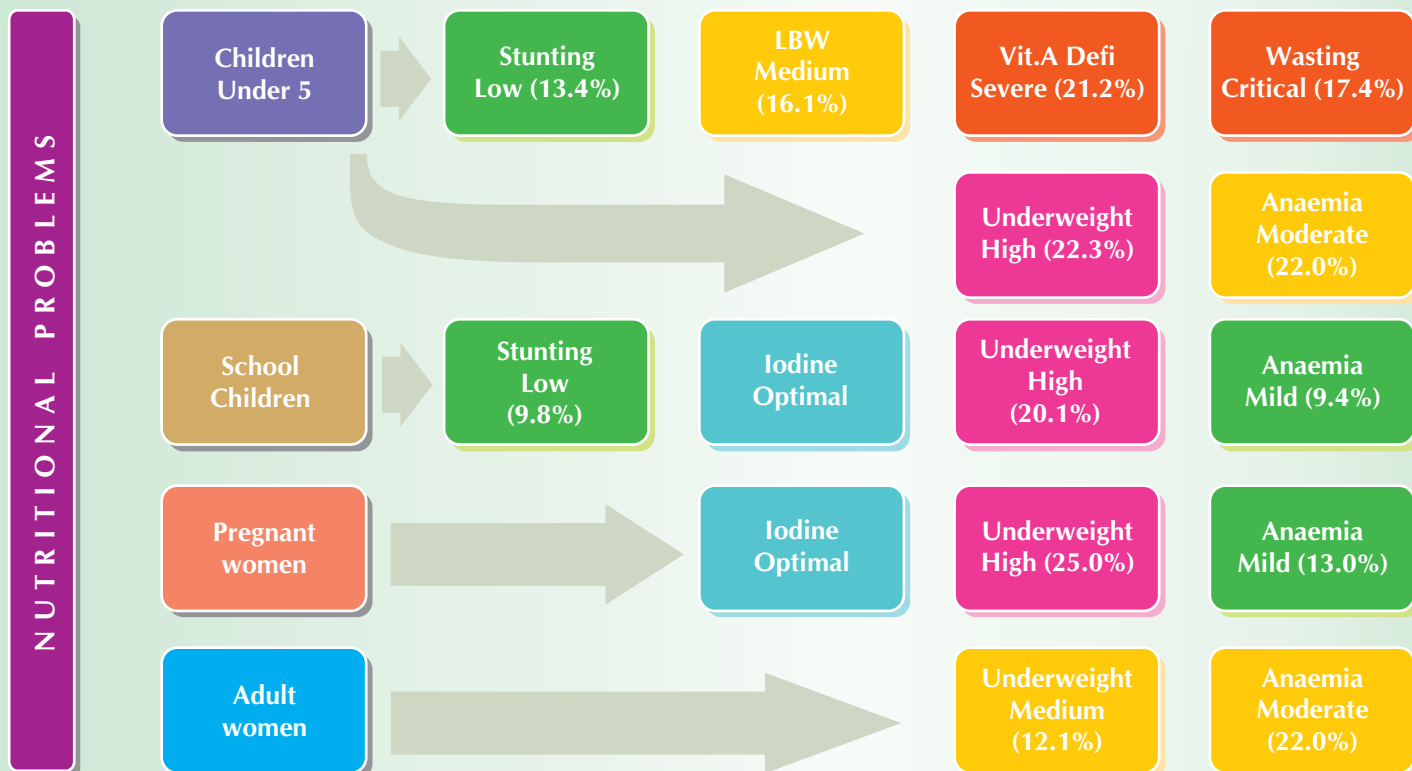




# WESTERN PROVINCE NUTRITION PROFILE



## NUTRITIONAL STATUS THROUGH LIFE CYCLE



## DETERMINANTS AND PROGRAMME RELATED ISSUES

**DETERMINANTS**

	INDICATOR	PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Health Services	Birth attended by skilled health person	99.3	Strong	98.5
	Children aged 6-59 months receiving Vit.A supplementation	81.6	Medium	74.6
	Children aged 5 years immunised against measles	97.2	Strong	97.1
	Improved sanitation and drinking water	86.6	Medium	64.1
Food Security	Household food consumption	99.8	Strong	97.6
	Household consumption of adequate iodised salt	70.7	Weak	68.2
Caring Practices	Early initiation of breast feeding	90.1	Strong	92.3
	Infants 6 to 8 months who receive solid, semisolid food	100.0	Strong	91.6
	Infants 6 to 23months who receive a minimum acceptable diet	40.0	Weak	32.9
	Children with diarrhoea receiving ORS and continuous feeding	71.4	Weak	40.6

	INDICATOR		PROVINCIAL AVERAGE (%)	PROVINCIAL SITUATION	NATIONAL AVERAGE (%)
Commitment to act	Willingness to contribute to scale up		20.0	Weak	44.4
	Integration of nutrition into action plan	District level planning	62.5	Weak	65.2
		Interventions at facility level	100.0	Strong	100.0
	Status of BFHI certification		77.0	Medium	43.4
	Awareness and adherence to nutrition protocols	MOHs*	30.0	Weak	58.5
		PHMs**	33.3	Weak	34.3
	Involvement of gov. non health sector in nutrition		37.5	Weak	44.4
Supervision of activities at the MOH level		100.0	Strong	92.5	
Capacity to act	Number of staff involved in nutrition programmes		4480:1	Weak	3245:1
	Availability of training opportunities at the district level		43.0	Weak	35.3
	Availability of follow up training		100.0	Strong	72.2
	Training on nutrition received by the staff	District level staff	19.2	Weak	27.4
		Facility managers	60.9	Weak	58.0
		PHMs	38.2	Weak	42.2
	Relevance of the training to the field level activities		75.0	Medium	75.0
	Health workers have correct knowledge on nutrition protocols		72.3	Weak	81.2
	Confidence of the staff to address nutrition problems		83.3	Medium	82.2
	PHM having adequate time to carry out nutrition duties		25.0	Weak	23.4
	Collection of relevant nutrition related data		100.0	Strong	100.0
	Use of data for decision making		100.0	Strong	88.8
	Adequate information flow and feedback		100.0	Strong	69.5
	Availability of updated protocols at the facilities		12.5	Weak	26.0
	Adequate supplies to the facilities	Drugs	30.0	Weak	61.0
		Equipments	93.7	Strong	84.7
		Thripasha	00.0	Weak	88.9
RUTF***		00.0	Weak	25.0	
ORS****		25.0	Weak	77.8	
Availability of updated IEC material		44.1	Weak	54.4	
Community support for nutrition programmes (Volunteers, Breast feeding support group)		16.7	Weak	40.6	

MOH\* = Medical Officer of Health

RUTF\*\*\* = Ready to use Therapeutic Food

PHM\*\* = Public Health Midwives

ORS\*\*\*\* = Oral Rehydration Salt

The value of each of the indicator was considered separately and was classified as belonging to one of the three following categories.

Value of the indicator	Category	Colour code
= > 90%	Strong	
75%-89.9%	Medium	
< 75%	Weak	

Expected value of each indicator is considered to be = > 95%

**Information Sources -**

1. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Nutrition and Food security survey in Sri Lanka 2009. Colombo, March 2010.
2. Department of Nutrition, Medical Research Institute (Ministry of Health) and UNICEF. Vitamin A Nutrition Status in Sri Lanka 2006.
3. Department of Nutrition, Medical Research Institute (Ministry of Health). Third national survey to assess Iodine Deficiency Disorder in Sri Lanka 2010.
4. Department of Nutrition, Medical Research Institute (Ministry of Health). Nutritional problems among Sri Lankan primary school children age 5-years 2002.
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6. Medical Statistics Unit (Ministry of Health). Annual Health Bulletin Sri Lanka 2006.
7. Department of Nutrition, Medical Research Institute (Ministry of Health) and WHO. Landscape Analysis to assess the country's readiness to accelerate actions to reduce maternal and child undernutrition 2011.