

**IMPROVING THE PRACTICES OF COMPLEMENTARY FEEDING:
EXPERIENCE FROM A COMMUNITY BASED PROGRAMME IN
HAMBANTOTA DISTRICT**



MINISTRY OF HEALTH

UNICEF

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EXECUTIVE SUMMARY

Nutrition during the early years of life especially during the first 2 years is crucial for a healthy productive adult. With much emphasis of the promotion of breast feeding practices, recent reports on the prevalence of under nutrition indicate satisfactory growth patterns during the first 6 months of life followed by a declining trend, indicating the importance of proper complimentary feeding practices. Studies show that adoption of correct complementary feeding practices require proper practices by caregivers and knowledge and skills of health workers and their efforts to facilitate sustained dialogue and counseling among caregivers.

Available data for the years 2008/2009 show that Hambantota district shows higher levels in the prevalence of low weight for height and low weight for age among children under 5 years. This identified the need to focus on improving complementary feeding practices.

Hambantota is one of the three districts of the Southern Province of Sri Lanka. At the district level, the Medical Officer, Maternal and Child Health (MO-MCH) is responsible for planning, supervision and monitoring of all maternal and child health services in the district. The district is divided into 12 MOH areas, each with several field staff .The Public Health Midwife(PHM) is the key field level health worker responsible for the implementation of the MCH activities within the area.

Information from field based sources in Hambantota indicated that mothers had poor knowledge of correct complementary feeding practices. It was also possible that knowledge and counseling skills of the PHMs on complementary feeding needed updating to enable them to help the mothers adequately. With this background, the MO-MCH of the district considered it appropriate to design and implement a programme to improve complementary feeding practices of mothers/ care givers with infants who had completed five months of age. This document describes the experience gained through the implementation of a community based strategy to improve complementary feeding in Hambantota district.

It was decided to include this component to the ongoing community based educational programmers targeted to women from the antenatal period onwards. The programme commenced its implementation in early 2008.

The objectives of this programme were: improving the competencies of public health midwives in infant and young child feeding, to improve the knowledge and skills of mothers in infant and young child feeding (IYCF) at the time that their infants completed 5 months of age and to empower and mobilize the community to support correct complementary feeding practices.

Attention was paid to: include mothers and caregivers with children who have completed 5 months of age as the target group, ensure more that 95% coverage of target group , uniformity of the contents to be included in the programme and ensuring sustainability of the programme.

Steps undertaken prior to implementing the programme included, training of all field staff, development of support materials(display boards, booklet). A guideline giving details on the conduct of the workshops for capacity building of mothers by the PHMS was developed. All programmes are held on the same day in 77 centres in the district according to a pre set calender.

Contents of the workshop focus on the 10 key messages relevant to complementary feeding supported by the relevant display boards. With participation of mothers and community groups, demonstrations are arranged on the key aspects relevant to complementary feeding.

Supervisory staff at the MOH and district levels are responsible for supervising the conduct of the workshops by visiting the centres at the time the workshops are conducted. The observations made are further discussed at MOH/district levels.

Monitoring of the effectiveness/ impact of the programme is done through the routinely collected data via the growth monitoring programme . Available data clearly indicate a decline in the percentage of infants and preschoolers who were underweight , over the years from 2009 onwards. This could be considered as a successful attempt at improving the complementary feeding practices in a predominantly rural population and needs to be considered as an example for the other districts.

The interest and commitment shown by the health staff at all levels and the mothers has enabled the implementation of the programme on a continuous basis from 2008 to date.

CHAPTER 1

INTRODUCTION

1.1 Background

Nutrition during the early years of life especially during the first 2 years is crucial for a healthy productive adult. During this period there is rapid physical growth and mental development. Hence children in this age group are vulnerable to nutritional problems which have an important bearing on health status as an adult, development of non-communicable diseases, reduced work, reduced intelligence levels and for women, complications of delivery and low birth weight. They all have negative implications on development.

With much emphasis of the promotion of breast feeding practices, many of the recent reports on the prevalence of under nutrition indicate satisfactory growth patterns during the first 6 months of life followed by a general declining trend in the growth pattern after 6 months, indicating the importance of proper complimentary feeding practices. The study on factors associated with complementary feeding in Sri Lanka carried out in 2008 identified key areas related to complementary feeding practices that need attention. They are: age of introduction of complementary foods, gender differences in the prevalence of under nutrition, food consistency, amount of food/ meal frequency/energy density, nutrient content of foods, washing practices, responsive feeding, feeding during and after an illness.(Sri Lanka Complementary Feeding Study – Factors associated with complementary feeding in Sri Lanka, Ministry of Health Care and Nutrition and UNICEF, 2008).

This study reports that the adoption of correct care practices by caregivers is partly influenced by the knowledge and skills of health workers and their efforts to facilitate sustained dialogue and counseling among caregivers. Generally, health care providers interviewed in this study were aware of the challenges pertaining to changing the existing dietary patterns and food taboos. They also indicated that they have encountered challenges of low participation in counseling clinics/session related to nutritional education that need to be addressed.

Sri Lanka has been very successful in improving their key health indicators especially those pertaining to mortality. It is now imperative to address the next challenge by addressing the infant and young child feeding practices by focusing their complementary feeding messages on not just vague advice but specifics that deal in the amount/quantity, frequency; density/consistency; quality/diversity; hygiene as well as responsive feeding of a young child.

It is also recommended that policies and plans should incorporate and recognize homes that have household food insecurity and families whose resources may be insufficient to meet the challenges of the infant and young child feeding recommendations. For such households, health workers

should be given guidelines regarding how to access welfare programs, public social welfare funds, private and public sector partners who can assist in helping these families.

This document focuses on describing the experience gained through the implementation of a community based strategy to improve complementary feeding in Hambantota district, Sri Lanka. The inputs to this document include : perusal of documents relevant to the programme and the information obtained through discussions held with Dr. R.P.S.Rajapakse, MO-MCH, Hambantota responsible for the programme, supervisory staff, Public Health Midwives and a group of mothers who had participated in the programme.

1.2 Background information: Hambantota district

Hambantota is one of the three districts of the Southern Province of Sri Lanka extending over 2,609 square kilometers and a population of 596,617 (Sri Lanka Census of Population and Housing, 2011) . It is situated in the dry zone of Sri Lanka and is mainly an agricultural area with paddy farming as a predominant form of occupation. It is estimated that 13.4% of the labour force is unemployed. Of those employed, 42.2% are in the agricultural sector, 23.3% in industry and 34.5% in the service sector.

Administratively the district is divided into 12 Divisional Secretary divisions and include 576 Grama Niladhari (GN) divisions. There is one Municipal Council and one Urban Council and 10 Pradeshiya sabhas within the district.

The curative health services in the district are provided through, a District General Hospital ,3 Base Hospitals , 9 District Hospitals B type , 8 District Hospitals C type and 13 Central Dispensaries . The district includes 12 Medical Officer of Health (MOH) areas that provide preventive and promotive health services through the field health staff. Maternal and child health services form a key component of these services.

At the district level, the responsibilities for health services administration is undertaken by the Regional Director of Health Services (RDHS) . The staff at the level of the RDHS, include Medical Officer (Maternal and Child Health – MO-MCH), Regional Epidemiologist, Medical Officer (Planning) .At the time this report was prepared, there were 220 PHMs, in the district and there were approximately 1 -2 vacant PHM positions in each of the MOH areas.

1.3 Maternal and child health services in Hambantota

Administration of services is under the RDHS, Hambantota. At the district level, the Medical Officer, Maternal and Child Health (MO-MCH) is responsible for planning, supervision and monitoring of all maternal and child health services in the district. As mentioned above, for purposes of service delivery, the district is divided into 12 MOH areas, each with several field staff. The Public Health Midwife(PHM) is the key field level health worker responsible for the implementation of the MCH activities within the area. Services are provided through clinics at identified centres including the MOH office and field level services are provided through home visits by the PHM.

The MOH of the area is responsible to ensure that MCH services are conducted in a satisfactory manner in the area under him/her. Data required for monitoring and evaluation are collected by the field staff, collated at the MOH level, transferred to the district level to the MO – MCH, and then to the Family Health Bureau, Ministry of Health at the national level. Monitoring of the nutritional status of the under five children is among one of the activities undertaken by the MOH and staff.

In Hambantota district, through an initiative undertaken by Dr. R.P.S.Rajapaksa MO-MCH of the area, a series of well-organized programmes aimed at improving the maternal and child health services were introduced through educational activities implemented at the field level. These programmes commenced in 2005. They were targeted at antenatal mothers and were conducted on a regular basis in all MOH areas in the district. The first of these series of educational activities focused on lactation management and the next, on early child hood care and development (ECCD) programme.

Field assessments by the health staff in all MOH areas indicated a major improvement in the breast feeding practices with approximately 95% of all mothers practicing exclusive breast feeding. In spite of the improvements in breast feeding practices, the prevalence of low weight for age among the older infants and preschool children persisted as shown by data from the Family Health Bureau (FHB) published in the 2006/07 report on family health.

1.4 Nutritional status of under five children

Data on nutritional status of under-fives in Hambantota district are available from two sources - from special surveys and from routinely collected data. Data available from the Nutrition and Food security survey(NFSS) undertaken in 2009/2010 are given in table 1. It is seen that when compared to the national level prevalence of the different indicators, Hambantota district shows

higher levels in the prevalence of low weight for height and low weight for age, at moderate and severe levels.

Prevalence of anaemia shows a lower level when compared to the national prevalence. However, the percentage of newborns weighing less than 2500 grams is higher than the national figure.

Table 1: Information on nutritional status of children aged 6-59months , Hambantota district

Indicator	Prevalence at district level	National level prevalence
Height for age <2SD	15.4	19.2
Height for age <3SD	3.7	4.6
Weight for height <2SD	13.2	11.7
Weight for height <3SD	2.2	1.9
Weight for age <2SD	22.8	21.6
Weight for age >3SD	5.1	3.9
Prevalence of anaemia	21.3	25.2
% of newborns weighing <2500 gms.	21.5	18.1

Source : Nutrition and Food Security Survey 2010

Data from the Annual Reports on Family Health Sri Lanka, provided information on the prevalence of under nutrition among under-fives at the district level. The indicator used in these assessments is the weight for age, which is routinely monitored in the growth monitoring programme. Available data in 2006-2007 on the nutritional status of under five children shows that the percentage of infants with weight for age <2 SD was 15%, among those in the 1-2 year age group, this percentage was 33% and in the 2-5 year age group, 28%(Annual Report on Family Health, 2006/2007).

These data indicate an increase in the prevalence of low weight for age during the second year of life with a relatively high prevalence in the 2-5 year age group. These observations indicate a decline in the nutritional status of children during the latter part of infancy continuing to remain , as the child grows older. Available information suggests that there are problems with complementary feeding .

In 2008, taking into consideration the available data on the nutritional status of under five children in the district, it was considered appropriate to introduce a programme focusing on improvement of complementary feeding practices, through the ongoing educational programmes that are being done at the field level.

1.5. Objectives

The **objectives** of this programme were identified as follows:

1. To improve the competencies of public health midwives in infant and young child feeding
2. To improve the knowledge and skills of mothers in infant and young child feeding (IYCF) at the time that their infants completed 5 months of age, prior to introduction of complementary feeding on completion of 6 months
3. To empower and mobilize the community to support correct complementary feeding practices.

CHAPTER 2

IMPLEMENTATION OF A COMMUNITY BASED PROGRAMME

2.1. Description of the programme

Higher prevalence of low weight for age among children during their first year and continuing to the higher age groups, indicate the presence of issues related to practices on feeding of infants and young children, most likely, improper complementary feeding practices. The possible reasons for such observations could include cultural practices, beliefs, food taboos and other practices that influence the key components of the practices related to complementary feeding as well as inadequate support from the health staff in improving such practices.

Information available from field based sources in Hambantota indicated that mothers had poor knowledge of correct complementary feeding practices. It was also possible that knowledge and counseling skills of the PHMs on complementary feeding needed updating to enable them to help the mothers adequately.

With this background, the MO-MCH of the district considered it appropriate to design and implement a programme to improve complementary feeding practices of mothers/ care givers with infants who had completed five months of age. It was decided to include this component to the ongoing community based educational programmes targeted to women from the antenatal period onwards. The programme commenced its implementation in early 2008.

When designing the programme, attention was paid to the following aspects:

- **Target group intervention**, to include mothers and caregivers with children who have completed 5 months of age
- To ensure that **more than 95% coverage** of target group within the district
- **Uniformity of the contents** to be included in the programme
- **Sustainability** of the programme.\

2.2. Steps undertaken when implementing the programme

2.2.1. Training of trainers

The programme was to be implemented at the field level by the PHMs, through a series of workshops. Prior to conduct of the workshops at field level, all field staff, MOH, Public Health Nursing Sisters (PHNSs) Supervising Public Health Midwives (SPHMs) were trained on infant and young child feeding (IYCF) by the MO-MCH, during a 3/4 day programme using the training guidelines developed by the Family Health Bureau in 2007. In addition, the supervising staff were given guidance on supervision.

Since then, periodically, programmes were held as and when there was a need to train the health staff who were 'newly' appointed to the district.

2.2.2. Development of support material

To support the training, ,information, education and counseling, materials were developed and were distributed to all relevant field health staff (trainers). These included a set of **display boards** explaining the 10 key messages relevant to complementary feeding. A set of **guidelines** were developed for all PHMs on the conduct of the programme at the field level (annex 1). In order to ensure the smooth conduct of the workshops for mothers throughout the district in a uniform manner, a **programme calendar** was developed at the beginning of the year, and the information communicated to all field health staff.

2.2.3. Contents of the workshop

The content included in these programmes focus on the following 10 key messages:

- I. Exclusive breast feeding until completion of 6 months of age will facilitate optimal growth and development of the infants
- II. Starting of semisolid foods in addition to breast milk immediately after completion of 6 months while continuing to breast feed for 2 years or longer.
- III. Introducing complementary foods in a form thick enough to stay in the spoon give more energy and nutrients to the child, facilitating growth.
- IV. Introducing foods of animal origin (meat, fish dry fish etc.) very early, around one week after introducing complementary food, is essential for healthy growth and brain development of the infant.
- V. Legumes such as dhal, beans, chickpeas, green gram, nuts and seeds contain important nutrients needed for child's growth and should be introduced into the child's daily diet gradually.
- VI. Dark green leaves and yellow fruits and vegetables help a child to have healthy eyes and fewer infections and needs to be introduced into the daily diet.
- VII. More meals and variety of foods are needed as the child grows older.
- VIII. A young child needs an increasing quality of foods and gradually change the consistency of foods.
- IX. A growing child needs to learn how to eat and therefore encourage and assist him with lots of patience(responsive feeding)
- X. Encourage the child to drink and eat more during an illness and afterwards to help recover early and to maintain normal growth.



Fig. 1: Key messages relevant to feeding of infants and young children

2.2.4. Capacity building of mothers

The target group for the intervention was identified as the mothers of children who completed 5 months of age. This group was selected as complementary feeding is due to commence from 6 months of age

Capacity building of the mothers/ care givers were conducted at a one day workshop on correct complementary feeding practices, conducted on a given day . All programmes are held throughout the district in 77 centres on the same day , according to a preset calendar .This approach of holding the workshops throughout the district helps in ensuring a high level of coverage.

Figure 2: Target groups



Each workshop includes mothers of infants who have completed 5 months of age, from nearby 3 PHM areas, invited to attend the workshop by the PHM of the area. The workshops are held in a health centre or any other venue where the field level clinics are held. As the programme focuses on mothers of children in 3 adjacent PHM areas, a place convenient to all mothers is selected for the conduct of the workshop.

Figure 3: Conducting the workshops



The workshops are conducted by the PHMs and they use a wide range of teaching methods including lectures, demonstrations and role plays. The field health staff, MOHs, PHNSs and SPHMs visit these centres randomly, on the days that the programmes are held and undertake a supervisory role. The Mother's Clubs and other community organizations of the area participate in these programmes by supporting logistical arrangements and through provision of refreshments to the mothers who

attend the workshop .

Figure 4: Members of Mothers' clubs participating in the workshop



The workshops are held from 8.00a.m. to 2.00 p.m. on the given day. Six (6)such programmes are held per year, every other month.

The workshops are conducted by the PHMs , in accordance with the guidelines provided (annex 1) . No additional funds were used to conduct these programmes thus ensuring sustainability.

Figure 5: Booklet for mothers



A booklet has been prepared based on the guidelines provided by the FHB to be given to mothers who are not able to attend the workshops. This booklet is also available for use by the mothers in the event they need some updating of the information provided at the workshop.

Figure 6: Display boards



Each display board focuses on explaining the relevant aspects of each of the above messages. The visual aids used in the workshops include the display of food items that are relevant to the inputs given in the display board. Food items for display are provided by the mothers and community groups. Detailed information displayed in the display boards are shown in annex 2. A set of display boards are provided to each centre where the workshops are held.

It is necessary to see that as many mothers of children who have completed 5 months attend these sessions. Prior to the date on which the workshop is scheduled, the PHMs visit the homes and makes arrangements to request the mothers to attend the workshop and to bring materials required for the demonstrations.

Figure 7: Food items –some examples



The following **activities are undertaken during each of the workshops** as per the detailed guidelines provided to the PHMs. Usually 3 PHMs participate in each workshop as the target group of mothers.

- I. Using each display board, the PHMs, explain the content of the board while showing the items that are relevant to the board. Food items and other relevant items are arranged on a table where all mothers could see them. Where feasible, mothers are allowed to see them on an individual basis. Discussions are held with the mothers to explain the contents of the board, information related to the food items and other queries that mothers may have.
- II. The above activity is followed by demonstrating the preparation of foods to be fed, highlighting the need for the proper consistency of the preparation, preparation of the first meal. Emphasis is paid to the hygienic aspects of feeding such as washing of hands prior to preparation of food, washing of utensils used for feeding etc.. When feasible, mothers as well as some of the members of the Mothers' clubs (community groups) participate in the preparation of food.

Figure 8: Preparation of food



Figure 9: Demonstrating the consistency of food



- III. Some of the food items used for demonstration are cooked food prepared and brought by the mothers. These are shown to all mothers and discussions are held regarding their preparation and feeding them to the child.
- IV. Guidance is provided to the mothers on the contents and the preparation of the 'main' meals and other 'short' meals. These are also supported by demonstrations. Mothers are also educated regarding 'short' meals which are not nutritious hence to be avoided.

Figure 10: Main meal



Figure 11: Short meals



- V. The need to increase the quantity of foods given in highlighted supported by a demonstration .

Figure 12: Demonstration of increasing quantities of food with age



- VI. Techniques that can be used in feeding the child is another aspect that is highlighted during the workshop. Role plays are included in this part of the workshop. They are performed by the health staff and also by the members of the mother's club of the area.

Figure 13: Demonstrating feeding techniques



- VII. While the importance of proper complimentary feeding is the main focus of these workshops, the need to continue breast feeding until about 2 years is also emphasized.
- VIII. Fathers and grandparents are also invited to participate in these workshops to encourage them to assist mothers in continuing correct feeding practices.



Figure 14: Participation of fathers and grandparents

Approximately 20 – 30 mothers participate in each programme.

The detailed guidelines provided to the PHMs to conduct these workshops as given in annex 1 have been reviewed and revised appropriately since the inception of the programme.

2.2.5. Monitoring of the conduct of the programme

As mentioned, programmes throughout the district are conducted on the same day and in each MOH area, approximately 6-7 programmes are conducted on a given day at different venues. The supervising staff include MO-MCH, MOHs, Regional Supervising Public Health Nursing Officer(RSPHNO),Public Health Nursing Officers(PHNOo) and Supervisory Public Health Midwives (SPHMs)attached to each MOH area.

The main method of monitoring the conduct of the workshop is through site visits by the supervisory staff. The staff divides themselves among the places where the programmes are conducted and visit them, one or more, on the given day. They observe the proceedings and identify areas where improvements could be made. If possible, attempts are made to modify the proceedings as and when they were observed. Their observations are also presented and discussed as necessary, at the monthly conferences held at the MOH office. At the district level, the observations made by the RSPHNO are communicated to the MO – MCH and are presented at the meeting of the MOOH.

At present, the monitoring is carried out mainly through observation which may be subjective at times. An attempt to develop a guideline for monitoring the conduct of the workshops is being done by Dr. R.P.S. Rajapakse in collaboration with the supervisory staff.

2.3. Best practices

Correct identification of the target group has made the workshops conducive to achieve the objectives of the objectives. Having all programmes on a given day throughout the district using the developed guidelines is an important aspect that facilitates both the uniformity of the contents of the workshop as well as facilitating effective monitoring. Use of a wide range of educational methods enhances the ability to keep the interest of the mothers and also encourages their active participation.

A key element that is of importance is the ability to conduct the programme without any additional costs, with active participation of mothers and community groups, thus ensuring sustainability.

2.4. Monitoring of the effectiveness/ impact

Monitoring of the effectiveness/ impact of the programme is done through the routinely collected data via the growth monitoring programme. The weighing activities undertaken during the 'Nutrition week' are also used for monitoring the impact. The indicator used in these assessments is weight for age and the data collected at the growth monitoring stations are collated by the midwives and submitted to the MO – MCH through the MOHs. The findings for the years 2007 – 2012 available from the Family Health Bureau, Ministry of Health are presented in table 2 and figure 15. Data available from measurements made during the Nutrition months for the years 2009 -2012 are given in table 3 and figure 16.

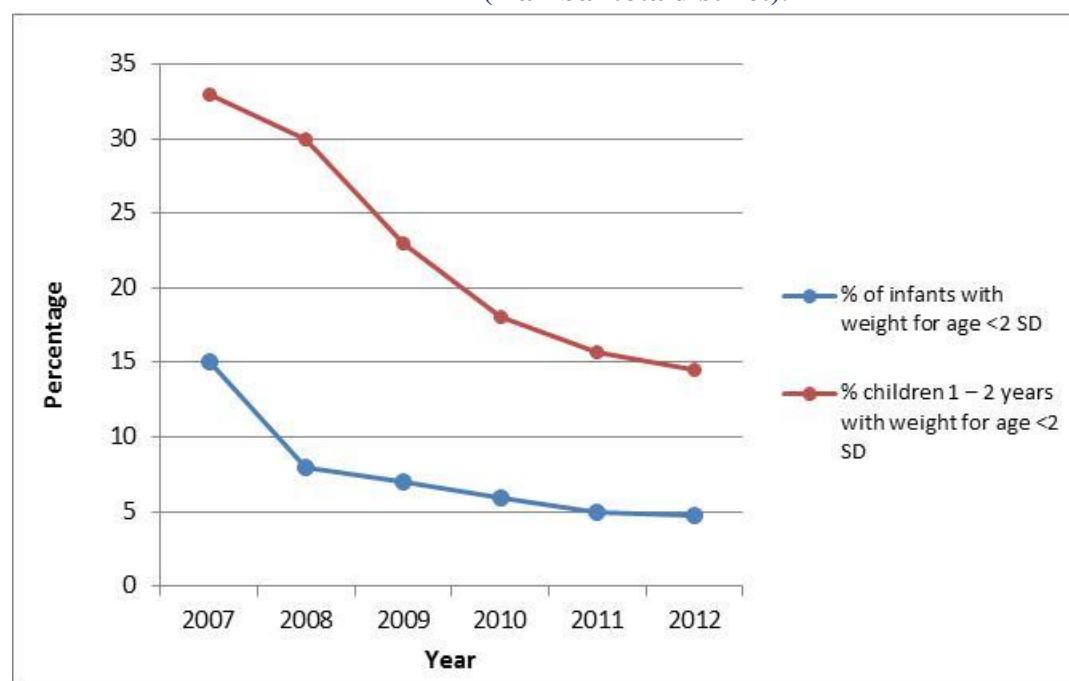
The percentage decline in the prevalence of infants with weight for age <2 SD during the period between 2007 and 2012 is 68.7% and for the children aged between 1 -2 years, this decline was 56.1%. Table 3 shows that the decline for infants has been very sharp during the first year of the implementation of the programme and then slows down. This pattern is to an extent different in the 1 -2 year olds where the decline was most marked in the second and third years after the implementation of the programme.

Table 2 : Percentage of infants and 1 -2 year old children , underweight for age (Hambantota district).

Indicator	Year					
	2007	2008	2009	2010	2011	2012
% of infants with weight for age <2 SD	15	7.4	07	6.1	5.0	4.7
% children 1 – 2 years with weight for age <2 SD	33	27.9	19.7	16.3	15.7	14.5

Source : Annual Reports on Family Health , Sri Lanka , 2008-2009 and 2010, Family Health Bureau, Ministry of Health .(based on data from H 509) .

Figure 15: Percentage of infants and 1 -2 year old children , underweight for age (Hambantota district).



Source : Annual Reports on Family Health , Sri Lanka , 2008-2009 and 2010, Family Health Bureau, Ministry of Health .(based on data from H 509)

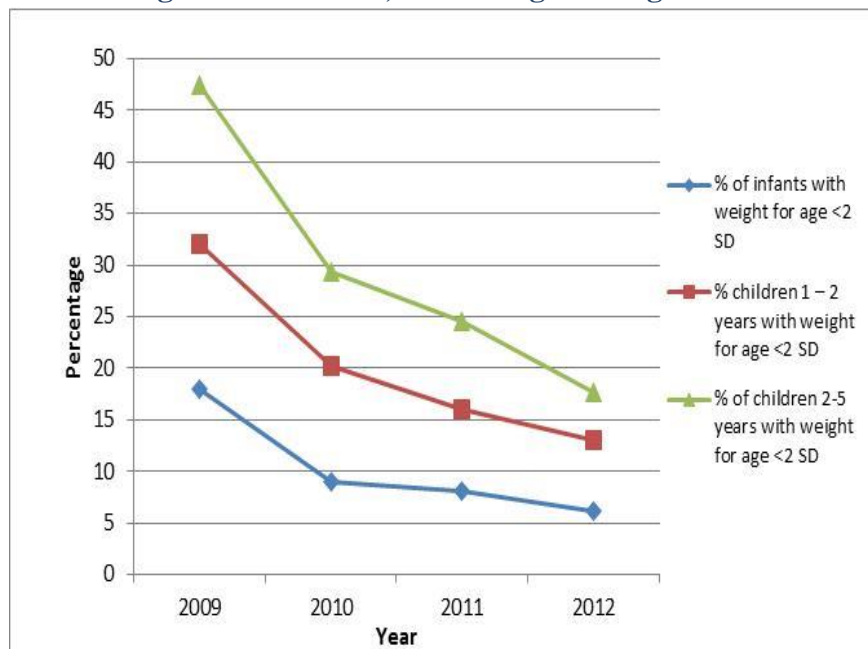
Table 3: Percentage decline in the prevalence of underweight for age

Years	FHB data	
	Infants	1-2 year olds
2007-2008	50.7	15.5
2008-2009	5.4	29.3
2009 - 2010	18.0	32.5
2010-2011	14.8	3.7
2011 - 2012	6.0	7.6
2007 - 2012	68.7	56.1

Table 4: ‘Nutrition month’ data - % of under-fives , who are underweight for age (Hambantota district)

Indicator	Year			
	2009	2010	2011	2012
% of infants with weight for age <2 SD	17.9	9.0	8.1	6.1
% children 1 – 2 years with weight for age <2 SD	32	20.2	16.0	13.0
% of children 2-5 years with weight for age <2 SD	47.4	29.3	24.6	17.6

Figure 16: Percentage of under-fives, underweight for age – Nutrition month data



Source : MO – MCH, Hambanatota.

In addition to the above information, based on the data obtained on the nutritional status at the National Micronutrient survey carried out by the Medical Research Institute(MRI) and UNICEF in 2012, the districts were ranked according to the indicators of nutritional status. , with the highest rank (25) being given to the district with the “best” indicators. On this assessment, Kalutara district was ranked as the “best” district (25) and Hambantota, was ranked as the “second best”. Thus, all available information indicates that the nutritional status of the under five children in Hambantota district is at a satisfactory level.

2.5. Achievements

This programme can be considered as a major input aimed at improvement of complementary feeding practices in Hambantota district. Data presented clearly indicates a decline in the percentage of infants and preschoolers who were underweight , over the years from 2009 onwards. This pattern is in keeping with the improvements in the nutritional status of under five children with a decline in the prevalence of low weight for age (<2 SD) in the second year of life with the decline persisting in later years. Without any other additional inputs to improve the nutritional status of the under five children in the district during this period, it is very likely that this programme has contributed to an improvement in the nutritional status, through a positive influence on complementary feeding practices.

2.6. Lessons learnt

The interest shown by the health staff at all levels and the mothers has enabled the implementation of the programme on a continuous basis from 2008 to date. The encouraging results seen as described above seem to have made an impact on maintaining the interest of all groups involved in these activities including the community groups. Both these factors have contributed to a high level of commitment from the field health staff that has led to effective conduct of these programmes.

Though subjective, it was seen that the status of the PHM has risen at the community level due to their contribution in the areas of child health through these programmes.

The field health staff indicated that their time at the field could be much better utilized as these workshops serve as group teaching sessions which have contributed to an improvement of the nutritional status of young children.

Participation of mothers is reported to be high and include mothers from different ethnic backgrounds, and from different social strata. It was also learnt the mothers who have participated in these programmes have been a source of information for others, who are their relatives and friends who reside in other areas.

This could be considered as a successful attempt at improving the complementary feeding practices in a predominantly rural population and needs to be considered as an example for the other districts. It was noted that health staff from several other districts had shown an interest in observing this programme and the MO- MCH, Hambantota had provided them with such opportunities.

During such visits, MO-MCH and other staff of the health areas of Hambantota district shared their experience with health staff from other districts . They are requested to visit the area for one and a half day session. On day 1, the visiting health staff were provided with the background information relevant to the programme by the MO- MCH and on day 2, a field visit was arranged for them to make their observations on the conduct of the programme at the field level.

The factors that have had a positive influence on this programme were : the high level of commitment of health staff at all levels including administrators , commitment of the mothers and the conduct of the programme without any disruptions (specially due to the preplanned schedules being adhered to strictly) and the sustainability of the programme without additional funding.

2.7. Constraints and challenges

Consideration of the ‘way forward’ is likely to identify the both constraints and challenges. Maintaining the high level of commitment shown by health staff in the district , at all levels could be considered as both a constraint and a challenge, a constraint in the event that the commitment shown at the higher levels of the health staff wanes. The other important consideration is the extent to which similar programmes could be implemented in other districts , which would be dependent on the above constraint and challenge.

Sharing the experience gained is an important component of the programme and the way forward needs to include dissemination of information to encourage implementation of similar effective programmes in other districts. The guidelines prepared for the use of MOO-MCHs is a useful tool to enable implementation of such programmes in other districts (annex 3).

As would be expected, the decline in the prevalence has been very sharp initially, as shown in table 3 with a slowing down in later years, indicating that in the future, it may be necessary to broad base the inputs taking into consideration other factors that could influence complementary feeding practices. Such inputs may require attention, for example to aspects such as improving food security. It may be necessary to consider locally relevant approaches to counteract the influence of these other factors affecting nutrition of the young child. They may require a multisectoral approach , relevant to the local situation.

Suggestions made by field staff and mothers to improve the impact of the ongoing programme needs to be considered. They include:

- Preparation of a summary poster to be given to mothers, highlighting the key issues related to the i10 messages, to be displayed in a prominent place in the home
- Prepare a simple document in Tamil for those who are not able to read and understand Sinhala.
- To continue the programme activities without disruption was considered necessary by mothers other than those with only one child , who felt it was necessary to refresh their knowledge , to continue good feeding practices in a second child.
- Refresher training mainly in the form of discussions held for the PHMs, on a periodic basis. , to be continued .
- Newly recruited PHMs have be given a detailed training to enable them to contribute to the programme effectively

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BIBLIOGRAPHY

1. Sri Lanka Complementary Feeding Study – Factors associated with complementary feeding in Sri Lanka, Ministry of Health Care and Nutrition and UNICEF, 2008.
2. Sri Lanka Census of Population and Housing, 2011. Department of Census and Statistics, Colombo, Sri Lanka
3. Nutrition and Food Security Survey 2010, MRI and UNICEF..
4. Annual Reports on Family Health , Sri Lanka , 2008-2009 , Family Health Bureau, Ministry of Health
5. Annual Reports on Family Health , Sri Lanka 2010, Family Health Bureau, Ministry of Health .
6. Unpublished data (2014) Data from MO-MCH Hambantota.
7. Unpublished data (2014) from Multiple micronutrient study

LIST OF PERSONS MET

Dr. Karunaratna, Regional Director of Health Services, Hambantota.

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Ms. Regional Supervising Public Health Nursing Officer, Hambantota.

Ms. Public Health Nursing Officer, Hambantota

Ms. Supervising Public Health Midwife, Hambantota

Ms. PHM , Hambantota

Ms. PHM Tissamaharama

Ms. PHM, Tissamaharama

Group of mothers:

Ms.