



# Multi Sector Action Plan for Nutrition 2018-2025



Presidential Secretariat  
National Nutrition Secretariat of Sri Lanka

## Abbreviations

BCC	Behavioral Change Communication
BMI	Body Mass Index
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CRF	Common Results Framework
DHS	Demographic and Health Survey
Dis.SCN	District Steering Committee on Nutrition
Div.SCN	Divisional Steering Committee on Nutrition
FAO	Food & Agriculture Organisation
EBF	Exclusive Breastfeeding
GAP	Good Agriculture Practices
GoSL	Government of Sri Lanka
HMIS	Health Management Information System
IYCF	Infant and Young Children Feeding
KPI	Key Performance Indicators
KRA	Key Result Area
LBW	Low Birth Weight
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MND	Micro-nutrient Deficiencies
M&E	Monitoring & Evaluation
MSAPN	Multi Sector Action Plan for Nutrition
NCD	Non Communicable Diseases
NGO	Non-Governmental Organization
NNC	National Nutrition Council
NNIS	National Nutrition Information System
NNP	National Nutrition Policy
NNSSL	National Nutrition Secretariat of Sri Lanka
NSCN	National Steering Committee on Nutrition
PHM	Public Health Midwife

Pro.SCN	Provincial Steering Committee on Nutrition
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SUN	Scaling Up Nutrition
SWOT	Strengths, Weaknesses, Opportunities, Threats
TACN	Technical Advisory Committee on Nutrition
UNICEF	United Nations International Children's Emergency Fund
VLCN	Village Level Committee on Nutrition
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHA	World Health Assembly

## Executive Summary

The social indicators of Sri Lanka namely health and education are among the best in the region, although the nutrition indicators did not achieve a sufficient progress, especially during last two decades. Therefore, having recognized the importance of the contribution of multi-sectors and multi-stakeholders, Multi Sector Action Plan for Nutrition (MSAPN) 2013-2016 had been implemented under the multi sector approach. Further, Multi Sector Action Plan for Nutrition 2018-2025 has been prepared as an extension of MSAPN 2013-2016 which adopted nutrition targets agreed upon to achieve by 2025 at the World Health Conference held in 2012 and in line with Sustainable Development Goals (SDG) 2030 including SDG 2 - Zero Hunger end all forms of malnutrition.

National Nutrition Policy and the other policies and strategies of the ministries related to nutrition improvement namely health, education, women and child affairs, agriculture were taken into consideration in formulating their action plan. Furthermore, stakeholder consultations carried out with the ministries work for nutrition improvement, provincial and district officials, academia, United Nations (UN) agencies and development partners, civil society organisations (CSOs) and Non-Governmental Organisations (NGOs), findings of Demographic and Health Survey 2006 and 2016, other national nutrition surveys and SWOT (Strengths, Weakness, Opportunities and Threats) analysis were based for the development of MSAPN 2018-2025.

The Action Plan is implemented under 5 strategic objectives aiming at 6 key results areas in order to achieve the objective of halve all forms of malnutrition by 2025. Accordingly the following key results areas are covered under the MSAPN 2018-2025.

- Reduce the Prevalence of Stunting to 10.8% and Wasting to less than 5% among Children under 5 Years of age
- No increase of Overweight among children under 5 years of age, school children and adolescents, pregnant and pre-pregnant women from 2012 figures
- Reduce Prevalence of Low Birth Weight to 12.5%
- Reduce Prevalence of Anaemia among Children under 5 years of age to less than 7.5%, Non pregnant women to 15.1% and Pregnant women to 16.3%.
- Reduce Food Insecurity among Households by 50% from 2009 baseline
- Improve access to safe water, sanitation and hygiene among households more than 95% from 2012 baseline

In order to achieve the above results the MSAPN 2018-2025 has been formulated under 5 goals which are as follows.

1. Strengthen and enable environment for optimal nutrition, including policies, strategic planning, multi-sector coordination and building capacity at national and sub-national levels
2. Improve quality and coverage of nutrition-specific interventions to enhance status of children under 5 years, school children and adolescents, pre-pregnant and pregnant women
3. Improve quality and coverage of nutrition-sensitive interventions to enhance nutritional status of the population throughout the life cycle
4. Strengthen community empowerment to optimise nutrition at household level
5. Strengthen the National Nutrition Information System (NNIS) to utilize for the planning and monitoring purpose.

Multi Sector Action Plan for Nutrition is implemented by the Government, development partners, CSOs, NGOs and academia on the direction of National Nutrition Council (NNC) established under direct supervision of His Excellency the President. As the secretariat arm of the NNC, the National Nutrition Secretariat of Sri Lanka (NNSSL) is implemented, monitoring and evaluation of MSAPN from national level to the divisional levels and coordination among all stakeholders. The National Steering Committee on Nutrition is responsible for regulate the implementation, monitoring and evaluation of MSAPN at national level. Further, the provincial, district and divisional steering committees on nutrition are replicated the same at each level. The Technical Advisory Committee on Nutrition is established in order to provide technical facilitation to implement MSAPN and other nutrition related policies and strategies.

Accordingly, the Multi Sector Action Plan for Nutrition mainly focusing to strengthen enabling environment, monitoring, evaluation and the existing organisational structure to enhance nutritional status of the country. Further, it facilitates for the co-ordination, co-operation and partnerships among stakeholders namely the Government, development partners, CSOs, NGOs and academia.

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## 1. Introduction

A healthy population is mainly required a nourished nation, which in turn, enhances the efficiency and effectiveness of economic development of a country. Sri Lanka, with a population of 22 million<sup>1</sup> graduated to a lower middle-income country status in 2010. Remarkable success has been achieved by the country in terms of social development indicators with the average life expectancy of 75.5<sup>2</sup>, literacy of 91.9<sup>3</sup>, and impressive decline in maternal mortality from 61 in 1995 to 39.3 per 100,000 live births in 2017 and mortality of children aged under five years from 22.5 percent in 1992 to 10.9<sup>4</sup> percent in 2017<sup>5</sup> and ranks 76th out of 189 on the Human Development Index in 2017.

Sri Lanka is characterized by high levels of acute malnutrition, mild to moderate levels of chronic malnutrition and pervasive micronutrient deficiencies. Further compounding the issue is the increased prevalence of overweight and obesity, as the country undergoes a dramatic nutrition transition influenced by economic growth, urbanization and shifts in the quality and quantity of diets. Although a continuous effort was made by the country to increase the nutritional status, sufficient progress has not been achieved in terms of the nutritional indicators during last two decades. Therefore, the process of ending malnutrition is currently being implemented under multi sector approach having recognized the importance of multi sector and multi stakeholder contribution in enhancing nutritional status of the country.

## 2. Sri Lanka's Commitments to Global Efforts of Ending Malnutrition

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<sup>1</sup> <http://www.statistics.gov.lk/PopHouSat/VitalStatistics/MidYearPopulation/Mid-year%20population%20by%20district.pdf>

<sup>2</sup> <http://hdr.undp.org/en/countries/profiles/LKA>

<sup>3</sup> Sri Lanka Labor Force Survey – Annual Report 2010 (Among the persons of 10 years & above)

<sup>4</sup> <http://fhb.health.gov.lk/index.php/en/statistics>

<sup>5</sup> [http://fhb.health.gov.lk/web/index.php?option=com\\_statistics&view=islandwideallresult&Itemid=134&lang=en](http://fhb.health.gov.lk/web/index.php?option=com_statistics&view=islandwideallresult&Itemid=134&lang=en)

Sri Lanka is actively contributed to the global agenda on nutrition, adopting the 2030 Agenda for Sustainable Development Goals (SDGs) and including those stipulated by the World Health Assembly 2025 (WHA) and the UN Decade of Action on Nutrition 2016–2025<sup>6</sup>.

Sri Lanka has committed to achieve SDGs by 2030, including SDG 2 – End all forms of malnutrition. Sri Lanka's effort to achieve SDG 2 is based on Multi Sector Action Plan for Nutrition (MSAPN) 2013 – 2016. It has been continued by implementing MSAPN 2018 – 2025.

Further, Sri Lanka's global commitment is reflected by the country's involvement in the Scaling Up Nutrition (SUN) Movement since 2012, which is led by the National Nutrition Council, under the leadership of His Excellency the President.

#### **Sri Lanka's commitment to SDG 2**

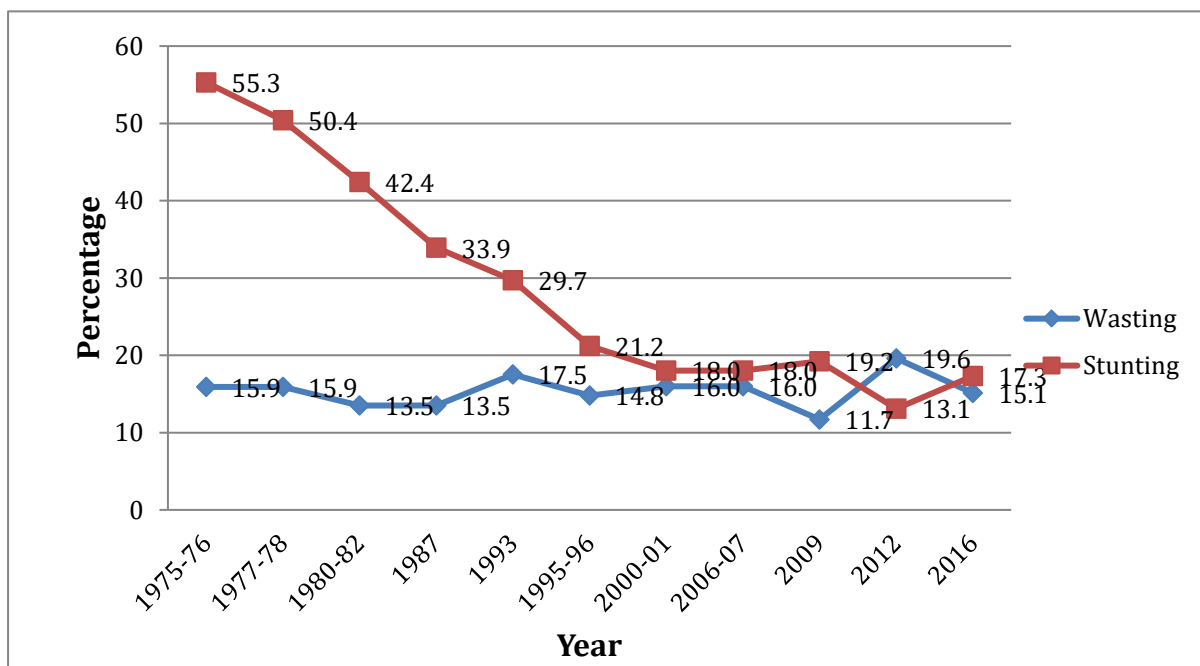
SDG 2.2, to end all forms of malnutrition, commits to achieve internationally agreed targets on stunting and wasting in children under five and commits to address the needs of adolescent girls, pregnant and lactating women and older persons by 2025. This commitment was made by the World Health Assembly (WHA) in which Sri Lanka actively participates as a member state.

### **3. Nutrition Situation Analysis**

The Demographic and Health Survey (DHS) conducted in 2016, highlighted high levels of wasting (acute malnutrition), stagnating trends of stunting (chronic malnutrition) (Figure 1) and increasing trends in overweight and obesity amongst children under five years of age and women of reproductive age. An in-depth analysis of the DHS 2016 data shows that there has been no significant change in the prevalence of wasting and stunting in children under five years of age in the last decade.

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<sup>6</sup> The UN Decade of Action on Nutrition is a commitment of member states to undertake ten years of sustained and coherent implementation of policies and programmes, in line with the recommendations of the International Committee on Nutrition (ICN2) Framework for Action



**Figure 1: Prevalence of stunting and wasting in children under five years of age in Sri Lanka (1975-2016)<sup>7</sup>**

### 3.1 Wasting in children under five years of age

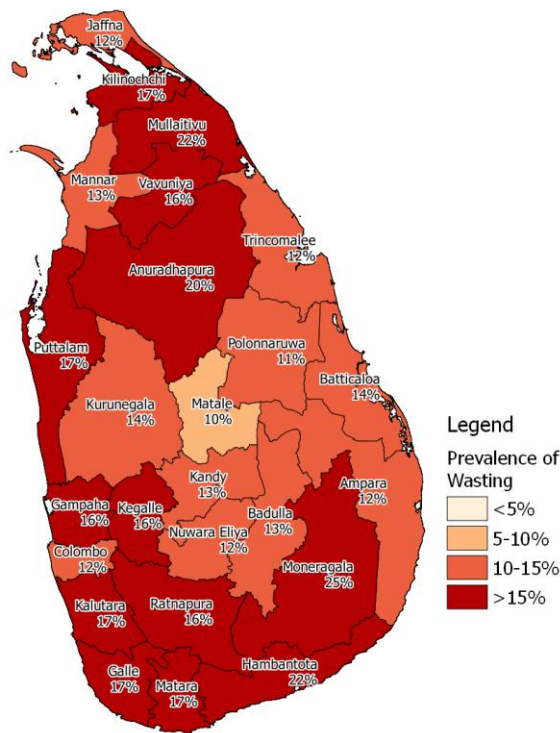
The prevalence of wasting is 15.1 percent (boys 15.4 percent and girls 14.7 percent) in children under five years of age<sup>8</sup> and is considered as a critical public health situation, as per the World Health Organisation (WHO) benchmark. Of this 15.1 percent, 3 percent were found to be severely wasted which contributes to the increased risk of childhood morbidity and mortality and is an indication that response should include both prevention and treatment<sup>9</sup>.

The prevalence of wasting is associated with the low birth weight, infant and young child feeding practices; wealth quintile; maternal nutrition status; and geographical location (Map 1).

<sup>7</sup>Renuka Jayatissa, MRI, 2016

<sup>8</sup> Department of Census and Statistics, 2017, Sri Lanka Demographic and Health Survey 2016

<sup>9</sup> Global Nutrition Cluster 2012 MAM: A decision tool in emergencies.



**Map 1: District-wise Prevalence of wasting in Sri Lanka<sup>10</sup>**

### 3.2 Stunting in children under five years of age

Stunting in children under five years of age has declined substantially since 1970s, but remains stagnant over the last couple of decades (Figure 1). In 2016, the prevalence of stunting in children under five years of age was 17.3 percent (boys 17.9 and girls 16.6)<sup>11</sup>. This reasonable reduction is classified by WHO as ‘acceptable prevalence’. However, evidence shows that even one episode of wasting is a strong risk factor for childhood stunting and being wasted and stunted simultaneously could elevate the risk of child mortality<sup>12</sup>.

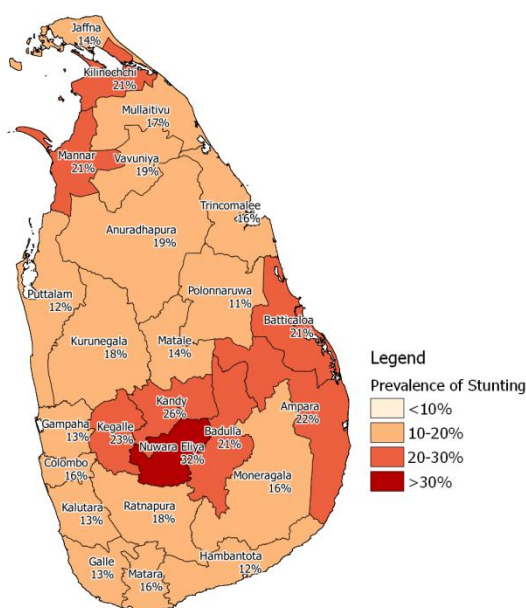
Similar to wasting, stunting rates are influenced by increasing age, concentrated to vulnerable populations, predominantly those of lower socio

<sup>10</sup> DHS 2016, created by World Food Programme, Sri Lanka

<sup>11</sup> Department of Census and Statistics, 2017, Sri Lanka Demographic and Health Survey 2016

<sup>12</sup> Khara, T., & Dolan, C. (2014). Technical Briefing Paper: The Relationship between Wasting and Stunting, policy, programming and research implications. Emergency Nutrition Network (ENN) June 2014. <http://www.enonline.net/ourwork/reviews/wastingstunting>

economic population and the estate population, wealth quintile, maternal nutrition and geographical location (Map 2).



**Map 2: Prevalence of stunting in different districts of Sri Lanka<sup>13</sup>**

Although stunting is higher amongst those from the lowest wealth quintile (25.2 percent) as compared to those from the highest quintile (11.7 percent), the in-depth analysis of DHS 2016 found that the prevalence of stunting appeared to have significantly improved from 29.5 percent to 26.2 percent amongst the poorest, while having statistically increased from 9.3 percent to 12.5 percent amongst the richest. This data is an important indicator that the presence of under-nutrition is not only limited to the poor. Despite the nation’s economic growth and achievement, appropriate and effective preventive strategies across the population will be required to prevent further deterioration of the nutritional status.

### 3.3 Malnutrition amongst school-aged children

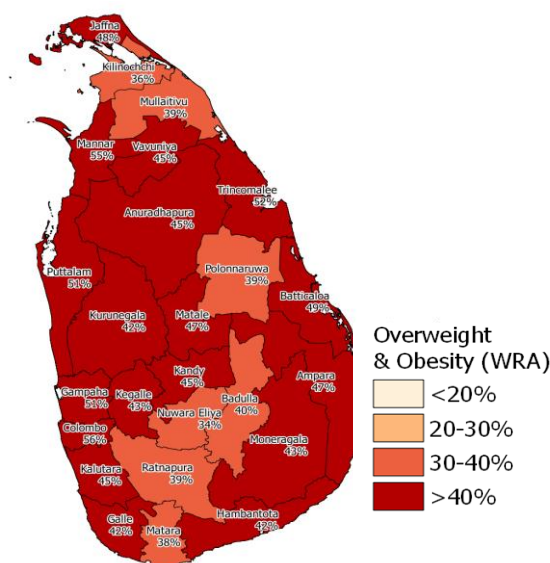
In 2016, the national nutrition survey among school-aged children found 11.5 percent were stunted and 39 percent were wasted (low Body Mass Index (BMI)

<sup>13</sup> DHS 2016, created by World Food Programme, Sri Lanka

for age)<sup>14</sup>. Furthermore, 6.1 percent of school-aged children were identified as being overweight and 2.9 percent obese. The prevalence of wasting and overweight appear to be increased with the age.

### 3.4 Maternal nutrition

Maternal nutrition remains a concern, according to DHS 2016 with 9.1 percent of women of reproductive age (15-49 years) found to have a low BMI (BMI <18.5kg/m<sup>2</sup>), 31.9 percent overweight (BMI 25 – 29.9 kg/m<sup>2</sup>) and 13.3 percent obese (BMI > 30kg/m<sup>2</sup>)<sup>15</sup>, indicating a serious double burden of malnutrition within the adult population. Further, 7.2 percent of women aged 15-49 years in Sri Lanka are shorter than 145cm, which is an indication of an increased risk of adverse birth outcomes. Women's nutritional status is affected by wealth quintiles and geographical location (Map 3).



**Map 3: Prevalence of overweight and obesity in different districts of Sri Lanka<sup>16</sup>**

<sup>14</sup>Medical Research Institute (MoH, GoSL). 2016. Nutritional status, Dietary Practices and Pattern of Physical Activity among school aged children aged 6-12 years. Colombo

<sup>15</sup> Department of Census and Statistics, 2017, Sri Lanka Demographic and Health Survey 2016

<sup>16</sup>DHS 2016, created by World Food Programme, Sri Lanka

### 3.5 Micronutrient deficiencies

Micronutrient deficiencies (MND), also known as 'hidden hunger', are risk factors for many diseases and reduced development, which in turn lead to decreased physical and cognitive performance and increase the risk of morbidity and mortality<sup>17</sup>. They affect all age groups but are particularly detrimental for young children and women of reproductive age.

In 2012, 15 percent of children aged 6-59 months in Sri Lanka were found to be anaemic (Hb < 11 g/dL), indicating a mild public health situation according to the WHO benchmark<sup>18</sup>. In terms of severity, 11.3 percent of children assessed were found to be mildly anaemic (Hb 7 - 10.99 g/dL), and 3.8 percent were of the moderate category (Hb < 7g/dL). Over one in three (33.6 percent) were found with iron deficiency and 7.4 percent were found with iron deficiency anaemia<sup>19</sup>. Anaemia is affected by geographical location and age.

In addition to iron-deficiency anaemia, other forms of micronutrient deficiencies, including calcium and zinc deficiency exist, with almost one in two (47.6 percent) children surveyed, suffering from calcium deficiency (hypocalcaemia < 8.4 mg/dL).<sup>20</sup> Zinc deficiency was found in 5.1 percent of children 6-59 months old.

Micronutrient deficiencies affect all age groups, and when found in school children, could negatively impact learning capacity and school performance. In another recent nationwide nutrition survey amongst school children aged 6-10 years, 11.7 percent of children were found to be anaemic (0.14 million

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<sup>17</sup> Allen L, de Benoist B, Dary O, Hurrell R. Guidelines on food fortification with micronutrients. World Health Organization and Food and Agricultural Organization of the United Nations, 2006

<sup>18</sup>Medical Research Institute, (MoH, GoSL) and UNICEF (2012), National Nutrition and Micronutrient Survey 2014, 2012, Colombo - Sri Lanka

<sup>19</sup>Medical Research Institute (MoH, GoSL) and UNICEF (2012), National Nutrition and Micronutrient Survey 2014, 2012, Colombo - Sri Lanka

<sup>20</sup>Medical Research Institute (MoH, GoSL) and UNICEF (2014), National Nutrition and Micronutrient Survey: Part II.

children)<sup>21</sup>. Emerging evidence also suggests high levels of Vitamin D deficiency among approximately 59 percent of young adolescents which may negatively affect growth during the adolescent growth spurt<sup>22</sup>.

## 4. Determinants of Malnutrition

According to the United Nations International Children's Emergency Fund (UNICEF) Causal Framework of Malnutrition (1990), the causes of malnutrition are multifaceted with a range of immediate, underlying and basic factors. The determinants vary from low birth weight, infant and young children feeding (IYCF) practices, household food security and others<sup>23</sup>.

### 4.1 Low Birth Weight

In Sri Lanka almost one in six newborn (15.7 percent) are born with low birth weight (LBW < 2.5 kg), which places children at a disadvantage for optimum growth including physical and cognitive development. Low birth weight is a result of intergenerational effects of undernutrition, especially with younger mothers who are overly thinned. Therefore, actions in terms of achieving required level of BMI, prior to pregnancy is vital to breaking the vicious cycle of malnutrition. In Sri Lanka, prevalence of low birth weight among mothers under 20 years of age is 21.7 percent<sup>24</sup>. The prevalence of LBW is influenced by wealth quintiles, geographical location, and maternal age.

Low birth weight babies are more at risk of being stunted, wasted, overweight or obese later in life. There is also an increased risk of NCDs such as high blood pressure, diabetes, strokes and other cardiovascular diseases among adults which are increasing in Sri Lanka.

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<sup>21</sup>Medical Research Institute (MoH, GoSL) 2016, Nutrition Survey amongst Primary School Children

<sup>22</sup>Medical Research Institute (MoH, GoSL) 2017, National Nutrition Survey amongst Adolescent aged 10-18 – preliminary findings (presentation at the National Nutrition Steering Committee Meeting in March 2018)

<sup>23</sup>L. C. Rajapaksa, C. Arambepola, N. Gunawardena (2011), Nutritional Status in Sri Lanka, Determinants and Interventions: A Desk Review 2006 – 2011. Colombo, Ministry of Health, Nutrition & Indigenous Medicine and UNICEF.

<sup>24</sup> [http://www.statistics.gov.lk/social/DHS\\_2016a/Chapter10.pdf](http://www.statistics.gov.lk/social/DHS_2016a/Chapter10.pdf)

## 4.2 Infant and Young Child Feeding (IYCF) Practices

Appropriate IYCF during both normal times and illness is critical – and in Sri Lanka, early initiation of breastfeeding within the first hour of birth is 90.3<sup>25</sup> percent. However, median duration of exclusive breastfeeding was reported as 5.8 months<sup>26</sup>, in contrast to WHO recommendation to exclusively breastfeed up to six months.

Furthermore, only 45 percent of children aged 6-23 months met minimum standards with respect to food amount, food diversity and feeding frequency<sup>27</sup>. According to DHS 2016, the most common problem with feeding practices was inadequate numbers of food groups. Among children aged 6-23 months, it was found that consumption of food made from grains (88 percent), fruits and vegetables (86 percent) rich in Vitamin A were high. However, consumption of legumes and nuts (65.9 percent), red meat, poultry, fish and egg (57.9 percent), cheese, yogurt and other milk products (42.2 percent) and food made with oil, butter, and fat (40.6 percent) were relatively low<sup>28</sup>.

Poor feeding during illnesses has been identified as one of the leading causes of under-nutrition in Sri Lanka. Although mothers are encouraged to continue feeding their children and increase the amount of fluids intake when affected by diarrhoea, 34 percent of children received a lower amount of liquid than usual or no liquids at all and only 4 percent of children received more food than usual according to DHS 2016<sup>29</sup>.

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<sup>25</sup> [https://www.unicef.org/publications/files/UNICEF\\_WHO\\_Capture\\_the\\_moment\\_EIBF\\_2018](https://www.unicef.org/publications/files/UNICEF_WHO_Capture_the_moment_EIBF_2018)

<sup>26</sup> [http://www.statistics.gov.lk/social/DHS\\_2016a/Chapter11.pdf](http://www.statistics.gov.lk/social/DHS_2016a/Chapter11.pdf)

<sup>27</sup> [http://www.statistics.gov.lk/social/DHS\\_2016a/Chapter11.pdf](http://www.statistics.gov.lk/social/DHS_2016a/Chapter11.pdf)

<sup>28</sup> [http://www.statistics.gov.lk/social/DHS\\_2016a/Chapter10.pdf](http://www.statistics.gov.lk/social/DHS_2016a/Chapter10.pdf)

<sup>29</sup> [http://www.statistics.gov.lk/social/DHS\\_2016a/Chapter10.pdf](http://www.statistics.gov.lk/social/DHS_2016a/Chapter10.pdf)

### 4.3 Food security and income poverty

Food security is determined by adequate availability, accessibility, utilization and stability of nutritious food at all times. In Sri Lanka, updated information on national food security situation is limited. However, according to the recent national nutrition survey among pregnant and lactating women, it was found that 30 percent of women and their households were food insecure.<sup>30</sup> Sri Lanka ranked 84 of 199 countries in the Global Hunger Index (GHI)<sup>31,32</sup> in 2017.

The increased frequency of disasters related to natural phenomena such as drought and flash floods further exacerbates food and nutrition insecurity. Sri Lanka ranked 4<sup>th</sup> out of 181 countries in the Global Climate Risk Index in 2018; a dramatic drop from 41<sup>st</sup> place in 2016.<sup>33</sup> This underlines the extent to which Sri Lanka is highly prone to climate shocks, including reoccurring drought plus frequent, intermittent floods and landslides.

Food prices determine the cost of diet and whether households are able to afford nutritious foods sufficiently. The poverty head-count index was 4.1 percent in 2016, which declined from 6.7 percent in 2012/13<sup>34</sup>. Despite this, moderate poverty remains a significant challenge with 843,913 people living with poverty in 2016.<sup>35</sup>As per the Cost of Diet Analysis 2014, affordability of a

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<sup>30</sup>Medical Research Institute (MoH, GoSL), (2017), National Nutrition and Micronutrient Survey of PLW – 2015, Colombo

<sup>31</sup><https://www.globalhungerindex.org/pdf/en/2017.pdf>

<sup>32</sup>German Watch 2018.Global Climate Risk Index, Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2016 and 1997 to 2016

<sup>33</sup> Department of Census and Statistics (2013), Poverty Indicators, Household Income and Expenditure Survey 2012/13, Colombo, Sri Lanka

<sup>34</sup>Department of Census and Statistics (2017), Poverty Indicators, Household Income and Expenditure Survey 2016, Colombo, Sri Lanka

<sup>35</sup>Department of Census and Statistics (2017), Poverty Indicators, Household Income and Expenditure Survey 2016, Colombo, Sri Lanka

nutritious diet follows the same pattern with highest nutrient poverty rates in Eastern, Uva and Northern Provinces (48%, 38% and 34% respectively)<sup>36</sup>.

## 5. Policies and Strategies

Given the national priority placed on nutrition, the mandate for nutrition actions has been assigned to several ministries and institutions, including the National Nutrition Council (NNC); National Nutrition Secretariat of Sri Lanka (NNSL); Ministry of Health (MoH); Ministry of Agriculture (MoA); Ministry of Education (MoE), Ministry of Women and Child Affairs (MoW&CA), Ministry of Finance (MoF) etc. In addition, significant efforts have been made by various stakeholders including United Nations (UN) agencies and development partners, non-governmental organisations (NGOs), civil society organisations (CSOs) in promoting food security and reducing malnutrition. However, fragmentation of the policy environment has been hampered and therefore efficient coordination, monitoring and evaluation of the implementation are required.

The Ministry of Health holds the mandate for nutrition specific interventions. In addition, the ministry is primarily responsible for implementing the National Nutrition Policy (NNP).

To complement the NNP and to increase the coverage and quality of nutrition interventions and ensure equitable service provision, the following related policies and strategies have been enacted:

- National Policy of Maternal and Child Health
- National Strategy for Infant and Young Child Feeding Sri Lanka 2015-2020
- Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products 2003
- National Strategic Plan – Maternal and Newborn Health 2017-2025

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<sup>36</sup>WFP and Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI), Minimum Cost of Diet Sri Lanka, Maha Planting Season (October 2013 – January 2014)

- National Strategic Plan on Child Health in Sri Lanka 2018-2025
- Low Birth Weight Strategy (Strategy to promote foetal growth and to minimise the prevalence of LBW in Sri Lanka)
- Adolescent Health Strategy (the National Strategic Plan on Adolescent Health 2013 - 2017 is developed based on this strategy)

Further, several other ministries play a key role in enhancing nutrition and food security of the country, particularly through implementation of nutrition sensitive interventions. These include:

<b>Scope of the Ministry</b>	<b>Main role related to nutrition and food security</b>
Ministry in-charge of Women and Child Affairs	<ul style="list-style-type: none"> <li>- Directly and indirectly contribute to improving the nutritional status of infants, children under five years and pregnant women.</li> </ul>
Ministry in-charge of Education	<ul style="list-style-type: none"> <li>- Educating and awareness students and school communities on good nutrition practices and health</li> <li>- Promoting healthy eating practices through school gardens, school meal programme and school canteen guidelines</li> </ul>
Ministry in-charge of Agriculture, Fisheries, Aquatic Resources, and Livestock Development	<ul style="list-style-type: none"> <li>- Promoting sustainable agriculture and fishing practices</li> <li>- Increase food security by ensuring food availability, accessibility, utilisation and creating self-sufficiency in staples, vegetables, fruits, grains, fish and livestock products, such as poultry, red meats, eggs, and dairy</li> </ul>
Ministry in-charge water supply and drainage	<ul style="list-style-type: none"> <li>- Provide safe drinking water and sanitary facilities</li> </ul>

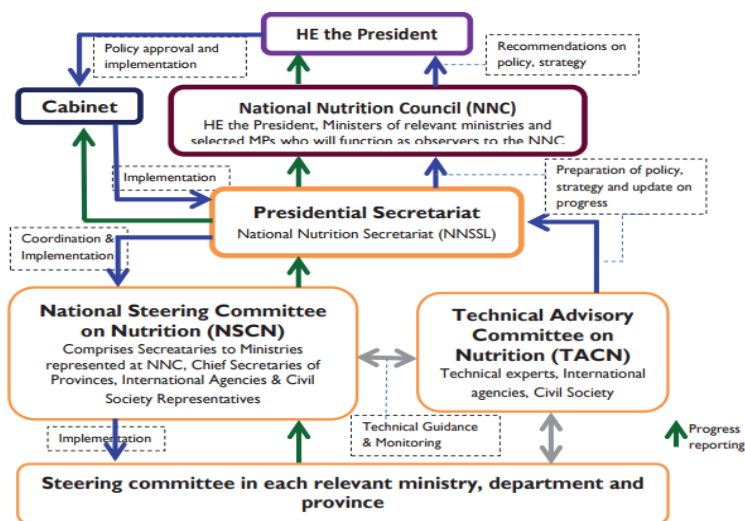
Ministry in-charge of Social Empowerment and Social Welfare	- Implement income generation and social safety net programmes for needy people
Ministry in-charge of Plantation and Estate	- Provision of enabling environment for food and nutrition security as well as facilitation of nutrition specific actions for estate sector

## 5.1 Institutional Framework

Whilst Sri Lanka has prioritised nutrition in the national development agenda, and although significant efforts have been made by various stakeholders towards promoting food security and reducing malnutrition, fragmentation of policy environment was a key challenge. As a result, NNC was established in 2011, under the leadership of His Excellency the President. Further the National Nutrition Secretariat of Sri Lanka (NNSL) was established under the purview of the Presidential Secretariat as the secretariat arm of the NNC to enhance coordination, monitoring and evaluation of the nutrition related actions, policies and strategies endorsed by the NNC. The NNSL developed the first MSAPN 2013 - 2016 to reduce malnutrition in a coherent, collaborated, and systematic manner with all relevant sectors and stakeholders.

The National Nutrition Council is the highest authority for ensuring that the national nutrition agenda is implemented and targets are achieved. The National Steering Committee on Nutrition (NSCN) is the implementation body of the National Nutrition Council at national level and is replicated at the sub-national level, including the provincial, district, and divisional levels.

The multi sectoral institutional framework for addressing nutrition, including the National Nutrition Council and related structures is detailed in the diagram below:



**Figure 4: National Nutrition Council and Related Structures<sup>37</sup>**

## 6. Multi Sector Action Plan for Nutrition (MSAPN) 2018 – 2025

### 6.1 Background

Given the cross-sectoral requirement to address the malnutrition issues in the country which impact the economic and social development of the nation, a multi sectoral approach was created under the direct leadership of His Excellency the President. The multi sector approach provides an effective enabling environment for enhancing cross sector collaboration and coordination. The first MSAPN 2013-2016 developed based on the multi sector approach brought together 17 ministries, 9 provinces, 25 districts, and 331 divisional secretariats together with UN agencies and donors, CSOs, academia, NGOs, and private sector to implement the nutrition agenda.

The MSAPN 2013-2016 was successful in creating the momentum for nutrition actions, and in raising the nutrition profile within the development agenda in Sri Lanka. Further the Government of Sri Lanka allocates funds for nutrition continuously, thus ensuring ownership and sustenance. Given that nutrition

<sup>37</sup>National Nutrition Secretariat, 2013, Multi-Sector Action Plan for Nutrition – Vision 2016, Sri Lanka, A Nourished Nation, Colombo, National Nutrition Council (*hereafter MSAPN 2013-2016*)

issues require some time to be solved, the momentum gathered during the last four years and the efforts that have been put in to build trust amongst non-traditional stakeholders are noteworthy. The highest political endorsement on nutrition continued despite the change in the Government throughout the implementation period.

The NNSL initiated a nutrition-surveillance system - the National Nutrition Information System (NNIS)—and is used as a planning and monitoring tool to target the nutrition interventions. Such households are identified under 7 key priority areas namely poverty and poor financial management, poor child feeding practices, high prevalence of communicable diseases, low food security, inadequate safe drinking water and sanitation and poor nutrition knowledge. Data generated through this system is shared with the relevant ministries, provincial and district authorities for planning and monitoring of the implementation of nutrition related activities with the intention of strengthen in targeting interventions.

However, the MSAPN 2013 - 2016 lacked the common results framework leading to gaps in the monitoring and evaluation mechanism. Though the multi-sector approach was endorsed by the highest political and administrative authorities, implementation lapses were visible at both national and sub-national levels. The integration between the sectors, particularly the health and non-health sector was still a challenge. Visible impact of nutrition strategies takes a significant time and therefore, enthusiasm especially among non-traditional stakeholders in investment wanes after some time.

Building on the lessons learnt from the first phase of implementation, the MSAPN 2018 - 2025 improves upon the multi sector collaboration and coordination. It will further continue to be directed by His Excellency the President. The MSAPN 2018-2025 will be implemented as a continuation of MSAPN 2013-2016 which focused in achieving the 2012 World Health Assembly targets for 2025.

## 6.2 Multi Sector Action Plan for Nutrition 2018-2025

<b>Goal: Halve all forms of malnutrition by 2025, in line with the SDG 2</b>	
<b>Results:</b>	
<b>By the end of 2025;</b>	
<ul style="list-style-type: none"> <li>- Reduce the Prevalence of Stunting to 10.8% and Wasting to less than 5% among children under 5 Years</li> <li>- No increase of Overweight among children under 5 years, school children and adolescents, pregnant and pre-pregnant women from 2012 baseline</li> <li>- Reduce Prevalence of Low Birth Weight to 12.5%</li> <li>- Reduce Prevalence of Anaemia among Children under 5 years of age to less than 7.5%, Non pregnant women to 15.1% and Pregnant women to 16.3%.</li> <li>- Reduce Food Insecurity among Households by 50% from 2009 baseline</li> <li>- Improve access to safe water, sanitation and hygiene among households more than 95% from 2012 baseline</li> </ul>	
<b>Strategic Objectives:</b>	
<b>1</b>	Strengthen and enable environment for optimal nutrition, including policies, strategic planning, multi-sector coordination and building capacity at national and sub-national levels
<b>2</b>	Improve quality and coverage of nutrition-specific interventions to enhance nutritional status of children under 5 years, school children and adolescents, pre-pregnant and pregnant women
<b>3</b>	Improve quality and coverage of nutrition-sensitive interventions to enhance nutritional status of the population throughout the life cycle
<b>4</b>	Strengthen community empowerment to optimise nutrition at household level
<b>5</b>	Strengthen the National Nutrition Information System (NNIS) to utilize for the planning and monitoring purpose

## 6.3 Methodology

The process was coordinated by three member panel of consultants with the knowledge and experience in health, nutrition and administration fields and Technical Advisory Committee on Nutrition (TACN) on the direct supervision of Presidential Secretariat. Stakeholder consultations were carried out with the

relevant ministries, provincial and district administrations, UN and development partners, CSOs, NGOs and academia. The most updated data, publications, best practices and strength, weaknesses, opportunities and threats (SWOT) analysis of MSAPN 2013-2016 were carried out in detail. All above were considered in the development of MSAPN 2018 - 2025.

The Key steps involved in the formulation of Multi Sector Action Plan for Nutrition 2018–2025 are as follows.

### Literature Review

National policies, strategies and programmes and related directly and indirectly to nutrition, other national nutrition surveys and globally accepted scientific evidences were reviewed to gather information in formulating the MSAPN 2018-2025.

### Progress Review of Multi Sector Action Plan for Nutrition 2013-2016

In order to formulation of the forthcoming MSAPN is based on solid experience and lessons learnt, a review of the progress achieved on implementation of MSAPN 2013-2016 was carried out. Available data and information on achieved results were collected through structured interviews with government officials at national and subnational level. Information pertaining to adequacy of resource allocation and utilisation, coordination among stakeholders and implementers, strengthen of monitoring and evaluation mechanisms were the focus of these interviews.

### Gap Analysis

Six Key Result Areas (KRA) and 286 Key Performance Indicators (KPI) had been established in MSAPN 2013 - 2016 to monitor the progress and to evaluate the results achieved. Available data on performance and achievements were collected and examined with a view to identify gaps in achievements and problems encountered during the implementation.

## Stakeholder Consultations

A series of consultative meetings and discussions were conducted with key representatives of agencies involved in implementing the MSAPN 2013-2016 at national, provincial, district and divisional levels.

## Situation Analysis

Data from DHS 2016 & 2006 and the National Nutrition Survey 2012 were used to analyse the current nutrition situation and trends.

The data and information collected through the SWOT analysis (Annex A), gap analysis, Literature review, stakeholder consultations and situational analysis were used to facilitate developing Multi Sector Action Plan for Nutrition 2018-2025.

### 6.4 Implementation and Coordination

A concrete coordination and implementation mechanism for nutrition interventions is well established in Sri Lanka. The National Nutrition Secretariat of Sri Lanka positioned under the purview of Presidential Secretariat which is conducted the primary coordination in implementing MSAPN.

The following multi-sector coordination platforms established under the Multi Sector Action Plan for Nutrition ensure the effective coordination.

- i. **The National Nutrition Council (NNC)** chaired by His Excellency the President was established in 2013 as the highest level coordination platform in implementing Multi Sector Action Plan for Nutrition with the mandate to provide policy guidance and policy decision. The NNC meets twice a year and brings together the political authority including relevant ministers, chief ministers of provinces and members of parliament representing all political parties and all other stakeholders.
- ii. **The National Steering Committee on Nutrition (NSCN)** is chaired by Secretary to the President in order to regulate the implementation,

monitoring and evaluation of Multi Sector Action Plan for Nutrition. The NSCN meets once in four months and bring together secretaries of ministries, chief secretaries of provinces, representatives of development partners, including UN agencies, CSOs and NGOs.

- iii. **Technical Advisory Committee on Nutrition (TACN)** is established in order to provide technical facilitation to implement Multi Sector Action Plan for Nutrition (MSAPN) and other nutrition related policies and strategies. The Technical Advisory Committee on Nutrition is to be convened by the National Nutrition Coordinator on requirement and brings together technical experts from various disciplines namely government, UN agencies and other development partners, academia, CSO, NGO and private sector to provide the technical guidance on nutrition issues.
- iv. **The Provincial Steering Committee on Nutrition (PSCN)** is chaired by Chief Secretary of the Province in order to regulate the implementation, monitoring and evaluation of the process of nutritional status at provincial level. The PSCN meets once in three months and brings together secretaries of provincial ministries, heads of departments and heads of other institutions related to the Multi Sector Action Plan for Nutrition, representatives of development partners, CSOs, NGOs and the business community operated in the province.
- v. **The District Steering Committee on Nutrition (DisSCN)** is chaired by District Secretary in order to regulate the implementation, monitoring and evaluation of the process of nutritional status at district level. The DisSCN meets once in two months and brings together heads of departments and heads of other institutions related to the Multi Sector Action Plan for Nutrition, representatives of development

partners, CSOs, NGOs and the business community operated in the district.

- vi. **The Divisional Steering Committee on Nutrition (DivSCN)** is chaired by Divisional Secretary in order to regulate the implementation, monitoring and evaluation of the process of nutritional status at divisional level. The DivSCN meets once in two months and brings together heads of government institutions related to the Multi Sector Action Plan for Nutrition, representatives of development partners, CSOs, NGOs and the business community operated in the division.

## 6.5 Monitoring and Evaluation

The importance of Monitoring and Evaluation (M&E) to ensure the proper implementation of Multi Sector Action Plan for Nutrition 2018 - 2025 is well recognised. Accordingly, a comprehensive monitoring and evaluation will be developed based on the Multi Sector Action Plan for Nutrition 2018-2025.

The progress will be reviewed on a regular basis based on the proposed performance indicators in the Action Plan at all levels and will be reported through the existing coordination platforms to the National Nutrition Secretariat and the progress review meetings will be conducted in every three months regularly. In addition, national progress review meetings are undertaken by the National Nutrition Secretariat of Sri Lanka once in three months to ensure the sustainability and efficiency of the implementation of the MSAPN.

The performance of Multi Sector Action Plan for Nutrition so far and the impact of proposed actions will be assessed under the mid-term evaluation carried out in 2021 and the overall performance and long term results in terms of the nutrition indicators will be evaluated through a national survey towards the end of 2025. Due to the requirements arising at National Nutrition Policy (NNP) revision which is expected to be carried out in 2019 and other uncontrollable

factors, the alterations may become necessary for this action plan. Therefore, provision is made for revising the MSAPN 2018-2025, if found necessary during the period of implementation based on the finding of the survey carried out in 2021.

The data collected through the monitoring and evaluation of the MSAPN will be used regularly to advocate decision makers to prioritise nutrition and allocate appropriate budgets to implement nutrition actions at the national and sub-national levels.

## **6.6 Communication and Advocacy**

Communication on nutrition will be a key priority during this second phase of the MSAPN. Accordingly, a comprehensive communication strategy will be developed based on the Multi Sector Action Plan for Nutrition 2018-2025. The MSAPN serves as an advocacy tool to streamline nutrition actions among all stakeholders and to raise resources for implementation of those actions.

A strong communication on nutrition is targeted to attain, promote and support good nutrition and to raise awareness among the public to create demand for nutritious foods and appropriate services under this communication campaign. Both service providers and clients need to work in partnership to achieve the target. Furthermore, involvement of research institutions and academia will be encouraged to conduct formative research using qualitative method to develop and implement effective communication strategies accordingly.

## **7. MULTI SECTOR ACTION PLAN FOR NUTRITION 2018 – 2025**

**Goal: Halve all forms of malnutrition by 2025, in line with the SDG 2**

**Results:**

By the end of 2025;

- Reduce the Prevalence of Stunting to 10.8% and Wasting to less than 5% among Children under 5 Years of age
- No increase of Overweight among children under 5 years of age, school children and adolescents, pregnant and pre-pregnant women from 2012 figures
- Reduce Prevalence of Low Birth Weight to 12.5%
- Reduce Prevalence of Anaemia among Children under 5 years of age to less than 7.5%, Non pregnant women to 15.1% and Pregnant women to 16.3%.
- Reduce Food Insecurity among Households by 50% from 2009 baseline
- Improve access to safe water, sanitation and hygiene among households more than 95% from 2012 baseline

#### Strategic Objectives:

1. Strengthen and enable environment for optimal nutrition, including policies, strategic planning, multi-sector coordination and building capacity at national and sub-national levels
2. Improve quality and coverage of nutrition-specific interventions to enhance status of children under 5 years, school children and adolescents, pre-pregnant and pregnant women
3. Improve quality and coverage of nutrition-sensitive interventions to enhance nutritional status of the population throughout the life cycle
4. Strengthen community empowerment to optimise nutrition at household level
5. Strengthen the National Nutrition Information System (NNIS) to utilize for the planning and monitoring purpose

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
<b>Strategic Objective 01:</b> Strengthen and enable environment for optimal nutrition, including policies, strategic planning, multi-sector coordination and building capacity at national and sub-national levels							
1.1	Sector policies and strategies are reviewed and updated to incorporate relevant nutrition actions and indicators	Integrate actions of Multi Sector Action Plan for Nutrition into Policies, Strategies and Action Plans under relevant ministries	No of ministries included relevant nutrition actions and indicators into their policies, strategies and action plans	Policy documents, Strategic plans and action plans of relevant ministries	By end of 2020 all relevant ministries should have incorporate nutrition related actions into their Policies, Strategies and Action Plans	All relevant ministries	NNSSL
1.2	Financial commitment is ensured for nutrition interventions and systems to	Conduct a costing of the MSAPN 2018-2025	Availability of costed MSAPN approved by 20202 (Yes/No)	Costed MSAPN 2018-2025	By 2020, the costed MSAPN approved	NNSSL	All relevant ministries

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
	track nutrition finance are in place	Track the financial resources (both government and donor) committed / spent on nutrition-specific and nutrition-sensitive interventions	percentage of actual spent on nutrition specific and sensitive interventions as a share of annual national budget	Expenditure Reports - Department of Budget, Ministries & Donor Agencies	By 2019, a system established to track annual allocation of provisions and actual spent on nutrition specific and sensitive interventions	NNSSL	M/Finance All other relevant institutions (government & donor agencies)
<b>1.3</b>	Multi Sector Nutrition Coordination Mechanism is strengthen at all levels	The Multi Sector Coordination Platforms for Nutrition, at all levels (national, provincial, district and division and village) is functional to review the progress of the MSAPN based on the agreed upon indicators on a regular basis	Number of meetings conducted at all levels to review progress of MSAPN based on the agreed upon indicators	Minutes of meetings  List of Participants	NNC –once in 6 months NSCN - Once in 4 months PSCN - Once in 3 months DSCN - Once in 2 months Div.SCN - Once a month	NNSSL	9 Provincial Councils 25 District Secretariats 331 Divisional Secretariats

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
1.4	Capacity building of government and other partners at all levels (national, provincial, district, division and village) to adapt and monitor context-specific MSAPN	<p>Participatory capacity needs assessment is conducted by 2020</p> <p>Capacity strengthening plan based on the needs assessment is developed by 2020</p> <p>Capacity strengthening plan is implemented from 2021 onwards</p>	<p>Participatory capacity needs assessment is conducted by 2020 (yes/no)</p> <p>Capacity strengthening plan based on the needs assessment is developed by 2020 (yes/no)</p> <p>No of officials trained as per the plans</p>	<p>Assessment report</p> <p>Capacity strengthening plan</p> <p>Training progress report/list of participants</p>	<p>By 2020, Participatory capacity needs assessment is completed</p> <p>By 2020, development of capacity strengthening plan is completed</p> <p>Officials training begun as per the plan since 2021</p>	NNSSL	All relevant ministries (M/Health, M/Agriculture, M/Education, M/Women & Child Affairs)

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
<b>Strategic Objective 02:</b> Improve quality and coverage of nutrition-specific interventions to enhance status of children under 5 years, school children and adolescents, pre-pregnant and pregnant women							
2.1	Infant and young child feeding practices are improved	Promote and support exclusive breastfeeding until 6 months of age with special emphasis on working mothers	Percentage of infants under 6 months, exclusively breastfed	HMIS, DHS	95% of infants under six months are exclusively breastfed by 2025	M/ Health	M/Labour, M/ Women and Child Affairs, M/Plantation & Estate, UN agencies
		Enforce the Sri Lankan Code for the promotion, protection, support of Breast Feeding and Marketing for Breast milk substitutes adopting WHA resolutions	All the clauses are implemented (yes/no)	Ministry Reports	100% enforced the code by 2025	M/ Health	M/Trade & Commerce, M/ Women and Child Affairs, M/Plantation & Estate, UN agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Ensure implementation of maternity benefit for private (formal) sector employees	percentage of work places in formal sector providing maternity benefit	Survey	10% work places in formal sector covered annually	M/Labour	All relevant stakeholders
		Scale up “baby friendly work place” facility initiative	No. of work places certified as baby friendly (standards for baby friendly work places should be jointly developed by M/Health and M/Labour)	HMIS, DHS	30% of formal sector work places are certified as “baby friendly work places” by 2025	M/ Labour	M/ Health M/ Women and Child Affairs, M/Plantation & Estate, UN agencies
		promote home cooked diverse recipes and empowerment of mothers to improve complementary feeding practices	percentage of infants 6-8 months of age who receive required level of solid, semi-solid or soft foods	HMIS DHS	100% of infants 6-8 months required level of solid, semi-solid or soft foods	M/ Health	M/Women and Child Affairs, M/ Plantation & Estate, UN agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Promote diet diversity with four or more food groups twice per day for the infants aged 6-8 months and three times a day for the infants aged 9-23 months	percentage of children 6-23 months of age who receive minimum acceptable diet (apart from breast milk)	HMIS DHS	90% of children aged 6-23 months are received minimum acceptable diet by 2025	M/ Health	M/Women and Child Affairs, M/ Plantation & Estate, UN agencies
		Strengthen mid-morning meal programme to all pre-school children	No of pre-schools implemented mid-morning meal programme  Percentage of pre-school children covered	Ministry Reports	75% of pre-schools covered under mid-morning meal programme by 2025	M/Women and Child Affairs	M/Health
2.2	Micronutrient status of children, adolescents, pre-pregnant and pregnant women, lactating mothers,	Promote micronutrient rich food production and consumption	No of promoted food items which are micronutrient rich	Survey (HARTI)	Promote at least 5 new commonly consumed food items rich with	M/ Agriculture	M/Health UN agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
	adults and elderly is improved	Promote and increase consumption of Vitamin A and Iron rich locally available food	No of households received minimum requirement of vitamin A and Iron	Survey DHS	micronutrient annually  95% of households are consumed Vitamin A and iron rich foods	M/Health	M/Agriculture, M/Plantation & Estate UN agencies NGOs
2.3	Appropriate management of children with Severe Acute Malnutrition (SAM) and Moderate Acute	Strengthen appropriate treatment for the MAM children	Percentage of children with MAM	DHS, HMIS	Reduceto prevalence of MAM among children under 5 years to 5%	M/Health	UN agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
	Malnutrition (MAM) is ensured	Link families with severe acute malnourished children to Social Protection services and programmes	No of households with Severe Acute Malnourished (SAM) children link to social protection services or programmes	Ministry Reports District / Divisional Secretary Reports	90% of households with severe acute malnourished children are linked to Social Protection services and programmes	M/Social Empowerment & Social Protection	NNSSL M/Women & Child Affairs M/Plantation & Estate
2.4	Rates of low birth weight are reduced	Strengthen the school mid-day meal programme for all students	No. of schools implemented school mid-day meal programme  Percentage of children receiving mid-day meal	Survey Ministry Reports	75% of schools are covered by 2025	M/Education	M/Health

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Educating school children and adolescents about the importance of a balanced diet and nutritional requirements	percentage of thin school children and adolescents	Survey	Reduce thin school children and adolescents (thinness) to 18% by 2025	M/Education	M/Health
		Provide counseling on improve nutrition care practices for pregnant women	No. of pregnant women received counseling on nutrition care practices	Ministry Reports	Reduce underweight pregnant women by 50%	M/Health	M/Women & Child Affairs
2.5	No increase of overweight in children under 5 years, school children and adolescents, pre pregnant and pregnant women, and adult men and women	Enabling environment to implement guidance on salt, sugar, processed food and fast food	No of food items reformulated as per the guidelines	Ministry Reports	Reformulate 5 commonly consumed food items annually	M/Health (Food Advisory Committee)	M/ Trade & Commerce
		Development and implementation of	Nutrition communication	Nutrition communication	Nutrition communication	M/Health	NNSSL M/Mass media

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		targeted Behavioral Change Communication (BCC) campaign to improve healthy life style	strategy with BCC component is developed by 2020 (yes/no)	strategy with BCC component	strategy with BCC component is developed and implemented by 2020		M/Education, M/Sports, M/ Urban Development M/Commerce & Trade, UN agencies,
		Ensure enforcement of canteen guidelines in schools	No of schools with enforced canteen guidelines	Ministry Reports	100% of schools are enforced canteen guidelines by 2025	M/Education	M/Health
<b>Strategic Objective 03:</b> Improve quality and coverage of nutrition-sensitive interventions to enhance nutritional status of the population throughout the life cycle							
3.1	Nutrition-sensitive agriculture is introduced to improve food security and nutritional outcomes	Increase knowledge of agricultural officials on nutrition-sensitive food system	No of officials trained	Training manuals Training schedule List of participants	100% of agriculture officials are trained on	M/Agriculture	M/Health

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
					nutrition-sensitive food systems by 2025		
3.2	Ensure sufficient production and consumption of nutritionally rich food	Promote sustainable home gardening with nutrient dense vegetables, fruits, pulses among nutritionally-at-risk households	No of vulnerable Households (HH) with sustainable home gardens  No HHs supported by the Government to implement home gardens	Ministry Reports District/Divisional Secretary reports	10% of nutritionally at-risk households implemented sustainable home gardens annually	M/Agriculture	Provincial Councils  District/Divisional Secretariats
		Promote homestead production with animal source protein among targeted nutritionally at risk households	No of nutrition at risk HH practicing homestead production with animal source protien	Ministry Records District/Divisional Secretary reports	10% of nutritionally-at-risk households are implemented homestead	M/ Livestock Development	Provincial Councils

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
					production with animal source protein		
		Promote fish and fish products to targeted nutrition at risk households	No of nutrition at risk HH consuming fish and fish products	Survey	10%of nutritionally-at-risk households are increased consumption of fish and fish products annually	M/ Fisheries & Aquatic Resources Development	M/Trade & Commerce  Provincial Councils
		Reduce post-harvest loss of agricultural products, including fruits, vegetables, meat and fish products and milk	Proportion of food waste as a result of post-harvest loss	Post-harvest loss assessment	Reduce post-harvest loss by 10% annually	M/Agriculture	M/ Livestock Development  M/ Fisheries & Aquatic Resources Development

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Support nutritionally-at-risk households with action related to value chain development (eg: food processing and value-addition of locally available foods)	No of programmes conducted	Ministry Reports  District/ Divisional Secretariat Reports	10% of nutritionally-at-risk households are covered annually	M/Agriculture	M/Trade & Commerce
		Strengthen food safety and quality control system including legislations, regulations and inspection systems for the content of nutrients of concern (trans and saturated fat, salt, sugar)	Food safety policy, developed, implementation and monitoring has begun by 2025 (yes/no)	Ministry Reports	Food safety policy developed and all clauses are implemented by 2025	M/Health	M/Trade & Commerce  M/Agriculture  UN agencies
		Promotion of Good Agriculture Practices (GAP) to the farmers	No of farms registered for GAP	Ministry Records	100 farms registered for GAP annually	M/Agriculture	UN agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Promote dietary diversity and food hygiene to community through extension workers of M/Agriculture	No of extension workers trained on dietary diversity and food hygiene  No of community groups received messages on dietary diversity and food hygiene	Training materials  Participants List  Ministry Reports	100% of agriculture extension workers trained by 2025	M/Agriculture	UN agencies
3.3	Update the food composition data for locally available foods	Update food composition table including locally available foods	Food composition table including locally available foods is updated by 2025	Updated Food Composition Table	Availability of 100% updated food composition table by 2025	M/Health	UN Agencies

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Strengthen the laboratory capacity to analyze nutrients for food composition table	Food Laboratory of Medical Research Institute(MRI) is developed with the capacity of analysing nutrients for food composition table by 2021 (yes/no)	Ministry Report	Availability of the Food Laboratory of Medical Research Institute(MRI) with the capacity of analysing nutrients for food composition table by 2021	M/Health	UN Agencies
3.4	Nutrition component in Disaster preparedness, response and recovery plan for acute and chronic climate changes related emergencies is incorporated	Ensure integration of nutrition component into national disaster preparedness, response and recovery action plan	National Disaster Preparedness, Response and Recovery Action plan is updated incorporating nutrition component (yes/no)	Updated National Disaster Preparedness, Response and Recovery Action plan incorporating	Availability of National Disaster Preparedness, Response and Recovery Action plan incorporating nutrition	M/ Disaster Management	

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
				nutrition component	component by 2019		
		Ensure providing nutritious food package as a part of the recovery action after a disaster	Percentage of HHs received nutritious food package during recovery stage	Ministry Reports	All affected households received nutritious food package during recovery stage	M/ Disaster Management	UN agencies NGOs
3.5	Women are empowered to actively participate and contribute to nutrition improvement	Increase participation of women in agriculture related activities, particularly value addition, promotion and marketing	No of women farmers linked to agriculture related activities of value addition, promotion and marketing	Ministry Reports Project Reports	5 women farmers covered from each divisional secretariat division annually	M/Agriculture	All relevant ministries, UN Agencies, NGO, Private sector

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Increase access to agricultural inputs, advance technology and market for women in agriculture	<p>No of women farmers covered</p> <p>No of new technologies introduced</p> <p>No of new markets introduced</p> <p>No of buyback programmes introduced</p>	<p>Ministry Reports</p> <p>Project Reports</p>	5 women farmers covered from each divisional secretariat division annually	M/Agriculture	All relevant ministries, UN Agencies, NGO, Private sector
		Encourage women to participate in community groups (women's groups, mothers' supportive	No of new community groups formed with women's	<p>Ministry Reports</p> <p>Registration details of</p>	One women group in nutrition empowered per village	M/ Health	M/Women & Child Affairs  District/ Divisional

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		groups, farmer organisations)	participation  No of women members added to existing community groups	community organisations			Steering Committee on Nutrition
3.6	Ensure, have approved nutrition claims and labeling on foods	Consumer awareness on selecting nutritious foods with concern of nutrition claims and content	No of awareness programmes conducted  No of participants attended	Ministry Reports  District/ Divisional Secretary Reports	One consumer awareness programme per Divisional Secretariat per annum	M/ Health	M/ Trade & Commerce  District/ Divisional Steering Committee on Nutrition
3.7	Water, Sanitation & Hygiene (WASH) related policies and strategies are enforced	Develop and implement safe hygiene related policy and strategy	Safe hygiene related policy and strategy has	Developed Safe hygiene related policy and	Safe hygiene related policy and strategy has	M/Health	

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
			developed by 2020 (Yes/No)	strategy	developed and implementation has begun since 2020		
		Develop and implement safe drinking water and sanitation policy and strategy	Safe drinking water and sanitation policy and strategy has developed by 2020 (Yes/No)	Developed Safe drinking water and sanitation policy	safe drinking water and sanitation policy and strategy has developed and implementation has begun since 2020	M/ Water Supply and Drainage	

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
3.8	Improve availability and access to safe drinking water at HHs and schools	Increase coverage of safe drinking water at HHs and schools	<p>Percentage of HHs with access to safe drinking water</p> <p>No of HHs received new access to safe drinking water</p> <p>Percentage of schools with access to safe drinking water</p>	<p>Ministry Reports</p> <p>Census of Population &amp; Housing</p>	<p>2020 = 60% of population with access to safe drinking water;</p> <p>2025 = 80% of population with access to safe drinking water</p>	M/ Water Supply and Drainage	<p>M/Education</p> <p>M/Plantation &amp; Estate</p> <p>UN</p> <p>NGO</p>
3.9	Household sanitation is ensured	Improve solid waste disposal and management at household level	Percentage of urban HHs using solid waste disposal and management	Survey	10% of urban households are covered annually	M/Provincial Councils and Local Government	<p>Provincial Councils,</p> <p>Local Government Authorities</p>

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
							UN Agencies,
3.10	Improved personal hygiene practices	Promote correct hand washing and correct use of toilet	No. of promotional programmes/ media campaigns conducted	Survey	10% of nutritionally at-risk HHs are covered annually	M/Health	District/ Divisional Steering Committee on Nutrition
	Nutritionally-at-risk HHs are linked to social protection programmes	Link nutritionally-at-risk HHs to Samurdhiprogramme	No of nutritionally-at-risk HHs linked to Samurdhiprogramme	Ministry Reports District /Divisional Secretary Reports	10% of nutritionally-at-risk HHs are linked to Samurdhiprogramme annually	M/ Social Empowerment and Social Protection	NNSSL

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Ensure conditional cash transfer to underweight (low BMI) pregnant women	Percentage of underweight pregnant women receiving conditional cash transfer	3.11	100% of low BMI pregnant women are covered	M/Women & Child Affairs	M/Health
3.12	Nutritional status is increased by enhancing social welfare	Train officials related to social welfare on nutrition sensitive intervention	No of officials related to social welfare at each level (national, provincial, district, divisional)	Training Materials List of Participants	100% of officials related to social welfare trained by 2025	M/ Social Empowerment and Social Protection	All relevant stakeholders
<b>Strategic Objective 04:</b> Strengthen community empowerment to optimise nutrition at household level							
4.1	Household nutrition status is improved	Nutrition promotion through mother supportive groups	No of mother supportive groups trained to promote nutrition	Ministry Reports	Mother supportive group to train per GN Division	M/Health	M/ Women and Child Affairs, District/

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
							Divisional Steering Committee on Nutrition  NGOs
4.2	Improved nutrition status by changing behavioral practices	Conduct Behavior Change Communication (BCC) campaign to optimise nutrition status	Developed nutrition communication strategy with BCC component  No of communication campaigns conducted	Periodical behavioral surveys	Targets on behavioural changes to be identified under the communication strategy and reached them by 2025	M/Health	NNSL M/Mass Media UN agencies NGOs
<b>Strategic Objective 05:</b> Strengthen the National Nutrition Information System (NNIS) to utilize for the planning and monitoring purpose							

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
5.1	National Nutrition Information System is strengthen to use for planning and monitoring purpose	Develop a Monitoring and Evaluation Framework based on MSAPN 2018-2025	Monitoring and Evaluation Framework based on MSAPN 2018-2025 is developed by 2020 (Yes/ No)	Monitoring and Evaluation Framework for MSAPN 2018-2025	Monitoring and Evaluation Framework for MSAPN 2018-2025 is developed by 2020	NNSL	
		Strengthen and update NNIS for the collection, compilation, analysis and comparison of nutrition-related data from all sectors	NNIS is updated for the collection, compilation, analysis and comparison of nutrition-related data from all sectors by 2020 (Yes/No)	Monitoring and Evaluation Framework of NNIS	NNIS is updated for the collection, compilation, analysis and comparison of nutrition-related data from all sectors by 2020	NNSL	

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Establish a mechanism for each sector to report on progress of nutrition-related indicators to the NNIS	A mechanism for each sector to report on progress of nutrition-related indicators to the NNIS is established by 2020 (Yes/No)	Monitoring and Evaluation Framework of MSAPN	A mechanism for each sector to report on progress of nutrition-related indicators to the NNIS is established by 2020	NNSSL	
5.2	Regular progress reports (annual, mid-term and final reports) are generated	Define an overall reporting format and generate annual, mid-term and final reports as per the format	Generating annual, mid-term and final reports as per the format have begun since 2019	Reports generated as per the format ((annual, mid-term and final reports)	Reporting formats are defined and report generation has begun by 2019	NNSSL	All related Ministries  Provincial/District/Divisional Steering Committees on Nutrition
		Publish sector monitoring reports regularly and clearly	Periodic sector reports are available(Yes/No)	Periodic Sector Reports	Sector Reports are publish	NNSSL	All related stakeholders

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
					quarterly since 2019		
5.3	Data related to progress reporting indicators in terms of strategic objectives 02 and 03 are collected and analysed	Report the progress in terms of the interventions under strategic objective 2 and 3 by 2019	All parties are reported the progress on agreed upon indicators once in two months (Yes/No)	Monitoring and Evaluation Framework of MSAPN Sector Reports Sector Data Systems	Progress on agreed upon indicators are reported by all parties since 2019	NNSSL	M/Health M/Agriculture M/Education M/Women and Child Affairs M/Social Empowerment and Social Protection
5.4	Capacity development in monitoring, evaluation and reporting is ensured	capacity development of all relevant officials on monitoring, evaluation and reporting at all levels	No of capacity building programmes conducted No of officials trained	Progress Reports – NNSSL List of Participants	100% of relevant officials are trained by 2020	NNSSL	

## Specific Actions for Multi Sector Platform of the Estate Sector

The estate sector is mainly comprised of tea, coconut and rubber plantations and managed or owned by the State, Regional Plantation Companies or individuals/families. Amongst the total population, estate sector represents 4.3 percent in Sri Lanka population (approximately 0.9 million)<sup>38</sup>. Malnutrition is a severe public health concern among both children and pregnant women in estate. Therefore, the specific actions are identified to improve nutrition status of estate sector considering the general living condition, nutrition situation, gaps in implementation of nutrition related actions in estates. Further, these specific actions are based on the recommendations made by the stakeholders work in estate sector. The action plan intended to implement new and existing interventions efficiently to improve the nutrition status of estate sector. Further, the estates (sub national administrations) are expected to develop their own context specific action plans based on this action plan guideline.

<b>S N</b>	<b>Action Area</b>	<b>Description of Action</b>	<b>Indicator</b>	<b>Means of Verification</b>	<b>Target</b>	<b>Lead Agency (Area of Scope)</b>	<b>Supporting Agency (Area of Scope)</b>
P1.1	Improve political commitment and national capacity for planning and financing to scale up nutrition	Advocate politicians on current nutritional situation, possible consequences and solutions for plantation sector	No of advocacy programmes with politicians at all levels	Minutes of advocacy programmes  List of participants	One meeting per year at each level	Ministry/ Plantation & Estate	NNSSL  Provincial/ District/ Divisional Steering

<sup>38</sup>Department of Census and Statistics, 2017, Sri Lanka Demographic and Health Survey 2016

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
	interventions in the plantation sector			Meeting Agendas			Committees on Nutrition
		Streamline multi sector coordination at all levels (health sector, estate management, agric. extension services, PHDT etc.) through existing Steering Committees on Nutrition	No of steering committee meetings conducted	Meeting minutes Progress Reports	National – Once in 04 Months Provincial – Once in 03 Months District – Once in 02 Months Divisional – Once in 02 Months	National/ Provincial/ District/ Divisional Steering Committees on Nutrition	NNSSL
		Identify available resources in the plantation sector (NGOs, private sector, Civil Society, plantation companies)	Stakeholder Analysis and Mapping has completed by 2020 (Yes/No)	Stakeholder analysis report	Completed stakeholder analysis by 2020	District/ Divisional Steering Committee on Nutrition	NNSSL M/Plantation & Estate PHDT

<b>S N</b>	<b>Action Area</b>	<b>Description of Action</b>	<b>Indicator</b>	<b>Means of Verification</b>	<b>Target</b>	<b>Lead Agency (Area of Scope)</b>	<b>Supporting Agency (Area of Scope)</b>
		that will strengthen the implementation of MSAPN	Resource Profile is updated (Yes/No)	Upgraded Resource Profile			Plantation Companies
		Provide evidence-based information for planning and financing of nutrition related interventions in plantation sector	Mid-year evaluation is carried out in each year (Yes/No)	Mid-year evaluation report	Mid-year assessment conducted in every year	M/Health	NNSSL M/ Plantation and Estate
P1.2	Enhance capacity at sub-national level (provincial, district, divisional levels) to implement effective interventions in plantation sector	Advocate related stakeholders (Government, Plantation management, NGO etc.) to strengthen the planning and implementation of effective evidence-based interventions	No of capacity building programmes conducted  No of officials trained	Ministry Reports  Provincial/District /Divisional Secretary Reports	Capacity development of all relevant officials in each level	Provincial/ District/ Divisional Steering Committee on Nutrition	NNSSL  M/Health  M/Plantation and Estate

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
P1.3	Enhance nutrition specific interventions to improve nutrition status among plantation community, particularly children, adolescents and women	Adequately fill the vacancies of; (a) Tamil speaking PHMs from the same community and/or geographical area  (b) Supervisory staff to ensure health service delivery at rural level	No. of Tamil speaking PHMs recruited/ attached  No. of supervisory staff recruited/ attached	Ministry Reports	20% reduction of existing vacancies per annum	M/ Health	M/Finance  Provincial Councils
		Enhance capacity of health and non-health staff involved in nutrition related activities (ex: positive deviance approach, ICT, language skills, etc.)	No of health staff and non-health staff trained  No of training programmes	Ministry Reports  Training Materials  List of Participants	250 health staff per annum  300 non-health staff per annum	M/Health	NNSSL  District Steering Committee on Nutrition

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Conduct awareness programmes for adolescents, pregnant and pre-pregnant women to improve hand washing, sanitation and personal hygiene	No of awareness programs conducted  No of adolescents, pregnant and pre-pregnant women participated	Ministry Reports  Training Materials  List of Participants	100 programmes per annum	M/ Health	NNSSL  M/Plantation & Estate  PHDT  Plantation Companies  UN Agencies  NGOs
		Conduct assessment of Knowledge, Attitude and Practices (KAP) on water and sanitation among plantation communities	Assessment of Knowledge, Attitude and Practices (KAP) on water and sanitation is	Availability of assessment of KAP on water and sanitation Report	Assessment of KAP on water and sanitation is completed by 2021	M/ Health	M/ Plantation & Estate  District Steering Committee on Nutrition

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
			conducted by 2021 (Yes/No)				PHDT Plantation Companies UN Agencies
		Increase coverage of de-worming programs based on the national guidelines	Percentage of target population received worm treatment	Ministry Reports	100%de-worming of target population by 2025	M/ Health	M/ Plantation & Estate
P1.4	Enhance nutrition sensitive interventions to improve nutrition practices among plantation community, particularly children,	Improve production and utilization of nutrient-dense, locally available foods (home gardening, backyard poultry, inland fresh water fish production)	No of nutritionally-at-risk households with home gardens/backyard poultry	Ministry Reports	10 percent of nutritionally-at-risk HHs are directed to home gardening/back yard poultry/	M/ Agriculture M/ Livestock Development M/ Fisheries	M/ Plantation & Estate District Steering Committee on Nutrition PHDT

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
	adolescents and women				inland fish farming annually		Plantation Companies
		Strengthen local markets and distribution facilities to increase food availability, diversity and affordability,	No of local markets established/ strengthened	Ministry Reports Market Survey	20 local markets established per annum	M/Economic Policy and Economic Development	NNSL  M/ Agriculture  M/ Trade & Commerce  District Steering Committee on Nutrition

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		Create supportive working environment for pregnant and lactating women	No of pregnant women and lactating mothers; a.) received maternity leave according to maternity benefit ordinance b.) obtained flexible working hours c.) assigned easy working plots d.) received financial assistance from EWHCS	Ministry Reports  District/Divisional Secretary Reports  Survey	20% of targeted population is covered annually	M/Plantation & Estate  Plantation Management  M/ Plantation & Estate	M/Health  M/Labour  M/ Women & Child Affairs  PHDT

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
			No of breast feeding corners established at CDCs,				
		Increase capacity of households/communities in terms of effective cash management	No of capacity building programmes conducted  No of people trained	District/Divisional Secretary Reports  Training Materials  List of Participants	One programme conducted per estate per annum	District Steering Committee on Nutrition	NNSL  M/ Plantation & Estate  PHDT  Plantation Companies
		Include nutritionally at-risk households into social	Percentage of vulnerable	Ministry Reports	100% coverage of nutritionally at-	M/ Social Empowerment	NNSL

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		safety net programs (Samurdhi, ThriposhaProgramme).	families included into social safety net programmes	District/Divisional Secretary Reports	risk households by 2025	and Social Welfare M/ Health	M/ Plantation & Estate  District/ Divisional Steering Committee on Nutrition  PHDT
		Scale up pre-school mid-morning meal programs to estates	No of pre-schools covered  No of pre-school children covered	Ministry Reports	Scale up mid-morning meal programme to every pre-school in estate	M/ Women & Child Affairs	NNSSL M/ Plantation & Estate District/ Divisional Steering Committee on Nutrition

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
							PHDT
		Scale up School mid-day meal programs to estates	No of school children covered	Ministry Reports	Scale up mid-morning meal programme to every school in estate	M/ Education	NNSSL  M/ Plantation & Estate  District/ Divisional Steering Committee on Nutrition  PHDT
		Increase safe drinking water to households, crèches and schools in estates	No of HH received access to safe drinking water	Ministry Reports  Survey	10% increase of baseline per annum (baseline 2016 DHS)	M/ Water Supply and Drainage	M/ Plantation & Estates

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
			<p>No of crèches received access to safe drinking water</p> <p>No of schools received access to safe drinking water</p>				M/ Education
		Provide sanitary latrines to each HH	Percentage of households with improved toilet facilities in estates	Ministry Reports Survey	10% increase of baseline per annum (baseline 2016 DHS)	M/ Plantations and Estate	<p>M/ Provincial Councils and Local Government</p> <p>PHDT</p> <p>Plantation Companies</p>

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
							UN Agencies NGOs
P1.5	National Nutrition Information System is used (NNIS) as a planning and monitoring tool to improve nutritional status in estates	Conduct nutritionally-at-risk household survey at estates	Updated NNIS with estate sector data	Availability of updated NNIS with estate sector data	Updated NNIS with estate sector data is available by 2020	NNSSL	M/ Health  M/ Plantations & Estates  District/ Divisional Steering Committee on Nutrition  PHDT  Plantation Companies

<b>S N</b>	<b>Action Area</b>	<b>Description of Action</b>	<b>Indicator</b>	<b>Means of Verification</b>	<b>Target</b>	<b>Lead Agency (Area of Scope)</b>	<b>Supporting Agency (Area of Scope)</b>
		Monitoring & evaluation of nutrition interventions implemented in estates using updated NNIS	No of Progress Reports generated using NNIS	Progress Reports	Prepared Progress Reports once in three months using NNIS	NNSSL	District/ Divisional Steering Committee on Nutrition
P1.6	Community empowerment to improve nutritional status in estates	Strengthen community based organisation (CBO) and civil society networks (ex: mother support groups) to improve nutrition and care practices	No of community support groups and civil society networks functioned	District Secretary Reports  Ministry Reports	One active CBO involving nutrition promotion per GN Area/PHM area	District Steering Committee on Nutrition	M/Health  M/ Plantation & Estate  PHDT  Plantation Companies
P1.7	Conduct social and behavioral change communication campaign	Promote and scale up community driven positive deviance approaches	No. of nutritionally at-risk HHs adopted positive	Ministry Reports Surveys	10% of nutritionally at-risk HHs are directed to	M/ Health	M/ Plantation & Estate  District/

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
			deviance approaches		positive deviance approaches annually		Divisional Steering Committee on Nutrition  PHDT  Plantation Companies  UN Agencies  NGOs
		Implement effective communication strategies to improve complementary feeding practices, and improving good behaviors (ex:	No of communication campaigns/ programmes conducted based on	Ministry Reports	Conducted 3 communication campaigns per annum	M/ Health	M/ Plantation & Estate  PHDT

S N	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency (Area of Scope)	Supporting Agency (Area of Scope)
		improve salient beliefs, attitudes etc.)	communication strategy				Plantation Companies  UN NGOs
		Conduct social media campaign to enhance good nutrition practices	No of messages uploaded to social media, and mobile applications	Ministry Reports	Promoted 3 key messages annually	M/Health	NSSL  M/ Plantation & Estate  PHDT

### Specific Actions for Multi Sector Platform at Sub-National Level (Provincial/ District/ Division/ Village level)

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C1: Poverty &amp; Poor Income Management</b>							
<b>C 1.1</b>	National Nutrition Information System (NNIS) is updated annually	Conduct survey on nutritionally at risk HH and update National Nutrition Information System annually (Yes/No)	As per the data of NNIS (a.) Number of nutritionally at risk HHs  (b.) Prevalence of stunting/ Prevalence of wasting	National Nutrition Information System	National Nutrition Information System is updated annually (up to June 30, of every year)	NNSSL	District/ Divisional Secretary  Regional Director of Health Service/ Medical Officer of Health
<b>C 1.2</b>	Poverty alleviation and income generation programmes are targeted to empower nutritionally-at-risk households	Target benefits to nutritionally-at-risk HH in a holistic manner	No of at-risk HH received benefits from Government /Development Partners/ NGOs / Private Sector	Department Records  District/ Divisional Secretary Reports	20% of existing at-risk households are targeted annually	District Department of Samurdhi	M/ Social Empowerment & Social Welfare  Provincial Councils

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
				Development Partners/CBOs/ NGOs Reports			District/ Divisional Secretary  District/ Divisional Steering Committees on Nutrition
		Empower HHs to improve income in order to be self-sustained	No of nutritionally at-risk HH connected to poverty alleviation and income generation programmes (skill development programmes, revolving loans, SME Awareness Programmes)	District/ Divisional Secretary Reports	20% of at-risk households are covered annually	District Secretariat	Provincial Councils  District/ Divisional Steering Committees on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
C 1.3	Social safety net programmes are targeted to nutritionally at-risk HHs	Scale up “Mid-Morning Meal” to pre-schools in at-risk areas.	No of preschool children received Mid-morning meal in at-risk areas  No of preschool children received mid-morning meal under CSR projects	Ministry Reports  District/ Divisional Secretary Reports	Provide mid-morning meal to all pre-school children in risk areas by 2020	M/Women & Child Affairs	District/ Divisional Secretariat  Business Community
		Ensure “PoshanaMalla” to underweight (low BMI) pregnant women	Percentage of low BMI pregnant women received “PoshanaMalla”	Ministry Records  District/ Divisional Secretary Records	100% of low BMI mothers are covered by 2025	M/Women & Child Affairs	District/ Divisional Secretary

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C 1.4</b>	Capacity building is ensured to increase nutritional status of at-risk HHs	Train nutritionally at risk households in cash management	Percentage of at-risk HH covered	District/ Divisional Secretary Records	20% of at-risk HHs being at-risk due to poor income management is covered annually	District Steering Committee on Nutrition	District Department of Samurdhi of  Divisional Secretariat
<b>C 1.5</b>	Business coalition is established to contribute to nutrition enhancement	Establish business coalition to contribute to nutrition programmes through CSR projects	No of members in business coalition established  No of CSR projects conducted by the business coalition	District/ Divisional Secretary Records	One business coalition established at each Divisional Secretariat  At least one CSR project related to nutrition at Divisional Secretariat level annually	District Steering Committee on Nutrition	Divisional Steering Committee on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C2: Inadequate Child Care Practices</b>							
<b>C 2.1</b>	Community based organisations are empowered to support for nutrition improvement	Formation/empower mother supporter groups to increase nutritional status of at-risk households (ensure male participation of at least 25% of total participation of MSGs)	No of mother supportive groups formed/strengthen	RDHS/ MOH Reports	One mother supportive group per GN/PHM division	RDHS/ MOH	District/ Divisional Steering Committee on Nutrition
<b>C 2.2</b>	Capacity building on improving food related practices and nutrition among preschool and	Capacity building of preschool teachers to improve food related practices and nutrition	No of preschool teachers trained	Ministry Records District/	100% preschool teachers trained by 2025	M/ Women and Child Affairs	M/ Health Provincial Councils
			No of preschools covered	Divisional Secretariat Reports	100% preschools covered by 2025		

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
	primary school teachers	among pre- school children				M/Education	District/ Divisional Steering Committee on Nutrition
		Capacity building of primary teachers to improve food related practices and nutrition among primary school children	No of primary school teachers trained		100% primary school teachers trained by 2025		
			No of primary school covered		100% primary schools covered by 2025		
		Conduct seminar /in-service training for the pre-school teachers to provide an opportunity to cross learning and sharing best practices	No of pre-school teachers covered No of seminars conducted	Ministry Records	20% of preschool teachers per district covered annually	M/ Women and Child Affairs	District/ Divisional Steering Committee on Nutrition
<b>C 2.3</b>	Employers/ Local authorities	Encourage employers to	No of day care centers established	Ministry Records –		M/ Labour	District/ Divisional Steering

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
	contribution is assured for nutrition improvement	establish day care centers at workplaces.		base on the self-reporting by employers  District/ Divisional Secretariat Records			Committee on Nutrition
		Encourage local authorities to establish/ improve Early Child Care Development centers in nutritionally at-risk areas	No of ECCD centers established by local authorities in nutritionally high risk areas  No of children in the ECCDs in nutritionally high risk areas	Ministry/ Provincial Council Records		M/ Provincial Councils & Local Government  Provincial Councils	M/ Women & Child Affairs  Provincial/District / Divisional Steering Committee on Nutrition
<b>C3: Poor Feeding Practices</b>							

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C 3.1</b>	Special targeted interventions are implemented to at-risk HH with children under 5 years whose mothers permanently/ temporarily unavailable (Left home for work – abroad or locally/ convicted/ deceased/ mentally ill/ separated... etc) for childcare	Train fathers/ care givers of at-risk HH with children under 5 years whose mothers are unavailable for childcare	No of at-risk HH with children under 5 years whose mothers are unavailable for childcare  No of caregivers/ fathers of such HHs trained	RDHS/ MOH Reports	50% of identified at-risk HHs covered annually	RDHS/ MOH	Ministry of Women & Child Affairs  District/ Divisional Steering Committee on Nutrition
<b>C 3.2</b>	Awareness/knowledge is increased mothers/ caregivers to increase feeding	Train mothers/care givers of children under 5 years with special emphasize on nutritionally at-	No of nutritionally at risk children covered	Ministry Records	100% mothers/ care givers of nutritionally at risk children trained by 2025	M/ Health	District/ Divisional Steering Committees on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
	practices among under five children	risk children with on early warning signs of growth faltering					
		Implement Community Moderate Acute Malnutrition (C MAM) programme	Percentage of children 6 – 59 months with MAM receiving supplementary food	Ministry Records	80% coverage by 2025	M/ Health	District/ Divisional Steering Committees on Nutrition
<b>C 3.3</b>	Strengthen nutrition status among adolescent girls	Target nutrition behavior change programmes for school children (grade 8 – 11)	Number of school children(grade 8 – 11) trained	Provincial Department of Education Reports	10% of school children (grade 8 – 11) trained annually	Provincial Department of Education	M/ Education District/ Divisional Steering Committee on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C4: High Prevalence of Communicable Diseases</b>							
<b>C 4.1</b>	WASH and hygienic practices are improved to reduce communicable diseases	Promote hand washing practices, HH cleanliness, personal hygiene	No of promotional programmes conducted	Ministry Reports  District/ Divisional Secretary Reports	One programme per division per annum	RDHS (M/Health)	District Steering Committee on Nutrition
<b>C 4.2</b>	Awareness/ knowledge is increased to reduce communicable diseases	Conduct awareness programmes on communicable diseases and introduce preventing measures with special emphasize on at risk HH	No of awareness programmes conducted  No of participants of at-risk HHs attended	RDHS Reports	One programme, particularly for nutritionally-at-risk HHs per division per annum	RDHS	District/ Divisional Steering Committee on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
<b>C5: Low Food Security</b>							
<b>C5.1</b>	Ensure production of fruits, vegetables and pulses is increased	Increase production of fruits, vegetables and pulses	Percentage of increased production of vegetables, fruits and legumes	Provincial Department of Agriculture Reports	2% annual increase of production	Department of Agriculture	Provincial Councils  Department of Agrarian Development  Provincial/ District/ Divisional Steering Committee on Nutrition
		Establish crop zones by districts	No of crop zones established	Department of Agrarian Development Reports			
<b>C 5.2</b>	Technical assistance is provided to increase productivity in commercial agriculture	Provide technical and financial assistance on food processing	No of producers/ farmers received technical knowledge and skills on food processing	Provincial Department of Agriculture Reports	50 farmers trained at each DS per annum	Department of Agriculture	Provincial/ District/ Divisional Steering

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
							Committee on Nutrition
		Provide technical assistance to reduce animal damages and post-harvest losses at producer level	No of farmers received technical assistance to reduce post-harvest losses	Provincial Department of Agriculture Reports	50 farmers trained at each DS per annum	Department of Agriculture	Provincial/ District/ Divisional Steering Committee on Nutrition
		Transfer technical knowledge and skills to farmers on bio-fortification of crops	No of bio fortified crops introduced to farmers/ farmer organisations	Provincial Department of Agriculture Reports	50 farmers trained at each DS per annum	Department of Agriculture	Provincial/ District/ Divisional Steering Committee on Nutrition
			No of farmers/ farmer organizations received technical knowledge and skills on crop bio fortification				

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
		Encourage farmers in drought and flood affected areas to cultivate flood and drought resistance varieties	No of farmers to receive technical knowledge and skills to grow flood and drought resistance varieties	Provincial Department of Agriculture Reports	50 farmers trained at highly drought and flood affected DS per annum	Department of Agriculture	Provincial/ District/ Divisional Steering Committee on Nutrition
		Develop capacity building/ facilitate farmer organization on soil conservation and composting method	No of farmers to receive technical knowledge and skills on soil conservation and composting methods	Provincial Department of Agriculture Reports Department of Agrarian Development Reports	50 farmers trained at each DS per annum	Department of Agriculture	Department of Agrarian Development  Provincial/ District/ Divisional Steering Committee on Nutrition
<b>C 5.3</b>	Technical and financial assistance is provided to increase	Provide technical assistance for home gardening to	No of sustainable home gardens	Provincial Department	5 sustainable home gardens	Department of Agriculture	Department of Agrarian Development

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
	sustainability in home gardening	nutritionally-at-risk HHs and vulnerable groups	maintained by at-risk HHs	of Agriculture Reports  Department of Agrarian Development Reports	per each GN divisions		Provincial/ District/ Divisional Steering Committee on Nutrition
<b>C 5.4</b>	Ensure production of meat, fish, poultry, eggs and milk is increased	Increase production of eggs and meat products	Percentage of increased production of eggs and meat products	Department of Livestock Reports	2% annual increase of production	Department of Livestock Development	M/ Livestock Development  Provincial/ District/ Divisional Steering Committee on Nutrition
			No of at-risk HHs involved in poultry farming for home based eggs consumption		one at-risk HH per GN Division are supported by Department annually		
		Increase production of milk	Percentage of increased production		2% annual increase of production		

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
		and milk based products	of milk and milk based products				
<b>C5.5</b>	Technical assistance is provided to increase productivity in commercial livestock farming	Provide technical assistance for commercial livestock farming	No of nutritionally-at-risk households received technical assistance for commercial livestock farming	Department of Livestock Reports	5 commercial farmers are supported at DS per annum	Department of Livestock Development	M/ Livestock Development  Provincial/ District/ Divisional Steering Committee on Nutrition
<b>C 5.6</b>	Technical and financial assistance is provided to increase productivity in fish production	Increase production of fresh water fish production	Percentage of increased fresh water fish products	Provincial Department of Fisheries Reports	2% annual increase of production	Provincial Department of Fisheries	M/ Fisheries and Aquatic Resources  Provincial/ District/

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
							Divisional Steering Committee on Nutrition
<b>C 5.7</b>	Market networks/linkages are develop to assure market for the producers	Develop market linkages between producers, suppliers, buyers, retailers and exporters through forward contracts and buy back systems	No of forward contracts and buy back systems developed	Provincial Department of Agriculture Reports  Department of Agrarian Development Reports	One forward contracts and buy back systems established each DS	Department of Agriculture	Department of Agrarian Development  Provincial/ District/ Divisional Steering Committee on Nutrition
<b>C6: Safe Drinking Water &amp; Sanitation</b>							

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
C 6.1	Safe drinking water and improved sanitation facilities are ensured to nutritionally at-risk HHs	Provide safe drinking water to nutritionally at-risk HH	No of at-risk HH having safe drinking water	Water Supply and Drainage Board Reports Department of community water supply Reports  Commissioner of Local Government Reports	90% of at-risk HHs covered by 2025	District Water Supply and Drainage Board  Department of Community Water Supply  Commissioner of Local Government	Local Authorities  Provincial/ District/ Divisional Steering Committee on Nutrition  District Coordinating Committee  NGOs
		Provide sanitary latrine facilities to nutritionally at-risk HH	No of at-risk HH having sanitary latrine facilities	RDHS/ MOH Reports	95% of at-risk HHs covered by 2025	RDHS/ MOH District Secretariat	Local Authorities  Provincial/ District/ Divisional Steering Committee on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
							NGOs
<b>C 6.2</b>	Safe drinking water and improved sanitation facilities in schools	Provide safe drinking water in schools	No of schools having safe drinking water supply	Provincial Department of Education Reports	100% of schools covered by 2025	Provincial Department of Education Ministry of Education	Provincial/ Regional Department of Health Services District Water Supply and Drainage Board Local Authorities Provincial/ District/ Divisional Steering Committee on Nutrition NGOs
		Provide sanitary latrine facilities in schools	No of schools having sanitary latrine facilities	Ministry of Education Reports	100% of schools covered by 2025		
		Maintain school standards for WASH (WASH standards as specified in MoE development plan)	Number of Schools maintaining WASH standards	Education Reports	100% of covered by 2025		
		Hygiene awareness programs in schools (hand	No of schools conducted hygiene awareness programs		100% of schools covered by 2025		

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
		washing, menstrual hygiene etc)					
<b>C 6.3</b>	Ensure safe drinking water & sanitation facilities for preschools day care centers and Child Development Centers	Provide safe drinking water & sanitation facilities for preschools & Day Care Centers	No of Preschools having safe drinking water and sanitation facilities  No of Day care centers having safe drinking water and sanitation facilities	Provincial/ District pre-school bureau	100% of schools covered by 2025	Provincial/District Probation Departments	Ministry of Women and Child Affairs  Provincial/ Regional Department of Health Services  District Water Supply and Drainage Board  Local Authorities  Provincial/ District/ Divisional

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
							Steering Committee on Nutrition NGOs
<b>C 6.4</b>	Safe drinking water and improved sanitation facilities in work places	Provide safe drinking water and sanitary facilities in work places	No of work places having safe drinking water and sanitary facilities – Self reporting by employers	Department of Labour Reports – Self reporting by employers	75% of work places covered by 2025	Department of Labour Local Authorities	RDHS/ MOH District/ Divisional Steering Committee on Nutrition
<b>C7: Poor Nutrition Knowledge</b>							
<b>C 7.1</b>	Capacity building of non-health sector officials and other stakeholders on nutrition sensitive programming	Capacity development of non-health sector officials working on nutrition related activities on multi sector approach toward nutrition	No of non-health sector officials trained on multi sector approach toward nutrition improvement	District/ Divisional Secretariat Reports	All non-health sector officials working in nutrition related activities trained by 2021	NNSSL District/ Divisional Secretary	RDHS District/ Divisional Steering Committee on Nutrition

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
		improvement based on a standard training package developed by NNSSL					
<b>C 7.2</b>	Multi sector approach is strengthen at village level	Empower village level nutrition committee to increase nutritional status of GN area by 2019	No of village level nutrition committees empowered	District/ Divisional Secretary Reports	All village level nutrition committees are empowered by 2019	District/ Divisional Secretariat	District/ Divisional Steering Committee on Nutrition
			No of village level nutrition committee meetings conducted		One meeting per month		
<b>C 7.3</b>	Community mobilization and awareness	Awareness campaigns to promote low salt,	No of awareness campaigns conducted to reduce	Ministry reports	One programme per Divisional	RDHS	M/ Mass Media

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
	programmes are conducted to raise healthy eating	low fat and low sugar intake	salt, fat and sugar intake  No of participants attended		Secretariat division per annum		District Steering Committee on Nutrition
		Establish fully functional "Happy Villages"	No of "Happy Villages" established		One "Happy Village" per MOH Division		
		Implement canteen guidelines in schools	No. of school canteens free of food items high in fat, salt and sugar	Ministry reports	30% school canteens are monitored annually	M/ Education	Provincial Councils  RDHS  District/ Divisional Steering Committees

S.N.	Action Area	Description of Action	Indicator	Means of Verification	Target	Lead Agency/ Sector	Supporting Agencies/ Sectors
		Raise awareness on revised food based dietary guidelines among health workers	No of programmes conducted on revised food based dietary guidelines  No of officials trained	RDHS reports	All MOH areas covered by 2021	RDHS	M/Health  District/ Divisional Steering Committee on Nutrition

## 8. Annexes

### Annex A: SWOT Analysis of Multi Sector Action Plan for Nutrition 2013-2016

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>● Strong commitment and obligation of the government, provincial councils, local authorities, international donor agencies, and NGOs to promote health and nutrition</li> <li>● The Government has allocated significant funds for nutrition thus ensuring the ownership and sustenance</li> <li>● Dedication and perseverance of the staff of the Ministry of Health, Nutrition &amp; Indigenous Medicine, particularly serving at grass-root level to end malnutrition.</li> <li>● High literacy rate, limited number of languages used and availability of large number of communication channels.</li> <li>● Routine data collection system of the Ministry of Health, Nutrition &amp; Indigenous Medicine.</li> <li>● Easy access to vulnerable and at-risk communities for service delivery.</li> <li>● High degree of gender equality in education and access to health services</li> </ul>	<ul style="list-style-type: none"> <li>● Frequent changes of policy makers and administrative leaders involved in promotion of nutrition.</li> <li>● Blanket service provision dilutes the quality of care and causes inadequacies of resources.</li> <li>● Limited access to data due to multiple data sources being available within different agencies.</li> <li>● Insufficient utilization of existing data through proper validation, analysis and publication</li> <li>● Problem arising in terms of accuracy obtaining data of same fields from different sources.</li> <li>● Outdated, low productive agricultural practices.</li> <li>● Low Effectiveness of awareness building and advocacy programmes</li> <li>● Insufficient awareness of the nutrition situation among policy makers, media, and general public</li> <li>● Some interventions of the MSAPN 2013 – 2016 was too broad</li> <li>● Various programmes and actions carried out by the ministries without proper resource identification, prioritising, and targeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• Gaps in the Monitoring and Evaluation mechanism due to lack of well described common results framework</li> <li>• Visible impact of nutrition strategies take a significant time and therefore, enthusiasm in investment wanes after sometime</li> <li>• Poor community knowledge on nutrition, particularly in relation to feeding practices.</li> <li>• Though the multi sector approach was endorsed by the highest political and administrative authorities, implementation lapses were visible at national and sub-national levels.</li> <li>• Lack of integration and coordination among the different sectors and stakeholders</li> </ul>
<p><b>Opportunities</b></p>	<p><b>Threats/Challenges</b></p>
<ul style="list-style-type: none"> <li>• Enabling environment to enhance nutritional status locally and globally</li> <li>• Sri Lanka's commitment to the WHA targets and SDGs</li> <li>• Increasing the nutritional status of the country is prioritised in the national development agenda</li> <li>• Sri Lanka being an active member of the global Scaling up Nutrition (SUN) Movement</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing trends of overweight /obesity posing double burden on the national systems</li> <li>• Low productivity in agriculture sector, high post-harvest waste and high prices of nutritious food.</li> <li>• Taboos and cultural practices that may hinder optimum nutrition and care practices.</li> <li>• Impact of repeated disasters such as drought and floods</li> </ul>

- Increasing concerns of people on health and nutrition.
- Availability of using developed IT infrastructure and communication facilities on awareness creation.
- Business leaders' readiness to spend on discharging Corporate Social Responsibility (CSR).
- Availability of active Civil Society Forum

## **Annex B. Composition of the NNC and Steering Committees established for implementation of MSAPN**

### **Terms of Reference of the National Nutrition Council (NNC)**

The National Nutrition Council is established in order to prioritise nutrition in the national development agenda and ensure policy environment to promote food security and reduce malnutrition. The National Nutrition Council is to be chaired by His Excellency the President once in six months.

### **Role of the Council**

1. Enable policy environment to promote food security and nutrition of the country.
2. Enhance coordination, monitoring and evaluation of the nutrition related policies and strategies across all stakeholders.
3. Provide direction in implementing Multi Sector Action Plan for Nutrition

### **Composition of National Nutrition Committee**

1. His Excellency the President
2. Minister in-charge of Health, Nutrition & Indigenous Medicine
3. Minister in-charge of Agriculture
4. Minister in-charge of Fisheries & Aquatic Resource Development
5. Minister in-charge of Livestock Development
6. Minister in-charge of Social Protection and Social Empowerment
7. Minister in-charge of Education
8. Minister in-charge of Plantation and Estate
9. Minister in-charge of Provincial Councils & Local Government
10. Minister in-charge of Finance
11. Minister in-charge of Mass Media
12. Minister in-charge of Women and Child Affairs
13. Minister in-charge of Home Affairs
14. Minister in-charge of Science, Technology & Research
15. Minister in-charge of Trade and Commerce
16. Minister in-charge of Labour
17. Minister in-charge of Disaster Management
18. Minister in-charge of Policies & Economic Development

19. Chief Ministers of the Provinces
20. 10 Members of Parliament representing political parties who are knowledgeable on nutrition
22. Others (as invited by the NNC)

### **Terms of Reference of the National Steering Committee on Nutrition (NSCN)**

The National Steering Committee on Nutrition is established in order to regulate implementation, conduct constant monitoring and evaluation of Multi Sector Action Plan for Nutrition (MSAPN). The National Steering Committee on Nutrition is to be convened by the Secretary to the President once in three months.

### **Role of the Committee**

1. Ensure enabling policy environment to promote food security and nutrition of the country
2. Ensure implementation, monitoring and evaluation of MSAPN
3. Enhance coordination, monitoring and evaluation of the nutrition related policies and strategies across all sectors.

### **Composition of the National Steering Committee on Nutrition (NSCN)**

1. Secretary to the President
2. Secretary in-charge of Health, Nutrition & Indigenous Medicine
3. Secretary in-charge of Agriculture
4. Secretary in-charge of Fisheries & Aquatic Resource Development
5. Secretary in-charge of Livestock Development
6. Secretary in-charge of Social Protection and Social Empowerment
7. Secretary in-charge of Education
8. Secretary in-charge of Plantation and Estate
9. Secretary in-charge of Provincial Councils & Local Government
10. Secretary in-charge of Finance
11. Secretary in-charge of Mass Media
12. Secretary in-charge of Women and Child Affairs
13. Secretary in-charge of Home Affairs
14. Secretary in-charge of Science, Technology & Research
15. Secretary in-charge of Trade and Commerce

16. Secretary in-charge of Labour
17. Secretary in-charge of Disaster Management
18. Secretary in-charge of Policies & Economic Development
19. Chief Secretaries of the Provinces
20. Civil Society Representatives
21. Representatives of Development Partners/ Donors
22. Academia Representatives
23. Other (as Invited by the NSCN)

### **Terms of Reference of the Technical Advisory Committee on Nutrition (TACN)**

The Technical Advisory Committee on Nutrition is established in order to provide technical facilitation to implement Multi Sector Action Plan for Nutrition (MSAPN) and other nutrition related policies and strategies. The Technical Advisory Committee on Nutrition is to be convened by the National Nutrition Coordinator on requirement.

### **Role of the Committee**

1. Provide recommendations to enable policy environment to promote food security and nutrition in the country
2. Provide technical assistance in terms of implementation, monitoring and evaluation of Multi Sector Action Plan for Nutrition
3. Provide technical insight for coordination, monitoring and evaluation of the nutrition related policies and strategies across all sectors.

### **Composition of the Technical Advisory Committee on Nutrition (TACN)**

1. Technical Experts in Health
2. Technical Experts in Health Nutrition
3. Technical Experts in Indigenous Medicine
4. Technical Experts in Agriculture
5. Technical Experts in Fisheries & Aquatic Resource Development
6. Technical Experts in Livestock Development
7. Technical Experts in Education
8. Technical Experts in Women and Child Affairs
9. Technical Experts in Policy planning
10. Technical experts in Economic Development

11. Technical Experts in Social Protection and Social Welfare
12. Technical Experts in Plantation and Estate
13. Technical Experts in Labour laws and relations
14. Technical Experts in Communication
15. Other (appointed by NNSL, as per requirement)

### **Terms of References of the Provincial Steering Committees on Nutrition (Pro.SCN)**

The Provincial Steering Committee on Nutrition is established in order to conduct the necessary results-based interventions in improving the nutritional status of the province based on Multi Sector Action Plan for Nutrition (MSAPN) and ensure the constant monitoring and evaluation process. The Provincial Steering Committee on Nutrition is to be convened by the Chief Secretary once in three months.

### **Role of the Committee**

1. Implementation of the Multi Sector Action Plan for Nutrition within the province
2. Assisting in the implementation of Multi Sector Action Plan for Nutrition at district level
3. Monitoring and Evaluation of the progress made in implementation of Multi Sector Action Plan for Nutrition and reporting to the National Nutrition Secretariat once in three months

### **Composition of the Provincial Steering Committees on Nutrition (Pro.SCN)**

1. Chief Secretary (Chair)
2. Relevant District Secretaries
3. Secretaries of Provincial Ministries
4. Provincial Focal Point of the NNSL (Deputy Chief Secretary)
5. Provincial Director of Health Services (Co-Chair)
6. Provincial Director of Education
7. Provincial Director of Agriculture
8. Provincial Director of Irrigation
9. Provincial Director of Fisheries
10. Provincial Director of Livestock Development
11. Provincial Consultant Community Physician
12. Provincial Director of Social Services

13. Provincial Commissioner of Probations & Child Services
14. Provincial Commissioner of Local Government
15. Provincial Commissioner of Cooperative Development
16. Provincial Commissioner of Ayurveda
17. Provincial Chief of National Water Supply and Drainage Board (Deputy/ Assistant General Manager)
18. Regional Directors of Health Services
19. District Directors of Agriculture
20. District Directors of Fisheries
21. District Assistant Directors of Social Services
22. Assistant District Commissioners of Probation and Child Care
23. District Assistant Commissioners of Local Government
24. District Assistant Commissioners of Cooperative Development
25. District Medical Officers of Maternal and Child Health
26. District Veterinary Surgeons
27. Representatives from Non-Governmental Organisations and Civil Societies
28. Representatives from Business Community without any conflict of interest
29. Others (as decided by the Pro.SCN)

### **Terms of References of the District Steering Committee on Nutrition (Dis.SCN)**

The District Steering Committee on Nutrition is established in order to conduct the necessary results-based interventions in improving the nutritional status of the district based on the Multi Sector Action Plan for Nutrition (MSAPN) and ensure a constant monitoring and evaluation process. District Committee on Nutrition is to be convened by the District Secretary once in two months.

### **Role of the Committee**

1. Implementation of the Multi Sector Action Plan for Nutrition within the district
2. Identification, planning and implementation of the necessary results- based interventions to uplift the nutritional status of the district as a whole
3. Monitoring and Evaluation of the progress made in the implementation of Multi Sector Action Plan for Nutrition within the district and reporting to the National Nutrition Secretariat with copy to Provincial Steering Committee on Nutrition, once in two months

## **Composition of the District Steering Committee on Nutrition (Dis.SCN)**

1. District Secretary (Chair)
2. Regional Director of Health Services (Co-Chair)
3. District Focal Point of the NNSL (Additional District Secretary / Director Planning)
4. Divisional Secretaries of Districts
5. Provincial Commissioner of Ayurveda
6. Zonal Director of Education
7. District Consultant Community Physician
8. District Medical Officer of Maternal and Child Health
9. District Veterinary Surgeons
10. District Statistician
11. District Director of Agriculture
12. District Director of Fisheries
13. District Director of Samurdhi
14. Director of Irrigation
15. District Deputy Director of Agriculture
16. District Deputy/Assistant Commissioner of Agrarian Development
17. Deputy/Assistant Commissioner of Cooperative Development
18. District Deputy/Assistant Commissioner of Labour
19. Assistant Commissioner of Local Government
20. District Manager of National Water Supply and Drainage Board
21. District Probation and Child Care Officer
22. District Child Rights Promotion Officer / Early Childhood Development Officer / Women Development Officer / Vidatha Officer/ District Information Officer
23. Representatives from Non-Governmental Organisations and Civil Societies
24. Representatives from Business Community without any conflict of interest
25. Others (as decided by the Dis.SCN)

## **Terms of Reference of the Divisional Steering Committee on Nutrition (Div. SCN)**

The Divisional Steering Committee on Nutrition is established in order to conduct necessary results-based interventions in improving the nutritional status of the division based on Multi Sector Action Plan for Nutrition (MSAPN) and ensure a constant

monitoring and evaluation process. The Divisional Steering Committee on Nutrition is to be convened by the Divisional Secretary once in two months.

### **Role of the Committee**

1. Implementation of the Multi Sector Action Plan for Nutrition within the Divisional Secretariat division.
2. Identify nutritionally-at-risk households at GramaNiladhari division level and implement necessary results based interventions in order to uplift the nutritional status of such households.
3. Identification, Planning and Implementation of the necessary results based interventions to uplift the nutritional status of the Divisional Secretariat division as a whole.
4. Monitoring and Evaluation of the progress made in the implementation of the Multi Sector Action Plan for Nutrition within the Divisional Secretariat division and reporting to the District Steering Committee on Nutrition once in two months

### **Composition of Divisional Steering Committee on Nutrition (Div. SCN)**

1. Divisional Secretary (Chair)
2. Medical Officer of Health (Co Chair)
3. Divisional Director of Education
4. Secretary/ Commissioner of Local Government (PradeshiyaSabha/ Urban Council / Municipal Council)
5. Agriculture Instructor
6. Divisional Officer of Agrarian Development
7. Public Health Midwife
8. Supervising Public Health Inspector
9. Government Veterinary Surgeons
10. Ayurvedic Doctors
11. Child Rights Promotion Officer / Early Childhood Development Officer/  
Women Development Officer / Social Services Officer
12. Labour Officer
13. Statistical Officer
14. Samurdhi Manager

15. Conveners of Village Level Committees on Nutrition
16. Managers/ Elders' Homes
17. Managers/ Children's Homes
18. Representatives from Non-Governmental Organizations and Civil Societies (Including Farmers and Fisheries Organisations)
19. Others (as decided by the Div.SCN)

### **Terms of Reference of the Village Level Committee on Nutrition (VLCN)**

The Village Level Committee on Nutrition is established in order to identify nutritionally-at-risk households and implement necessary interventions in uplifting the nutritional status.

### **Role of the Committee**

1. Identify nutritionally-at-risk households in the GramaNiladhari division and report same to the Divisional Secretary.
2. Implement necessary results-based interventions to uplift the nutritional status of such households as per the direction given by the Divisional Steering Committee on Nutrition.
3. Identify nutritionally-at-risk households at GramaNiladhari division level and report monthly to the Divisional Steering Committee on Nutrition the progress in relation to the programme put in place to uplift the nutritional status of such households (immediately inform to Divisional Secretary/ Medical Officer of Health in case of emergency).

### **Composition of Village Level Committee on Nutrition (VLCN)**

1. GramaNiladhari (Convener)
2. Public Health Midwife
3. Economic Development Officer
4. SamurdhiNiladhari
5. Agriculture Research and Production Assistant

